Internship Training/Dissertation Report

At

ECHS Polyclinic, Base Hospital, Delhi Cantt

(20 Jan to 30 May 2023)

A Project Report On

"Quality Assessment – Services/ Facilities at ECHS Polyclinic, Base Hospital, Delhi Cantt"

By

Colonel Dhirender Malik

PG/21-23/030

Under the guidance of

Dr Vinay Tripathi

(Associate Professor, IIHMR, New Delhi)

PGDM (Hospital & Health Management)

2021-2023

International Institute of Health Management Research(IIHMR)

New Delhi

CERTIFICATE

IC 55743H Col Dhirender Malik, undergoing PG Diploma in Hospital Administration at IHMR, Delhi has worked on the project **""Quality Assessment – Services/ Facilities at ECHS Polyclinic, Base Hospital, Delhi Cantt"** from 20 Jan **2023** to 30 May **2023**. The officer collected data from various sources in the Polyclinic and carried out comparison of protocols, procedures and resources therein with similar standard facilities and recognized yardsticks.

Mentor

(Dr Vinay Tripathi)
Associate Professor

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Col Dhirender Malik,** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone **Internship Training** at **ECHS Polyclinic, Base Hospital, Delhi Cantt** from **20 Jan 2023** to **30 May 2023**.

He has successfully carried out the study designated to him during internship training. His approach to the subject study has been systematic, scientific and analytical.

The internship is in partial fulfillment of the course requirements.

I wish him success in all his future endeavors.

Dr. Sumesh Kumar

Associate Dean, Academic and Student Affairs

IIHMR, New Delhi

Dr Vinay Tripathi

Mentor

CERTIFICATE OF APPROVAL

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

Dissertation Examination Committee for evaluation of dissertation.

Name	Signature
Dr	_____
Dr	_____
Dr	_____
Dr	_____

CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

This is to certify that **Col Dhirender Malik,** a graduate student of the **Post-Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He is submitting this dissertation titled **"Quality Assessment – Services/ Facilities at ECHS Polyclinic, BH Delhi Cantt"** in partial fulfillment of the requirements for the award of the **Post-Graduate Diploma in Health and Hospital Management.**

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

Dr. Vinay Tripathi
Associate Professor, Mentor
IIHMR, New Delhi

Officer In Charge,
ECHS Polyclinic,
Base Hospital, Delhi Cantt

CERTIFICATE BY STUDENT

This is to certify that the dissertation titled **"Quality Assessment- Services/Facilities at ECHS Polyclinic , BH Delhi Cantt"** at ECHS Polyclinic, Base Hospital, Delhi Cantt ,submitted by **Col Dhirender Malik**, Enrollment No. **PG/21/030** under the supervision of **Dr Vinay Tripathi** for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 20 Jan **23 to 30 May23** embodies original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Dhirender Malik

Colonel

Acknowledgement

1. I write this to place on record my gratitude for the valuable guidance, constructive comments and encouragement provided by **Dr. Vinay Tripathi**, Associate Professor, IIHMR, Dwarka who was my **Mentor** for the subject and Internship and Dissertation.

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Date: Jun 2023 Col Dhirender Malik

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Abbreviations

AFGIS: (MIS):	Armed Forces Group Insurance Scheme (Management Information System)
AGI(MBS):	Army Group Insurance (Medical Branch Scheme)
AFVs:	Armed Forces Veterans
BH	Base Hospital
ESM:	Ex-Servicemen
COECHS:	Central Organization ECHS
COSC:	The Chief of Staff Committee
DoESW:	Department of Ex-Servicemen Welfare
HCF	Health Care Facility
MoD:	Ministry of Defence
DGR:	Directorate General Resettlement
KSB:	Kendriya Sainik Board
MO:	Medical Officer
MI Rooms:	Medical Inspection Rooms
SEMO:	Senior Executive Medical Officer
LMA:	Local Military Authority
NHSRC:	National Health System Resource Centre
NQUAS:	National Quality Assurance Standards
UPHC:	Urban Primary Health Centre

EXECUTIVE SUMMARY

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

Quality is degree to which a set of inherent characteristics fulfils requirement. The onus is on the provider to continuously assess patient needs and tailor the service, even though it may be an extremely challenging idea and difficult to implement for a public health facility. Irrespective, periodic assessment and inputs are extremely useful as and when any policy is under revision and facility /service is being considered for upgradation.

The study is an attempt to carryout **Quality Assessment of services & facilities at ECHS, Polyclinic, Delhi Cantt**. The Study involved employing following -

1: NQUAS Toolkit for PHC_2020 designed by NHSRC which is being utilized by Indian Public Health Organization for quality assessment and accreditation.

2: Kayakalp Checklist_2019..

3: A Semi-structured Questionnaire was fielded to the ESM and dependents visiting the polyclinic.

Chapter I

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

1.1 Ex-Servicemen Contributory Health Scheme (ECHS)

Retired Armed Forces personnel till 2002 could avail medical facilities only for specific high-cost surgery/treatment for a limited number of diseases covered under the Army Group Insurance (Medical Branch Scheme) (AGI (MBS) and Armed Forces Group Insurance Scheme (Management Information System) (AFGIS (MIS)) schemes. These Medicare schemes could provide some relief to the ESM, but it was not a comprehensive scheme as compared and available for other Central Government Employees. Therefore, the requirement was felt of establishing a medicare system which could provide quality medicare to the retirees of the Armed Forces. 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.

Post retirement, most veterans settle down closer to their native places which are often at large distances from the military hospitals. To cater to their healthcare needs polyclinics at select locations have been established under the ECHS. The veteran fraternity encompasses the ESM of all three defence services and thus the tri-service nature of the ECHS organization and functioning. Establishment of the ECHS has ensured that the MHs can concentrate their resources more upon the serving combatants which remains their primary task. 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.

1.2 Concept of ECHS

Conceptually the ECHS is to be managed through the existing infrastructure of the Armed Forces in order to minimize the administrative expenditure. The existing infrastructure includes command and control structure, spare capacity of Service Medical facilities (Hospitals and MI Rooms), procurement organizations for medical and non-medical equipment, defense land and buildings etc.

In order to ensure minimal disruption of the Scheme during war/training and availability of ECHS services in nonmilitary 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.

1.3 Organisation of ECHS

The ECHS Central Organization is located at Delhi Cantt 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 30 **Regional Centers 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).

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

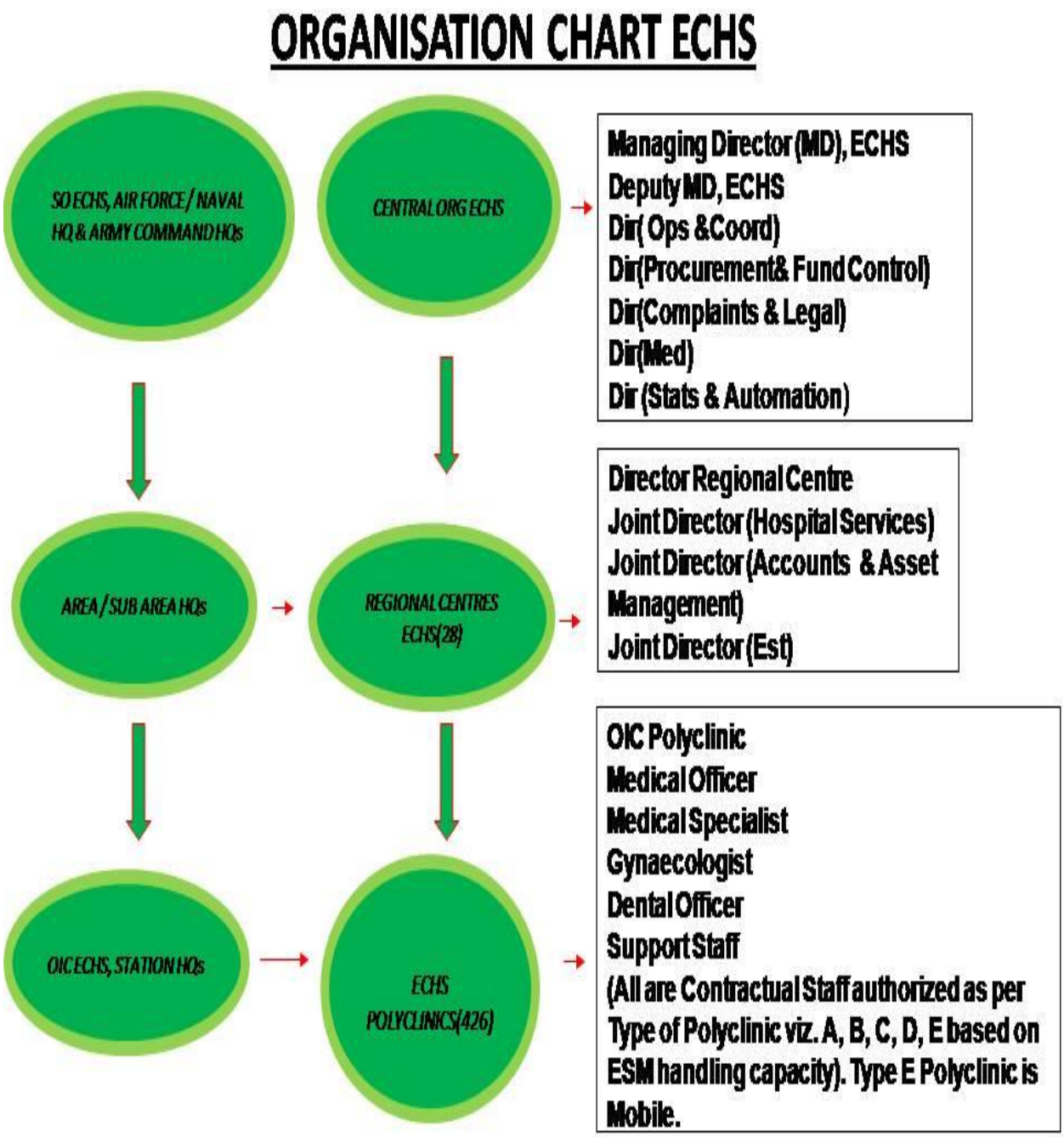
AUTHORISATION OF MANPOWER IN POLYCLINICS

Ser No	Contractual Posts	Type of Polyclinic					Total
		A	B	C	D	E	
1.	Medical Officer	6	3	2	2	1	955
2.	Medical Specialist	2	2	1	-	-	200
3.	Dental Officer	2	2	1	1	-	471
4.	Gyneacologist	1	1	-	-	-	61
5.	Radiologist	1	1	-	-	-	61
6.	Officer-in-Charge	1	1	1	1	-	410
7.	Radiographer	1	1	-	-	-	61
8.	Lab Technician	1	1	1	1	-	410
9.	Lab Assistant	1	1	1	1	-	410
10.	Physiotherapist	1	1	1	-	-	139
11.	Pharmacist	1	1	1	1	-	410
12.	Nursing Asst	3	3	2	1	1	627
13.	Dental Asst/ Tech/ Hygienist	2	2	1	1	-	471
14.	Driver	2	2	1	1	1	488
15.	Chowkidar	1	1	1	1	-	410
16.	Female Attendant	1	1	1	1	-	410
17.	Peon	1	1	1	1	-	410
18.	Safaiwala	1	1	1	1	-	410
Total		**29**	**26**	**17**	**14**	**3**	**6814**

1.4 Command and Control

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

1.5 <u>Organogram of ECHS</u>



1.6 Objective of the Scheme

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

1.7 Policy & Operations of ECHS

1.7.1 Ex- Servicemen Contributory Health Scheme (ECHS).

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

1.7.2 Applicability of ECHS. The ECHS Scheme is applicable to 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.

1.7.3 **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.

1.7.4 **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.

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

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

a. Spouse.

b. Family pensioner.

c. Dependent unemployed & Unmarried daughter(s)

d. Dependent unemployed & Unmarried son(s)

e. Adopted children.

f. Dependent parents

g. Minor children of widowed/separated daughters.

1.7.6 <u>Exempted Category from ECHS Contribution</u>.

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

1.7.8 **<u>Subscription/ Contribution Rate and Ward Entitlement for ECHS Membership</u>.**

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

1.7.9 **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) **<u>Dependant Parents.</u>** Whose Income from all sources not more than Rs 9000/- excl DA.

(b) **<u>Son.</u>** Till he starts earning or attains the age of 25 years, whichever is earlier.

(c) **<u>Daughter</u>.** Till she starts earning or gets married, irrespective of the age limit, whichever is earlier.

(d) **<u>Son.</u>** Suffering from any permanent disability of any kind (physical or mental) covered under PWD Act 2016 - Irrespective of age limit.

(e) **<u>Minor Brother/Sister(s).</u>** 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) **<u>Daughters & Sisters.</u>** Dependent, divorced/Abandoned or separated from their husband/ widowed and dependent unmarried children to include ward/ adopted children are entitled for life.

1.7.10 **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.

Chapter II

Ex-Servicemen Contributory Health Scheme (ECHS) Polyclinic, BH Delhi Cantt

2.1 ECHS Polyclinic, Base Hospital, Delhi Cantt

This polyclinic is responsible to look after the armed forces veterans (AFVs) and their dependents of all **Eleven Administrative or Revenue Districts of 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 needs 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 study is that the patient is being treated initially in the ECHS and then based upon his/her condition is being referred to the Service /Empaneled Hospital. Patient response at this level was assessed as it has a direct bearing on his/her satisfaction level pertaining to the ECHS system of providing health care to the Ex-Servicemen.

The subscription of the polyclinic by AFVs is as given below:

- **Primary Membership Veterans - 1,34,908.**
- **No of Dependents on Polyclinic - 3,76,630.**
- **No of Patients Visiting Polyclinic - Approx 1200-1300 (daily)**

2.2 Command and Control

ECHS Polyclinic, BHDC (Type A) comes under Regional Centre-1, Delhi. Administrative control is with Station Commander, Delhi Cantt, Local Military Authority (LMA), assisted by Commandant Base Hospital, Delhi Cantt.

2.3 Facilities Available at ECHS Polyclinic, BHDC

Reception

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

Consultation Rooms

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

Pharmacy

- Fully stocked medical store with medicine racks and pigeon holes for provisioning and storage of drugs.
- Adequate shelf space catered along with refrigerators and air conditioning facility for storage of essential drugs.
- Color coding of medicine on shelves in accordance with their shelf life.

- Computers have been LAN linked with med officers, for smooth paper less transaction and speedy issue of medicines to patients.
- Latest software introduced in the computers for inventory management, stock taking and MMF processing.
- Separate service - windows along with seating arrangements for officers, senior citizens, families and other ranks.

Dental Services

- The polyclinic is fully equipped to cater for dental care and treatment of ECHS beneficiaries.
- 4 x Dental Chair with essential back - up equipment is available. An average of 100 - 130 patients is attended by the dental officers and the dental hygienist on daily basis.

Diagnostic/ Laboratory Services

X-Ray, ECG, regular lab tests facilities of the Base Hospital are utilized..

Ambulance Service

Ambulance services are available within the BH and cantonment limits.

Referral Issue Counter

Counter for issuing referral for empaneled health facility.

Smart Card Issue/Renewal

Counter for processing Smart card application.

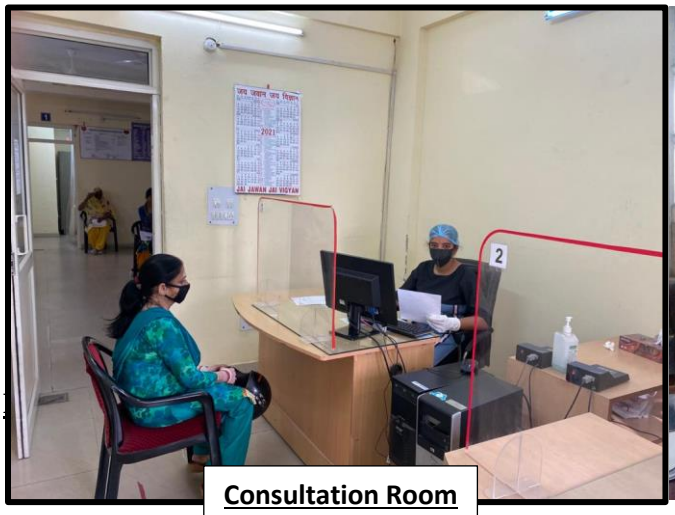
Additional Amenities

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

Snapshots of ECHS Polyclinic, BHDC

Enquiry

Registration Counters



Consultation Room

Dental check up

Dispensary

Waiting Area

Refreshment facility

Chapter III

Quality Assessment- Services/Facilities at ECHS Polyclinic, Base Hospital, Delhi Cantt-2023

3.1 ECHS facilities are kind of an extension of the Military /Base/General Hospitals the way PHCs/UPHCs are for the CHC/Distt Hospitals. They are primarily screening/referral clinics without IPD/OT facilities and with no specialized treatment infrastructure. Specialist physicians of certain clinical domains, even though authorized at most ECHSs, are generally not available and all services in a polyclinic are on contractual basis. Not being part of central/state list, the polyclinics are thus not governed or assessed by standard yardsticks as may be defined for PHCs/UPHCs. Being closest in terms of size, infrastructure, mandate and functioning to the PHCs/UPHCs, Quality Assessment of the services and facilities of the polyclinic was carried out on similar lines. ***As a guideline and measurable yardstick, following assessment tools were considered:-***

- **National Quality Assurance Standards (NQUAS).**
- **KAYAKALP**.
- **Patient Satisfaction Survey**.

3.2 Quality

Quality is degree to which a set of inherent characteristics fulfils requirement. This could be a perspective of the Developer/Supplier/Provider or Customer. However, the Customer focus is key and quality is directly associated to meeting Customer needs and achieving customer satisfaction. Quality of care in medical practice is a key thrust area for both policy makers and Public health practitioners, as it is an instrument of optimal utilization of resources and improving health outcomes and client satisfaction.

In order to keep up with the patient expectations and match with the best practices in the field, the onus is on the HCF to continuously assess patient needs and tailor the service accordingly, even though it may be an extremely challenging idea and practically difficult to implement for a public health facility for various reasons not discussed here. Irrespective, periodic assessment and inputs are extremely useful as and when any policy is under revision and a facility/service is considered for upgradation.

Key points in Quality Assessment/Assurance in Health care are:-

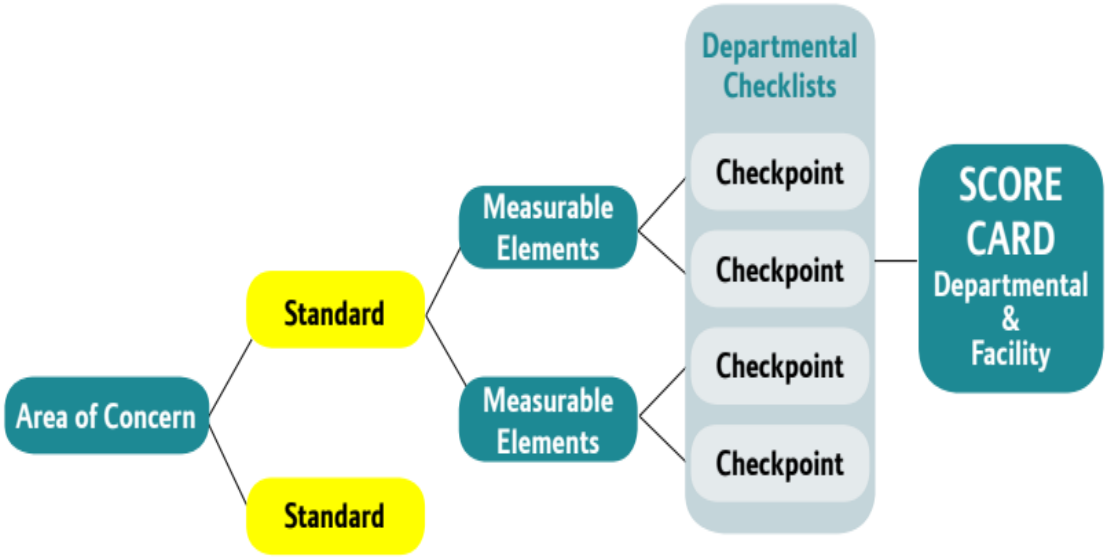
- Patient focus.
- Meeting and, if possible, exceeding patient requirement- sustained patient confidence is integral to the success of a HCF.
- System and processes are designed to satisfy the patient.
- Quality is - **minimizing variation;** s**tandardization.**

3.3 NQUAS

Main pillars of Quality Management System are standards. Standards could also be used as self-improvement tools by health care facilities without linking with formal certification process. NQUAS were developed by NHSRC for Public health facilities and its operational guidelines were issued in 2013-14 and was accredited by ISQUA in 2016. National Quality Assurance Standards for Public Health care facilities are intended for policy makers, program officers, service providers, assessors and certification agencies who intend to support, assess and sustain quality of care in public health care system and working to bring up their facilities for quality certification.

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

Figure 1: Functional Relationship between Components of Quality Measurement System



Following are the area of concern in a health facility:

1. Service Provision
2. Patient Rights
3. Inputs
4. Support Services
5. Clinical Services
6. Infection Control
7. Quality Management
8. Outcome

Fig 3.31: NQUAS Area of Concern

Figure 3.32: NQUAS Sample Checklist

Figure 3: Sample checklist*.

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

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

a) Header of the checklist denotes the name of department for which checklist is intended.

b) The horizontal bar in grey colour contains the name of the Area of concern for which the underlying standards belong.

c) Extreme left column of checklist in blue colour contain the reference no. of Standard and Measurable Elements, which can used for the identification and traceability of the standard. When reporting or quoting, reference no of the standard and measurable element should also be mentioned.

d) Yellow horizontal bar contains the statement of standard which is being measured. There are a total of seventy standards, but all standards may not be applicable to every department, so only relevant standards are given in yellow bars in the checklists.

e) Second column contains text of the measurable element for the respective standard. Only applicable measurable elements of a standard are shown in the checklists. Therefore, all measurable elements under a standard are not there in the departmental check-lists. They have been excluded because they are not relevant to that department.

f) Next right to measurable elements are given the check points to measure the compliance to respective measurable element and the standard. It is the basic unit of measurement, against which compliance is checked and the score is awarded.

g) Right next to Checkpoint is a blank column for noting the findings of assessment, in term of Compliance – Full, Partial or and Non Compliance.

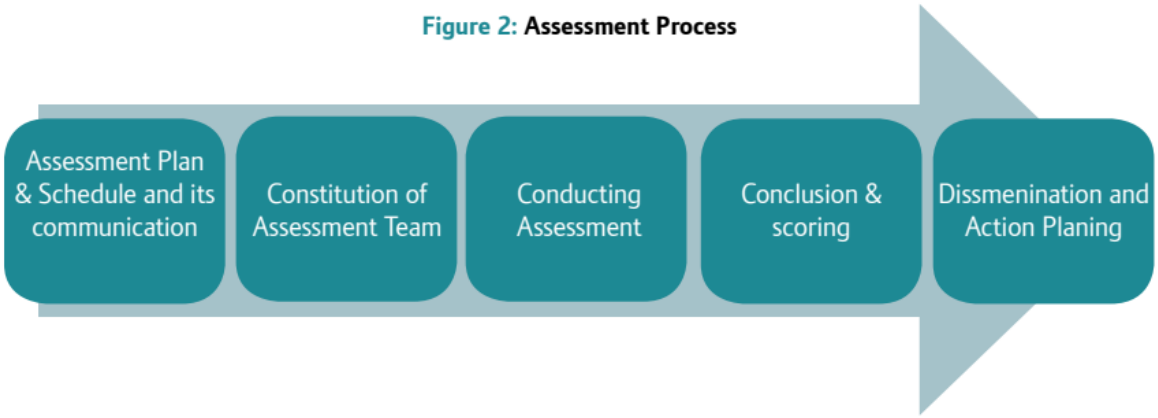
h) Next to compliance column is the assessment method column. This denotes the 'HOW' to gather the information. Generally, there are four primary methods for assessment - SI means staff interview, OB means observation, RR means record review & PI - Patient Interview.

i) Column next to assessment method contains means of verification. It denotes what to see at a Checkpoint. It may be list of equipment or procedures to be observed, or question you have to ask or some benchmark, which could be used for comparison, or reference to some other guideline or legal document. It has been left blank, as the check point is self-explanatory.

3.4 <u>Planning Assessment Activities</u>- Undertaken at different levels(3)

- *Internal* assessment at facility level- a quarterly process
- Assessment by *Distt and State* Quality Assurance units
- Accreditation Assessment at *National* level

Figure 2: Assessment Process



<u>The assessment scores can be presented in three ways</u> :-

A. <u>Departmental Score card.</u> This score-card presents the Quality scores of a department. It shows the overall quality score of the department as well as the area of concern wise score card in terms of percentages. Given below is an example of A&E deptt of a Hospital.

Emergency Score Card *		
	Emergency Score	70%
	Area of Concern wise Score	
A	Service Provision	78%
B	Patient Rights	52%
C	Inputs	55%
D	Support Services	50%
E	Clinical Services	77%
F	Infection Control	85%
G	Quality Management	90%
H	Outcome	73%

B. **Hospital Quality Score card.** This scorecard depicts departmental and overall quality score of hospital at a glance.

Hospital Quality Score Card Department wise*				
Accident and Emergency 45%	OPD 58%	Labour Room 70%	Maternity Ward 67%	Indoor Department 78%
NRC 68%	Paediatric Ward 85%	Hospital Score 70%	SNCU 57%	ICU 68%
OT 82%	Post Partum Unit 49%		Blood Bank 85%	Laboratory 50%
Radiology 35%	Pharmacy 72%	Auxiliary Services 65%	Mortuary 25%	General Administration 60%

C. Area of Concern- wise Score Card. These have been calculated by taking average of area of concern score of all departments.

HOSPITAL SCORE CARD* (AREA OF CONCERN WISE)			
Service Provision 72%	Patient Rights 66%	Inputs 78%	Support Services 59%
HOSPITAL SCORE 70%			
Clinical Services 85%	Infection Control 75%	Quality Management 70%	Outcome 55%

3.5 KAYAKALP

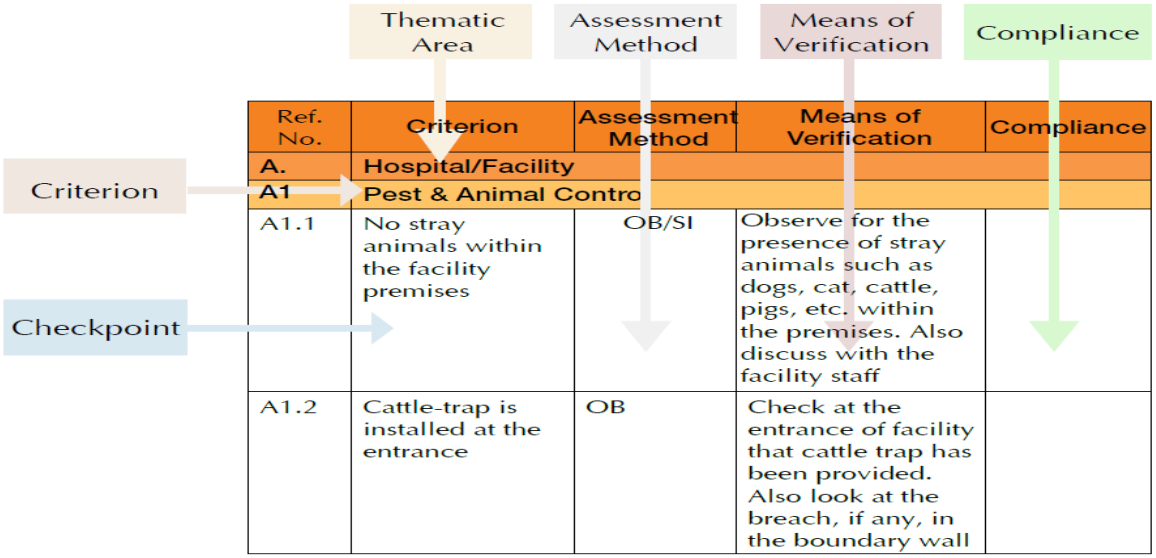
Cleanliness and hygiene in health facilities is critical to preventing infection and provides patients and visitors an experience that can encourage habit forming behavior related to clean and hygienic surroundings. After the launch of Swachh Bharat Abhiyan (SBA), ***'Kayakalp'*** initiative was launched by the Ministry of Health & Family Welfare on 15th May 2015 to complement these efforts. The objectives of the ''Kayakalp'' Scheme are –

- To ***promote*** cleanliness, hygiene and ***infection control practices*** in public healthcare facilities, through incentivising and recognising such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control;
- To ***inculcate*** a ***culture*** of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation;
- To ***create*** and share ***sustainable practices*** related to improved cleanliness in public health facilities linked to positive health outcomes.

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

- Seven Thematic Areas.
  - Sanitation & hygiene
  - Support services
  - Hygiene promotion
  - Beyond hospital/HCF boundaries
  - Infection control
  - Waste Management
  - Hospital upkeep
- Criteria -Eg . Pest & animal control.

➢ Checkpoints - various means/mechanism to satisfactorily address the 'criteria' chosen.



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

Fig3.5.1 : Kayakalp Sample Checklist

3.6 Patient Satisfaction

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

Research in the healthcare field demonstrates that patient satisfaction is an important strategic asset for sustaining HCF quality and further improvement. Patient satisfaction has been defined as *the degree of congruency between a patient's expectations of ideal care and his /her perception of the real care him /her receives.* Across the world, consumer/patient satisfaction is playing an increasingly significant role in addressing inequality of care reforms and health-care delivery in general. Despite the wide-spread and ever increasing canvass of operations of health care delivery facilities/platforms, patient satisfaction was, till not long back, considered as a difficult concept to be measured and interpreted. It is deemed to be a complex and a multidimensional concept, relating to both technical and interpersonal aspects of care.

Veteran Healthcare

All retired service personnel, irrespective of their age/service rendered, are defined as veterans. Veteran health care, also known as Ex-Servicemen Health Care Services, is a vital component of the government strategy globally to retain a motivated force, reservists and a satisfied and healthy ESM fraternity, including their dependents. Many among the services veterans hang up their uniforms in the peak of their youth and are then part of the civil workforce. The ESM community has grown significantly over the years. There are more than 52 lakhs beneficiaries, including dependents, and counting. The accretions to the ex-servicemen category occur at a younger age, given that 85 percent of the armed forces personnel compulsorily retire between 35 -37 years of age, and 12-13 percent between 40- 54 years of age. It is important to assess the satisfaction which they derive from the facilities provided. The fact that the ESM and dependent component is steadily rising and that the HCFs catering to them remain same , may compromise the quality of care being rendered to them. Therefore, this may lead to poor morale and result in poor intake of future soldiers and combatants. Thus, there is a need to assess their satisfaction to improve the existing system in ECHS.

3.7 Objectives of the Study

The Objectives of the research are as under:-

(a) Carry out Quality Assessment of the services/facilities of the Polyclinic.

(b) To suggest measures/ procedures for improvement to meet the requirement of improving quality and enhanced satisfaction level.

3.8 Literature Review.

S.No	Study	By	Published	Location	Methodology
1.	Client satisfaction in ECHS Polyclinic: An Experience from India	Naveen Phuyal Ashok Jindal	MJSBH Vol 14 Issue 2 May 2016	ECHS polyclinics	Observational and Analytical Cross sectional Duration -2y Sample size -400

		Sandip Mukerji			Patients who had at least 3 vis, > 18yrs, willing Vetted Structured Questionnaire was used
2.	Inclusive management of Ex-Servicemen in India: Satisfaction of Air force veterans from resettlement facilities with special reference to Tamil Nadu	Kari Mahajan R Krishnaveni	IIMB Management Review,2017	Tamil Nadu	Descriptive, conclusive, cross sectional data with longitudinal study covering veterans superannuating in past 30 y. Subjects AF veterans other rank

3.9 Methodology

3.91 NQUAS and KAYAKALP Audit

As brought out earlier, the ECHS polyclinics are to be managed through the existing infrastructure of the Armed Forces in order to minimize the administrative expenditure. Akin to a CHC/PHC, these polyclinics are mainly a primary care and referral facility and the scope of services is limited. Although annual administrative inspection is carried out by the competent authority to check the basic functional aspects, there is no NQUAS/Kayakalp type of institutionalized system of Quality assessment in the ECHS. **Nonetheless, NQUAS and KAYAKALP tools for an Urban PHC, as may be applicable to an ECHS Polyclinic, were utilized for quality assessment.** The existing available Toolkit for PHC 2019 was used as an assessment tool.

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

Marking system is as follows-

- 2 Marks for full Compliance.
- 1 Mark for Partial compliance.
- '0' Mark for non-Compliance.

The scores filled in checklist generate scorecard based on predesigned formulas.

Information collection process combined one/more of following methodologies -

- Observation – Directly observing articles, processes and surrounding environment such as eqpt, drugs, BP measuring process, cleanliness, display of signages, amenities for pts.
- Review of Records- records generate objective evidences which need to be analysed in conjunction with observations. Eg review of clinical records, admission /discharge registers, SOPs etc.
- Staff Interview- To assess the knowledge and skill level reqd to perform a job.
- Pt Interview – Useful in getting a pt perspective the qual of service in a HCF. MEs may include staff behaviour, facilities available, waiting time, OOPE, availability of drugs etc.

Weightage. All the checkpoints have equal Weightage to keep scoring simple. Once scores have been assigned to each checkpoint, area of concern wise scores can be calculated for the HCF. Scores can be calculated manually or entered into excel sheet. All scores should be in percentages to have uniform unit for inter-departmental and inter-hospital comparison. The final score should be given in percentage.

3.92 Patient satisfaction

Study Design and Area

A cross sectional study involving ECHS Polyclinic at BH Delhi Cantt, taking care of all the veterans and their dependents in eleven districts of the state of Delhi. The ESM and the dependents come for the first point of contact for their health care needs.

Study Population

For survey, the participants were drawn from the beneficiaries visiting the polyclinic who were Master card holders, consenting and had *used the services on more than three occasions.*

Sampling Method

The total number of dependent beneficiaries on the Polyclinic are as on 30 Apr 2023 were 3,76,630 out of which 1,34,908 were master card holders. Convenient sampling method was adopted.

Sample Size

The sample size was limited to 80 as most visitors were not very keen to participate in the survey due to constraints of time and reservations/reasons of personal accounts.

Tools of Data collection

Data was collected by administering a Questionnaire designed for the purpose (Appendix A). The questionnaire consists of personal information, experience at the registration desk, consultation, services and allied activities, availability of medicines, ease of getting referral for empaneled health facilities and suggestions. All aspects of confidentiality were assured to the respondents and taken care of in the questionnaire. Only those who gave consent participated in the study.

Data Analysis

There is a built-in analysis tool in NQUAS and Kayakalp Checklist.

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

Limitations

The sample size initially decided to be collected in person(160) could not be achieved due to reservations on part of the patients on various accounts. Response to Google form was also limited for reasons(as appreciated) of technical circulated amongst the ESM fraternity.

3.9 Findings of the Study

Key Strengths

- Infrastructure.
- Automation in prescription, referral system and medicine dispensing.
- SOPs and adherence to same.
- Well-defined clientele.
- Proximity to the BH Delhi Cantt.
- Administration of the facility by experienced veterans who relate well to the clientele issues.

NQUAS Scorecard

OPD Score Card		
	OPD Score	**76.74416**
	Area of Concern wise Score	
A	Service Provision	**42.59834**
B	Patient Rights	**97.22222**
C	Inputs	**90.54054054**
D	Support Services	**100**
E	Clinical Services	**82.65306122**
F	Infection Control	**100**
G	Quality Manangement	**57.14285714**
H	Outcome	**16.66666667**

Chart 3.1: Scorecard of OPD

Note: Since the Checklist is not tailormade for ECHS polyclinic which have limited mandate, departments like IPD, Laboratory, Radiology etc which are not applicable have been left out of the assessment system.

Gaps

A. **Service Provision**

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

- Restricted emergency services; however the gap is covered due to vicinity of the polyclinic with the BH.
- Limited services by specialists.
- No/limited RMNCH services.; limited ability to handle A&E cases.

B. Patient Rights

- IEC corner of the polyclinic needs improvement in terms of health education material displayed and latest ECHS policy in vernacular medium.
- Privacy in consultation with the MO tends to get compromised at times.

C. Inputs

- Unidirectional flow of services does not exist.
- Fire safety measures can be further strengthened.

D. Support Services(Pharmacy)

- Availability of critical medicines needs to be better managed.

E. Clinical Services

- A&E , ARSH, RMNCH & immunization services.
- Even though the facility is co-located with the BH for any emergencies to be attended to, by itself it lacks well documented/ practiced triage system in case of mass casualty, emergency protocol, CPR etc.

F. Infection Control

- Even though the staff is adequately versed with protocols, it is largely dependent upon the clientele behavior/compliance.
- BMW management can be better addressed.

G. Quality Management

- Quality Control mechanism, internal as well as external needs improvement.
- Recording and Follow up mechanism is deficient.
- No feedback/periodic pt satisfaction survey.

H. Outcome

- The facility lacks Service Quality(productivity & efficiency) Indicators measures.
- No system to assess whether State/ National benchmarks are being achieved.
- No system of follow-up of pt outcomes/treatment unless pt reports back.
- Pt feedback/satisfaction svy not being carried out.

Kayakalp Scorecard

Gaps

A. Upkeep

- No earmarked store for condemned stores.
- Rain water harvesting mechanism needs to be installed.
- Landscaping & gardening can be given further impetus.

B. Sanitations and Hygiene

- 3 bucket system for cleaning.

C. Waste Management

- Innovations in general waste management be encouraged.

D. Infection Control

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

E. Support Services

- Available laundry can be of better standards.

F. Hygiene Promotion

- Training & capacity building and standardization to required level is lacking.
- Pt participation/involvement needs encouragement.

G. Beyond Hospital Boundaries

- Not applicable to subject Polyclinic

Patient Satisfaction Survey

Gender of the Respondents

Among the total respondents interviewed, a sizeable number of them (58%) were males than females (42%). As the armed forces is a male oriented organization, hence male respondent were more in number than their counterparts.

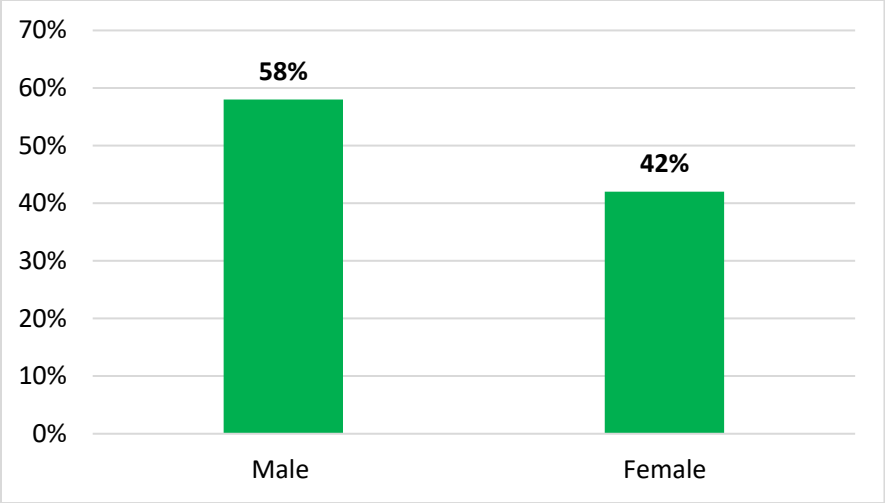


Chart 3.2: Gender of the Respondent

Dependents of the Respondent

Number of dependents reveals that a 71% of them have less than 2 or less dependents, 25% have more than 2 to 3 dependents and 4% of them have 4-6 dependents.

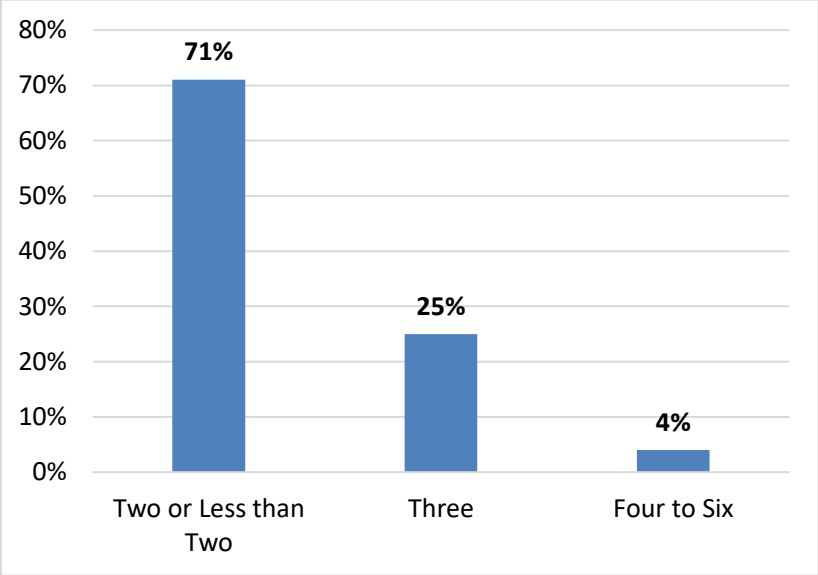


Chart 3.3: Dependents of the Respondent

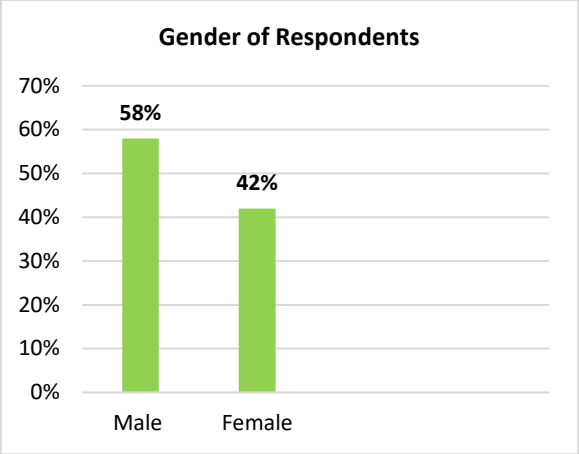


Chart 3.5: Respondents

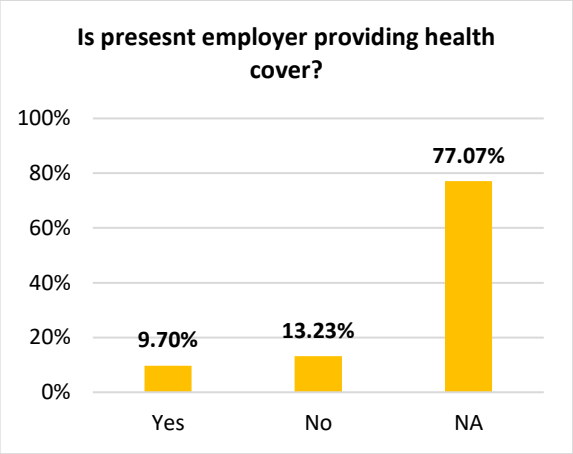


Chart 3.6: Health Cover status

Ease of Taking Appointment

The beneficiaries are satisfied with the comfort levels of taking appointment with 61% rating it Excellent to good. Registration experience at the polyclinic has also been good with approval ratings of over 90 %.

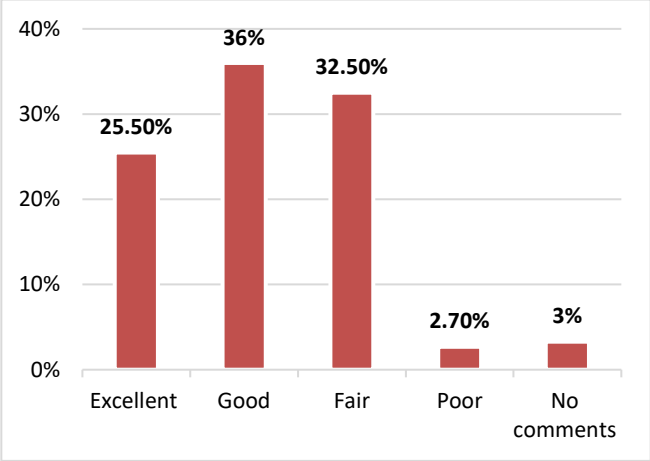


Chart 3.7: Ease of Taking Appointment

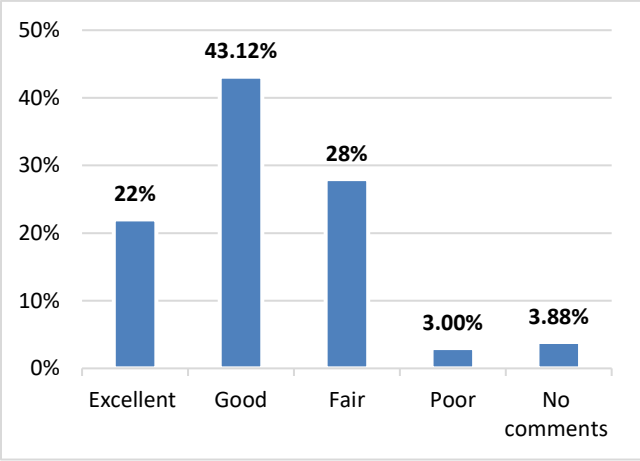


Chart 3.8: Registration Experience

Behaviour of Staff

High levels of satisfaction with the conduct of the staff with over 77 % endorsing it between Excellent to Good was a welcome finding.

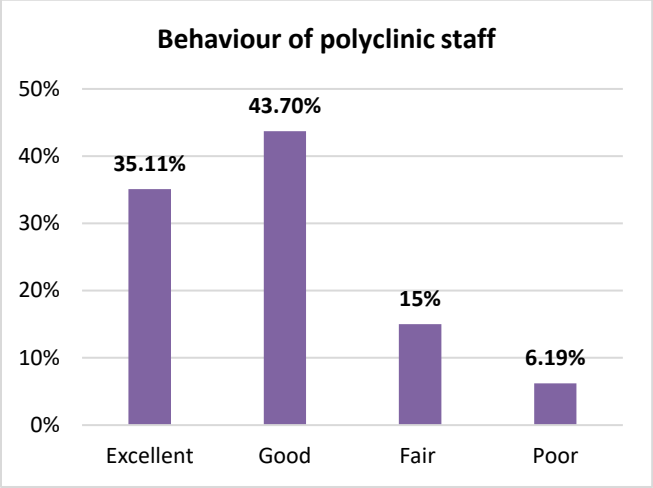


Fig 3.9

Consultation

Waiting time to see the doctor has been rated as prompt or reasonable by 88% respondents, which is adequate.

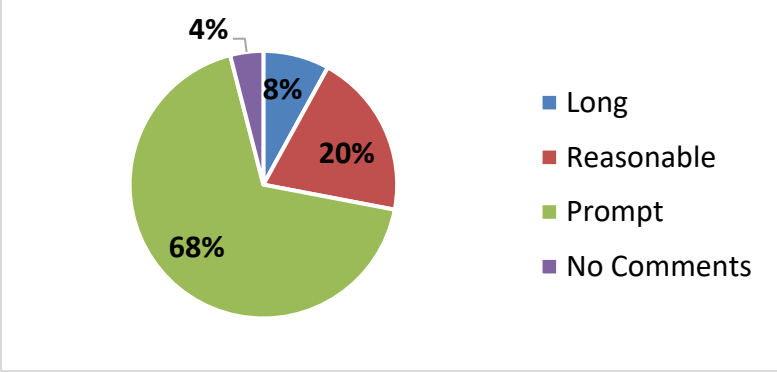


Chart 3.10: Waiting time

Time spent in Consultation

A large number of respondents are happy with the amount of time spent with the physician.

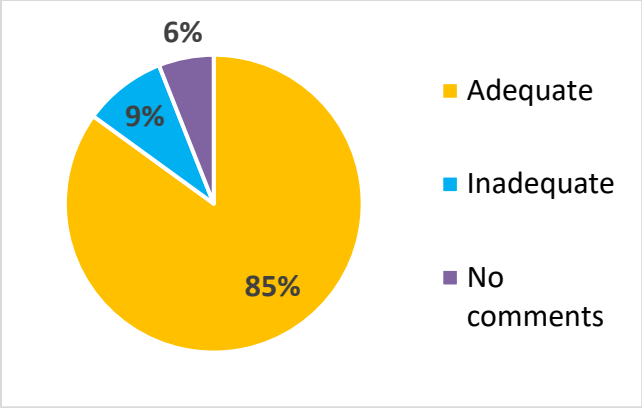


Chart 3.11: Time Spent in Consultation

Adherence to Privacy

Significant number of beneficiaries have confirmed presence of other patients during the consultation which compromises the privacy of a patient. This feedback is mainly due to presence of two physicians in one consultation room or at times the waiting-in patient standing in the doorway which becomes too close for consulting patient comfort .

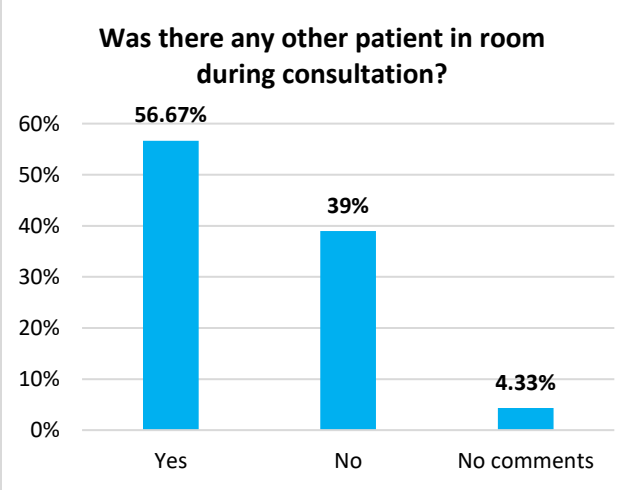


Chart 3.12: Privacy Issues

Overall Consultation Experience

Quality of consultation have been rated high and most of the beneficiaries are willing to recommend this polyclinic others.

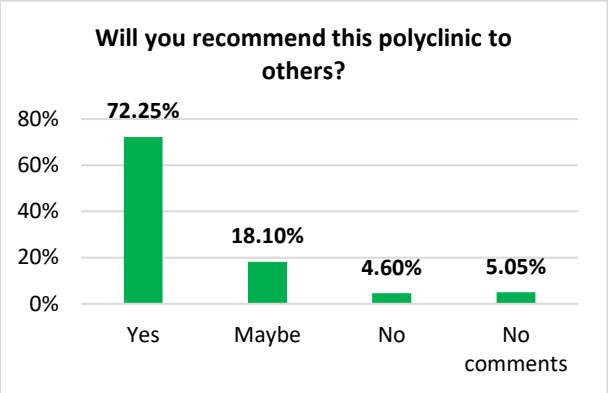


Chart 3.14: Happy to Recommend Services

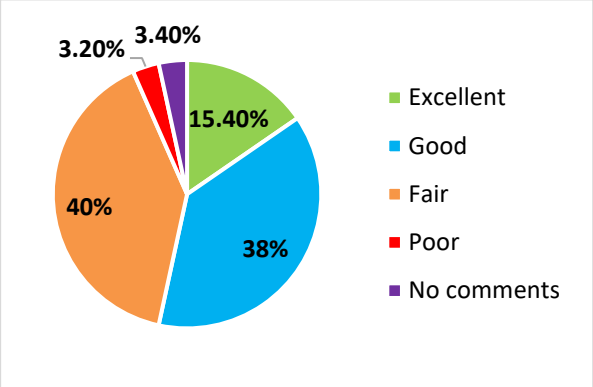


Chart 3.13: Consultation Quality

Cleanliness and Pandemic Protocols

Hygiene and Pandemic protocol have been rated good and encouraging.

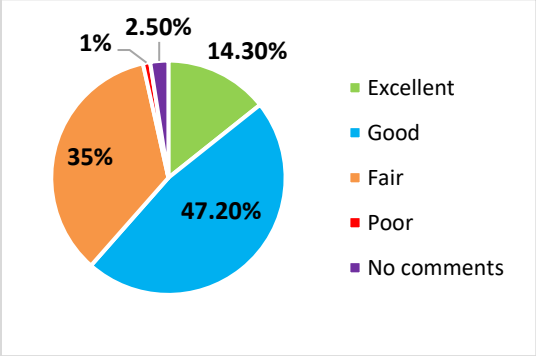


Chart 3.15: Hygiene Rating

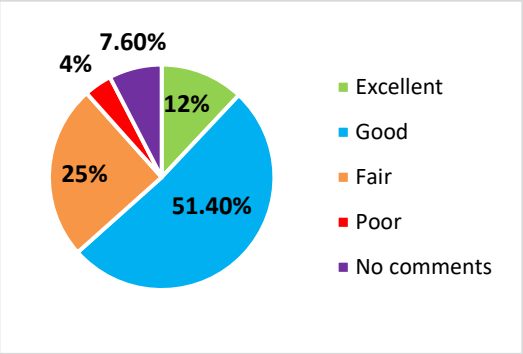


Chart 3.16: Pandemic Protocol

Laboratory/Diagnostic Tests. 70% of respondents are happy with Lab/ Diagnostic services.

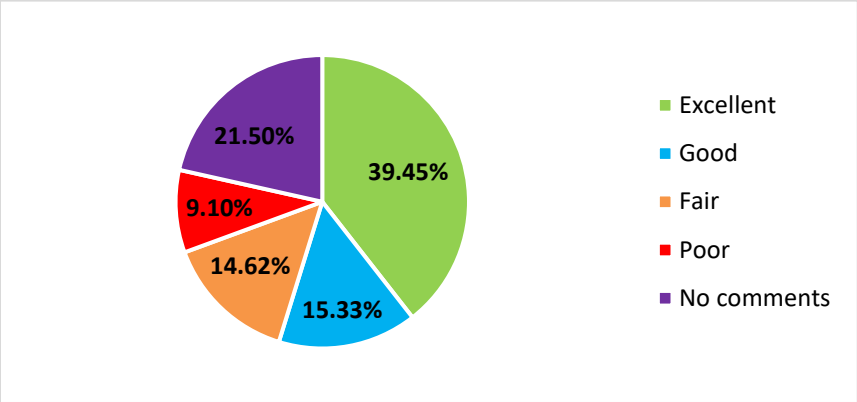


Chart 3.17: Lab/ Diagnostic services

Medicine Availability

Satisfaction level of medicines available at Polyclinic reveals that 88% of the respondents were satisfied; and 12% of them were not satisfied due to non-availability of medicines.

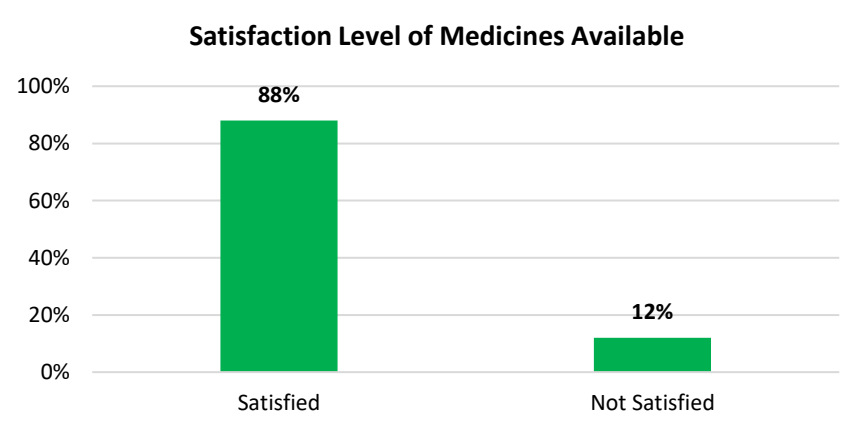


Chart 3.18: Availability of Medicines

Out of Pocket Expenditure

OOPE on medical care of 65% beneficiaries is between Rs 1000-Rs 10000, which is on higher side and cause of concern.

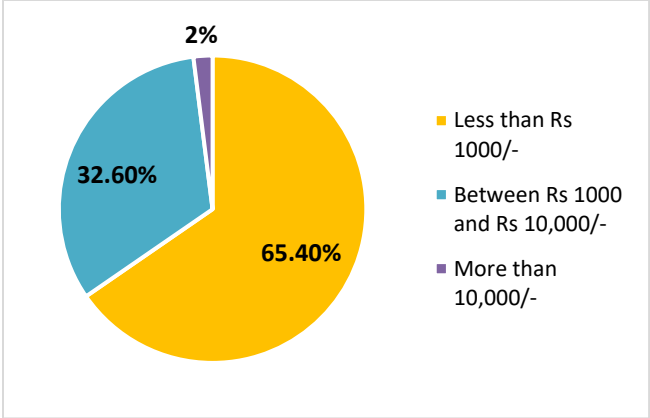


Chart 3.19: OOPE (out of pocket expenditure) of Beneficiaries

Referral

Beneficiaries are referred to Service Hosp/ Empaneled facilities, whenever they require any procedure beyond the scope of ECHS Polyclinic, or it is not available for some reason, be it lab/ Diagnostic test, Consultation or Surgical Intervention. A sizeable number (91%) of beneficiaries are satisfied with current referral system. 42% would like to get referred to Private Facility and about 53% to Service Hospitals and has very few takers for Government facilities.

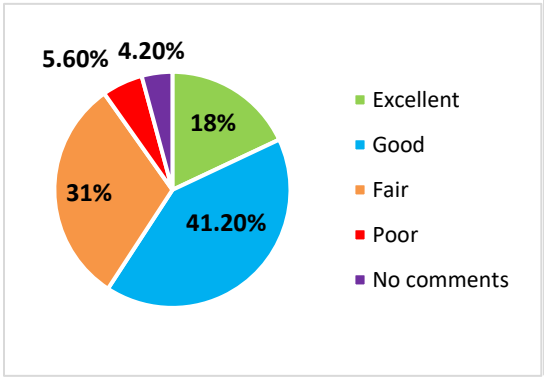


Chart 3.20: Ease of Referral

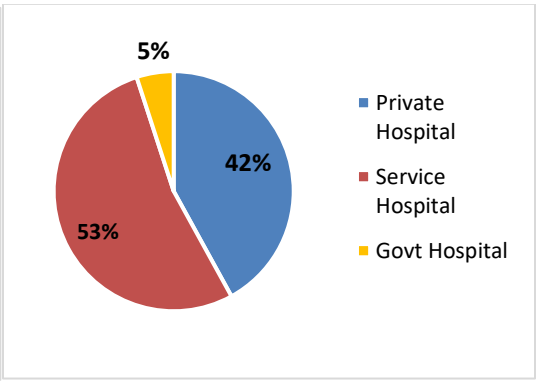


Chart 3.21: Referral Preference

Satisfaction Level at Empaneled Hospital

The survey revealed that a considerable number (77%) are satisfied with the referral being made to the empaneled hospitals.

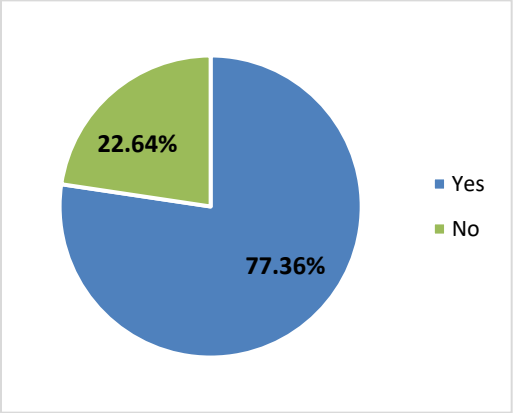


Chart 3.22: Empaneled facilities Satisfaction

Miscellaneous Issues

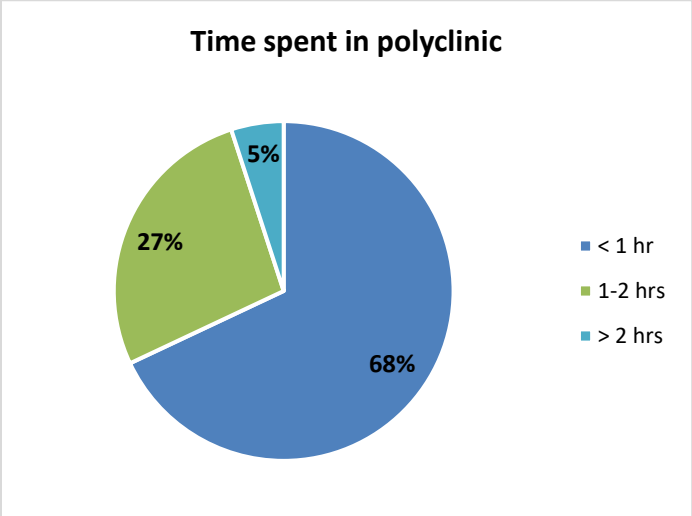


Chart 3.2: Average Time Spent in The Clinic

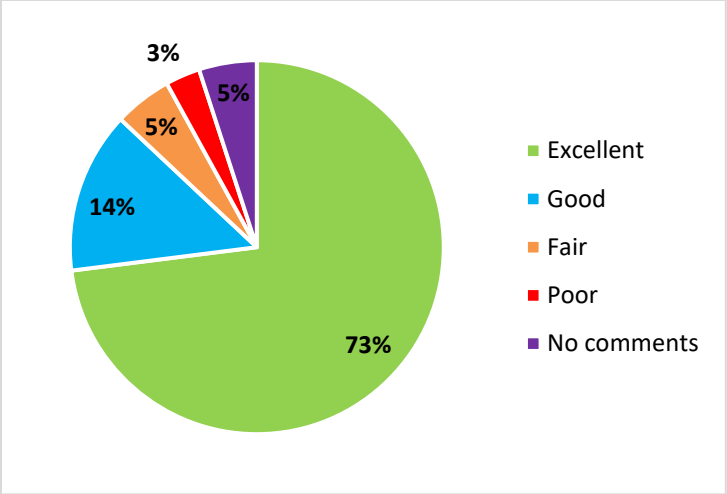


Chart 3.24: Grievance Redressal

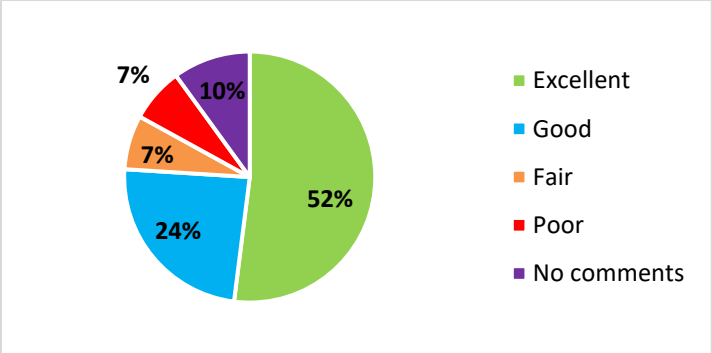


Chart 3.25: Assistance to Senior Citizens/Disabled/Widows

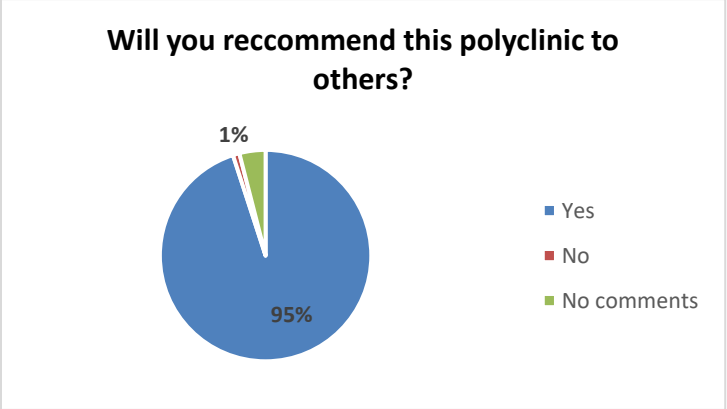


Chart 3.25: Recommendations for the Polyclinic

Other Important Findings

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

	Other Important Findings	**Reason**
1.	No of Doctors	No of doctors be increased to expedite consultaion.
2.	Lab/Diagnostics tests	Basic lab/diagnostics be made available in the Polyclinic.
3.	Medicines	.Critical medicines(cancer) not available. In lieu medicines issued. Medicines of prescribed potency not available. . Ceiling on reimbursement for critical medicines enhances OOPE.
4.	Domiciliary Equipment (wheel-chairs, beds, hearing aids etc)	Significant delays in procurement
5.	Referral	Cited by many pts as lengthy & cumbersome process.

Chapter IV

Conclusions and Recommendations

4.1 **Conclusion**

NQUAS

1. **NQUAS Score Card for OPD is 75.58**, which is reasonably high. It should be read in conjunction with following facts that:-
   - The standards have neither been designed for the subject health facility nor were they prepared for such an audit, therefore not applicable in absolute terms.
   - The final score has a weightage of all 6 categories (OPD, Labour Room, IPD, Laboratory, NHP, General) out of which only one category, i.e., OPD has been assessed.
   - The relative score of OPD is high because, not mandated sections of standards have been awarded full 2 marks.

KAYAKALP

2. **Kayakalp Score for the polyclinic is impressive.**
   - The standards have neither been designed for the subject health facility nor were they prepared for such an audit, therefore not applicable in absolute terms.
   - The criteria which have not been mandated have been awarded full 2 marks.
   - The standards have not been designed for the subject facility.

Patient Satisfaction Survey

3. The sample population was retired service personnel hence a major portion were not working yet some have got employed, with half of them covered with some sort of health cover.
4. Most of the ESM have two dependents, with a maximum of 6, as many ESM retire as young as 35 yrs of age and have wife, children, parents and at times young siblings.
5. Registration experience of the beneficiaries has been rated high and ease of taking appointment good. The behavior of the staff at ECHS polyclinic was considered exemplary by the respondents and that was also felt by the researcher in their entire stay at the ECHS.
6. Consultation wait time needs to be brought down and privacy protocol during consultation require attention. Although overall Consultation experience has been rated high by respondent.
7. The satisfaction with the specialist care and the empaneled hospitals was mostly good.
8. High levels of pt satisfaction regarding consultation quality, medicine availability, reimbursements and other related issues.

9. Availability of medicines needs improvement, and OOPE of beneficiaries can be brought down, which will automatically enhance the Patient Satisfaction Level. Though the amount expended on purchase of medicines is generally fully reimbursed. Costly medicines at times are not available and availability of medicines of different potencies at times is an issue.
10. The beneficiaries are satisfied with health services of polyclinic and empaneled private partners but relatively more satisfied with Base Hospital. Referral service is good and beneficiaries prefer to get referred to Service Hospitals over Private Hospitals and there are very few takers for Government hospitals.

4.2 Recommendations

1. An all-encompassing (Stakeholders) Quality Audit system on the lines of NQUAS and KAYAKALP may be designed by Central Organization ECHS for all types of Polyclinics for setting benchmarks of quality.
2. Judicious application of NQUAS and Kayakalp Checklist in all types of Polyclinics be carried out by external team before adapting/ designing and adopting the system. Remove the clauses not applicable and include the ones which are missing. Professional help in this regard may also be sought.
3. Constitute an internal audit team for periodic checks.
4. Regular updating of the Polyclinic formulary so that latest medicine prescribed doctors are made available to beneficiaries. Range and depth of medicines needs to be to scientifically analyzed to reduce OOPE of the beneficiaries.
5. Wait time of the patients for consultation was found reasonable even though few complained of longer waiting duration.

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ANNEXURE

SURVEY QUESTIONNAIRE

SURVEY FOR PATIENT SATISFACTION WITH RESPECT TO QUALITY OF SERVICES/FACILITIES AT ECHS POLYCLINIC

Title of the Study- Quality Assessment -Services/Facilities at ECHS Polyclinic, BH , Delhi Cantt.

Informed Consent: Internship is an integral part of PGDM (Hospital and Health Management). All the students undergoing this course at IIHMR, Delhi are required to undergo on the job training in reputed health organizations. I am ……..a student of IIHMR, Delhi. As part of the curriculum a survey on Patient satisfaction with respect to quality of services/facilities at ECHS is being carried out at ECHS Polyclinic. The purpose of the survey has been verbally explained to the respondent in detail. All the information collected will be kept confidential and shall only be utilized for academic/ research 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

Section 1 (Personal Information)

1. Name of the Respondent
2. Purpose of Visit_____(Consultation/referral/reimbursement claim/medicine collection/any other)
3. Address of the respondent (Only City/ Village in Distt---------
4. Age _____ (Completed years)
5. Gender --------- (M/F)
6. Number of dependents--------
7. Are you currently employed with in any organization? Yes/No {If Yes, Where? (Optional)}

8. If yes(for Ser 7), does it provide health cover Yes/No/NA
9. Mob No _____(Optional)
10. E-mail Id _____(Optional)

Please rate the fwg (Tick any-one) Excellent / Good/ Fair /Poor / No comments

Section 2 (Reception and Registration)

1. Ease of taking appointment	☐	☐	☐	☐	☐
2. Experience at the Registration desk	☐	☐	☐	☐	☐
3. Behavior of staff in Polyclinic	☐	☐	☐	☐	☐

Section 3 (Consultation)

4. Waiting time to see the doctor	☐	☐	☐	☐	☐
5. Amount of time spent with Doctor	☐	☐	☐	☐	☐
6. Communication and Quality of consultation	☐	☐	☐	☐	☐

7. Was there any other patient in Yes/No/ No comments

Room during consultation?

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

8. Cleanliness and hygiene at the waiting area	☐	☐	☐	☐	☐
9. Infection control measures	☐	☐	☐	☐	☐
Lab/Diagnostic test services	☐	☐	☐	☐	☐
10. Emergency Services (Ambulance, Oxygen)	☐	☐	☐	☐	☐

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

11. Availability of general medicines in the polyclinic pharmacy.	☐	☐	☐	☐	☐
12. Availability of critical medicines	☐	☐	☐	☐	☐

Section 6 (Referral)

13. Ease of getting referral whenever required ☐ ☐ ☐ ☐ ☐
14. Are you satisfied with services at ☐ ☐ ☐ ☐ ☐

Empaneled hospitals?

15. Where would you prefer to be referred in case required (rank in order of preference)?
    - Private hospital
    - Service hospital
    - Government hospital

Section 7 (Out of Pocket Expenditure)

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

Ser No	**Broad Distribution of Expenditure (Which is not reimbursed by ECHS)**			
	Medical Related (Medicines, Fees, Lab Reports etc)	**Non Medical (Conveyance, Food & Nutrition)**	**Ambulance**	**Others**
(a)				

Section 8 (Time Management)

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

18. Section 9 - Miscellaneous

(a) Accessibility to the OiC Polyclinic for grievance redressal ☐ ☐ ☐ ☐ ☐

(b) Provisions to assist senior citizens, war widows and semi-literate/illiterate dependents ☐ ☐ ☐ ☐ ☐

(c) Provisions of paid refreshments/meals at the polyclinic ☐ ☐ ☐ ☐ ☐

(d) Accessibility of public/paid transport to/from the Polyclinic to nearest Metro station/Bus Stop ☐ ☐ ☐ ☐ ☐

(e) Satisfaction level with treatment at empaneled hospitals ☐ ☐ ☐ ☐ ☐

(f) Process of reimbursement of costs incurred ☐ ☐ ☐ ☐ ☐

(g) Do you feel the polyclinic is adequately equipped and prepared to handle the workload of patients dependent upon it? - Yes/No/No comments

(h) Presence of female attendant while examining female patients - Yes/No

(i) Is the polyclinic disabled friendly? - Yes/No/No comments

(j) Is the appointment system IT enabled/friendly - Yes /No/Not aware?

Section 10 (Suggestions)

19. Will you recommend this polyclinic to others? Yes/ Maybe /No/No Comments

20. Suggestions if any for ECHS Polyclinic (use the extra space below in case required)

- Related to no of doctors:
- Related to Lab/diagnostics services:
- Related to medicine availability:
- Home delivery of medicines:
- Any Other comments: