

Dissertation

At

ECHS Polyclinic, Base Hospital, Delhi Cantt

(10 March to 10 May 2023)

A Project Report On

“Patient Satisfaction at ECHS Polyclinic,

Base Hospital, Delhi Cantt”

By

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PG/21-23/043

Under the guidance of

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PGDM (Hospital & Health Management)

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CERTIFICATE

IC-55437N Col Jitender Mann of IHMR, Delhi has worked on the project “**Patient Satisfaction at ECHS Polyclinic, Base Hospital, Delhi Cantt**” from **10 Mar 2023** to **10 May 2022**. The officer collected data through online form & 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.

Mentor

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Col Jitender Mann** 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, Base Hospital, Delhi Cantt** from **10 Mar 2023** to **10 May 2023**.

Col Jitender Mann 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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Dr Vinay Tripathi

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CERTIFICATE OF APPROVAL

The following dissertation titled “**Patient Satisfaction at ECHS Polyclinic, Base Hospital, Delhi Cantt**” is hereby approved as a certified study in management carried out & presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health & 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.

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CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

This is to certify that **Col Jitender Mann**, 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, Base Hospital, Delhi Cantt**” 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
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled “**Patient Satisfaction at ECHS Polyclinic, Base Hospital, Delhi Cantt**” submitted by **Col Jitender Mann**, Enrollment No. **PG/21-23/043** 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 **10 Mar 2023 to 10 May 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.

Jitender Mann

Colonel

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ABBREVIATIONS

OOPE	Out of Pocket Expenditure
ESMs	Ex-servicemen
ECHS	Ex-Servicemen Contributory Health Scheme
HQ	Headquarters
OIC	Officer-in-Charge
MO	Medical Officer
MI Rooms	Medical Inspection Rooms
Dir	Director
MD	Managing Director
ECOs	Emergency Commissioned Officers
SSCOs	Service Commissioned Officers
PPO	Pension Payment Order
PWD Act	Person with Disability Act – 2016
AFVs	Armed Forces Veterans
BHDC	Base Hospital Delhi Cantt

EXECUTIVE SUMMARY

- The rationale to assess patient satisfaction is to improve the services provided by the health care industry. This helps to identify the areas which have gaps & need of specific improvements that are required in those areas leading to better health outcomes for the patients, professional developments for the health care providers & an overall improvement in health status.

- This study attempted to evaluate the working of the Ex-servicemen Contributory Health Scheme (ECHS) by assessing patient satisfaction during the services provided by ECHS Polyclinic at Base Hospital, Delhi Cantt. The study was carried out at the facility through online structured questionnaire & personal interaction with the beneficiaries of the scheme.

- It has come to light that most of the respondents were reasonably satisfied with the services provided by the ECHS Polyclinic, however, there are certain areas like availability of emergency services, availability of critical medicines & online referral system that need to be addressed for better patient satisfaction.

- The service personnel, especially those not in officer cadre, retire at an early age & therefore have a higher number of dependents (children as well as parents) whereas those respondents in later stages of life have significantly lesser dependents availing the facility.

- Only 39% respondents are currently employed at the time of survey. 45% respondents feel the waiting time, a major factor in patient satisfaction, at the facility is long. Only 5% respondents felt that time given by the physician during consultation was inadequate. Almost 99% patients were satisfied with the overall experience with the

consulting physician. Preference of respondents with respect to referral to private or service hospital was almost equal at 50% each. 64% people in the survey spent more than Rs 10,000/- from their out of pocket on medical expenditure (OOPE) in a month. Almost 98% respondents are satisfied with the registration process. 98% respondents were fairly satisfied with the professional capability & courteousness of the staff. 42% respondents are not satisfied with emergency services at the polyclinic. The same may be related to its proximity to the Base Hospital on which the polyclinic is dependent on these services. Approximately 63% respondents were not satisfied with the pharmacy for availability of the critical medicines. 97% respondents are satisfied with the physical referral procedure but the number reduced significantly to 52% satisfaction for online referral procedure. 87% respondents were reasonably satisfied with the services of the empanelled hospitals.

- The data was collected from primary sources in the form of a structured questionnaire & personal interaction with the respondents at the facility. Secondary sources of data such as the records held with the facility were also included in the study.

CHAPTER I : INTRODUCTION

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

1.2 Based on this noble aim, & after detailed deliberations, a comprehensive scheme was formulated in the shape of ECHS, authorized vide Government of India, Ministry of Defence letter No 22(i) 01/US/D(Res) dated 30 Dec 2002. The ECHS was launched with effect from 01 Apr 2003. With the advent of this scheme. ESM pensioners & their dependants 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 However, there were several teething problems that were faced by the ECHS scheme as well as the beneficiaries in the initial years of setting up of the organization. Majority of these problems were sorted out over the years to make the scheme viable as well as making it a preferable option for the beneficiaries. Improvement in service quality, reducing the referral time & providing better facilities to the patients to improving the satisfaction level of the ESMs & their dependants were the major focus areas.

1.4 **This study was undertaken with the objective to assess Patient Satisfaction at the ECHS organization to provide better health facilities to the ESMs & their dependants. The study was carried out at ECHS Polyclinic, Base Hospital & Central Organization, ECHS, Delhi Cantt.** Detailed sets of questionnaires were prepared for the affiliated patients on the facility. The responses from them were collected & analyzed to patient satisfaction at the ECHS Organization in providing medi-care to the ESMs & their

dependants. This helps to identify the areas which have gaps & need of specific improvements that are required in those areas leading to better health outcomes for the patients, professional developments for the health care providers & an overall improvement in health status.

CHAPTER II: ECHS ORGANIZATION PROFILE

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

2.2 **Concept of ECHS.**

(a) It was planned that ECHS should be managed through the existing infrastructure of the Armed Forces in order to minimize the administrative expenditure. The existing infrastructure includes command & control structure, spare capacity of Service Medical facilities (Hospitals & MI Rooms), procurement organizations for medical & non-medical equipment, defence land & buildings & other tertiary facilities.

(b) To provide better medi-care to all authorized persons closest to their place of residence & medical services in non-military areas & to ensure continued availability

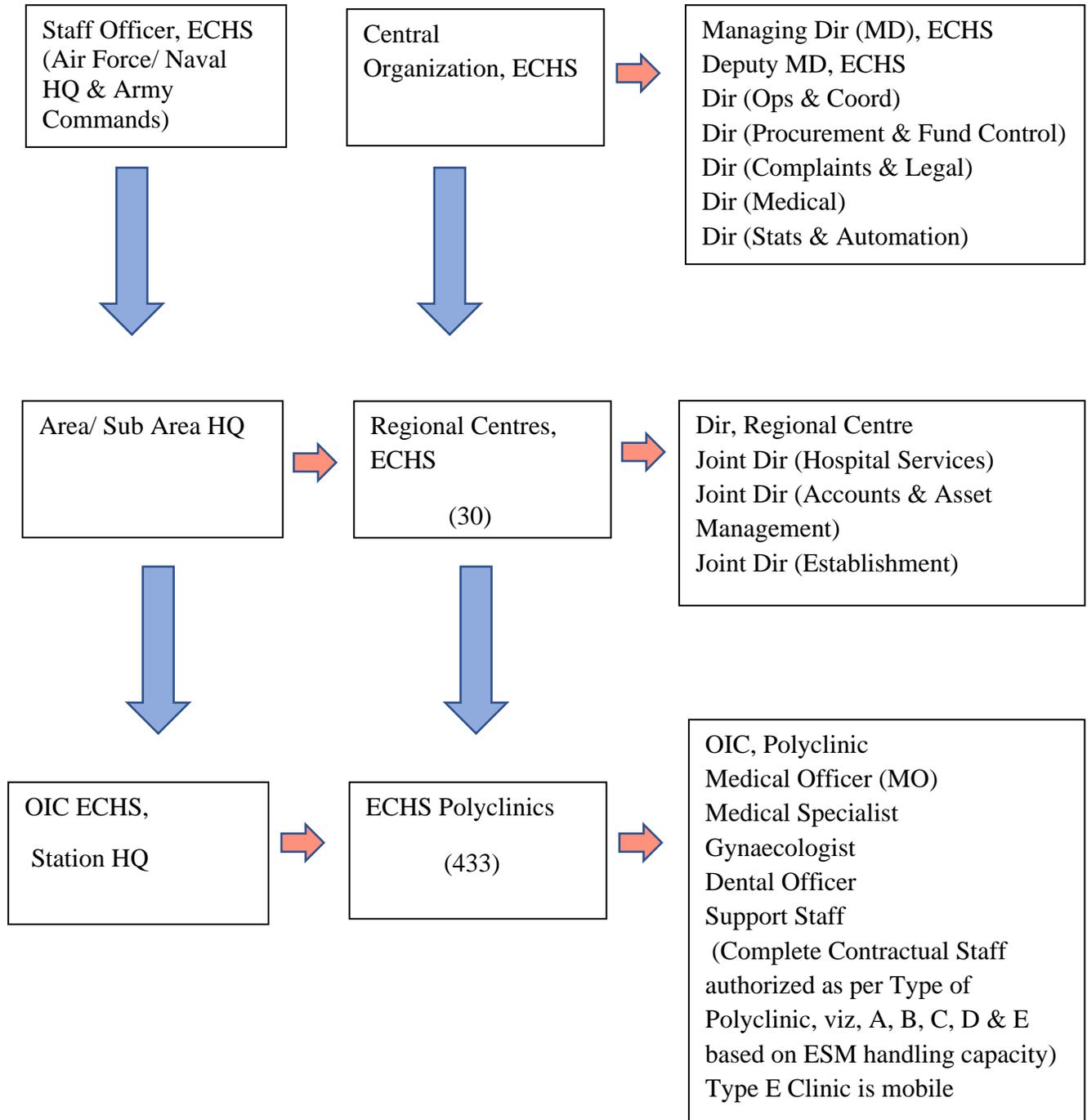
of medical services in emergencies such as war, additional steps were taken, which include: -

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

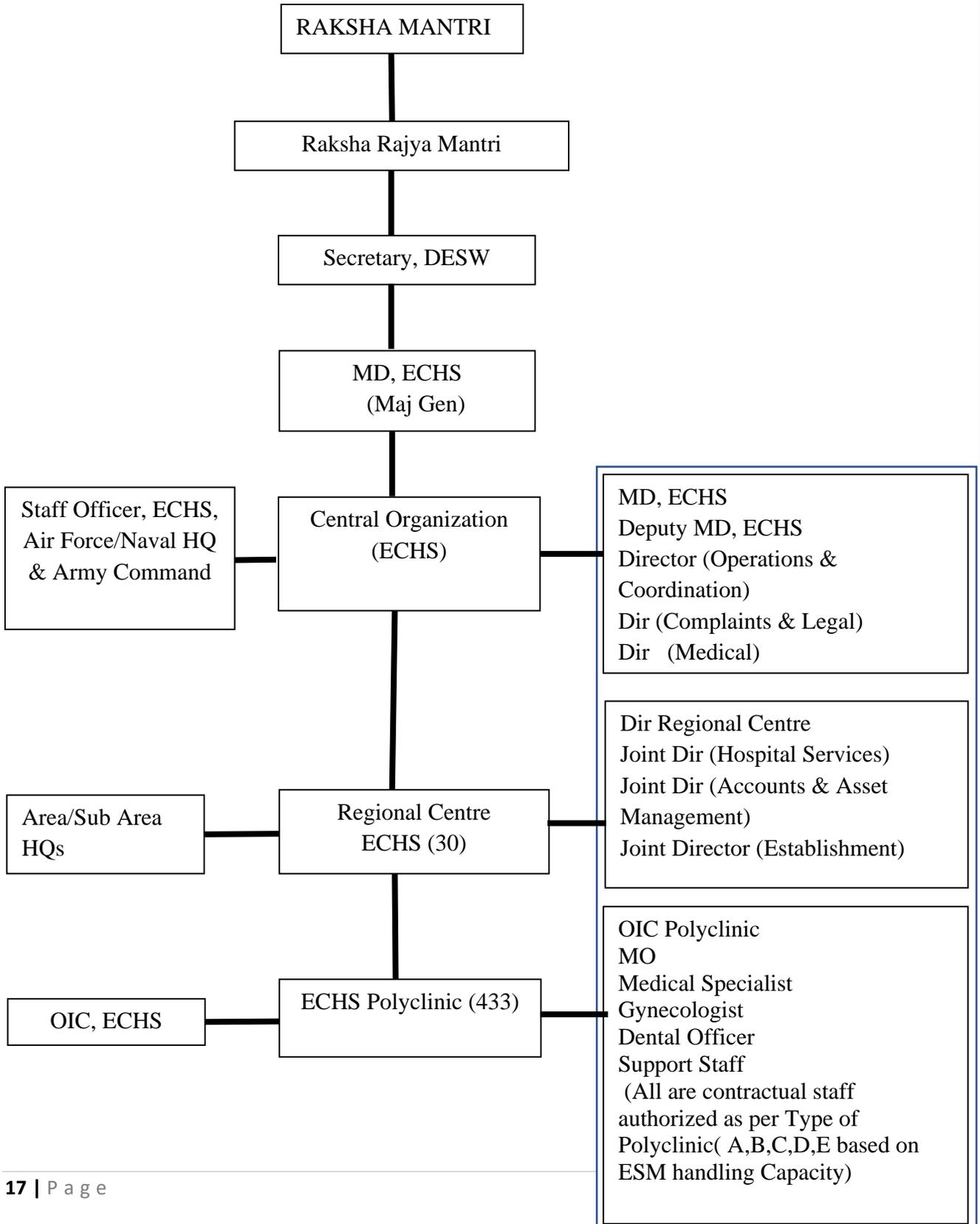
2.3 **Command & Control.** The existing Command & Control Structure of the Army, Navy & Air Force have been given the Administrative & Financial Powers to run this Scheme. Station Commanders are authorized to exercise direct Control over the ECHS polyclinics. Regional Centre, ECHS & ECHS Cell located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

2.4 **Organization of ECHS.** The ECHS Central Organization is located at Delhi & functions under the Chief of Staff Committee (COSC) through Adjutant General & Dir General Directorate of Ceremonial & Welfare in Army HQ. The Central Organization is headed by Managing Dir, ECHS, a serving Major General. There are **30 Regional Centres ECHS & 433 ECHS Polyclinics.** ECHS is also an attached office of Department of Ex-Servicemen Welfare (DoESW), Ministry of Defence (MoD) as are Directorate General Resettlement (DGR) & Kendriya Sainik Board (KSB). Depending on the patient load & facilities provided & authorization of contractual staff, there are five types of ECHS Polyclinics i.e., Type 'A', 'B', 'C' D, & E. The organization chart of ECHS is as given under: -

ORGANIZATION OF ECHS



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



2.6 **Policy & Operations of ECHS**

2.6.1 ECHS was authorized by Government of India on 30 Dec 2002, & was introduced with effect from 01 April 2003. It is a publicly funded medi-care scheme for ex-servicemen pensioners & their eligible dependents. It provides medical care through outpatient treatment at around 426 Polyclinics all over India, & inpatient hospitalization & treatment through Military Hospitals & 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 & bed space.

2.6.2 **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 & Air Force of the Indian Union, & 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) & pre-mature non pensioner retirees.

2.6.3 **Benefits of ECHS.** ECHS provides cashless medical coverage for the ESMs & their dependants in the established polyclinic/military hospitals/empaneled hospitals across India.

2.6.4 **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 & medicines are entitled.
- (e) Country wide network of ECHS Polyclinics.
- (f) Covers spouse & all eligible dependents.
- (g) Familiar environment & sense of belongingness.

2.6.5 **Family Members Covered in the Scheme.** ECHS cover ex-servicemen along with his/her following dependent family member: -

<u>Ser No</u>	<u>Relationship</u>	<u>Criteria</u>
(a)	Spouse	<p>(i) Legally wedded wife including more than one wife. Spouse living separately is included as dependent, as long as the ESM pensioner is responsible for her maintenance. In case spouse remarries, then he/she is not entitled.</p> <p>(ii) In the event of plural marriage, where it is permitted by the rules, the following conditions should be fulfilled for claiming ECHS membership: -</p> <p style="padding-left: 40px;">(aa) Necessary casualty for entering plural marriage should have been published through Unit Part II Orders & names of both the wives should be found recorded in the Service Discharge Book/ Service Particulars Retired Officers booklet issued by respective Service HQs.</p> <p style="padding-left: 40px;">(ab) The names of both the wives, should be found recorded in the Pension Payment Order (PPO) for grant of 'Family Pension' award.</p> <p style="padding-left: 40px;">(ac) In case of widows, both wives should be in receipt of a share of 'Family Pension' & PPO produced in support of evidence.</p> <p style="padding-left: 40px;">(ad) If a war widow remarries then she & her children from first marriage are eligible. Her husband, however, will NOT be eligible.</p>

(b)	Family Pensioner	Implies the legally wedded spouse of an Armed Forces personnel, whose name figures in the service records of the personnel & whose husband/wife (as the case may be) has died either while in service or after retirement & 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 Dearness Allowance) per month 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 & 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 & Ward Act 1980, provided that such a ward lives with him, treated as a family member & is given the status of a natural-born child through a special will executed by the Govt. Servant.
(f)	Dependent Parents	<p>Parents (excluding step parents), subject to the following: -</p> <p>(i) Father & mother of the ESM pensioner shall be deemed to be dependent if they normally reside with the ESM pensioner & their combined income from all sources does NOT exceed Rs 9,000/- (excluding DA) pm.</p> <p>(ii) “Parents i.e, mother & father” of unmarried deceased soldier & 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>(iii) In case of adoption, adoptive parents & not real parents.</p> <p>(iv) If adoptive father has more than one wife, only the first wife.</p> <p>(v) In case of female employees, parents or parents-in-law, at her option, subject to the conditions of dependency & 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	(i) Dependent unmarried/divorced/abandoned or separated from their husband/widowed sisters. (ii) Irrespective of age.
(h)	Dependent Brothers	(i) Minor brother(s) up to the age of becoming a major. (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 & residing with principal ECHS Card holder beneficiary.
(j)	Minor Children of widowed/separated daughters	Minor Children of widowed/separated daughters who are dependent upon the ECHS beneficiary & normally residing with him, shall be eligible up to the age of 18 years.

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

2.6.7 Subscription/ Contribution Rate & Ward Entitlement for ECHS Membership.

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

Ser No	Ranks	One time Contribution	Ward Entitlement
(a)	Recruit to Havildars & equivalent in Navy & Air Force	Rs 30,000/-	General
(b)	Nb Sub/Sub/Sub Maj or equivalent in Navy & Air Force (including Honorary Nb Sub/ACP Nb Sub & Honorary Lieutenant / Captain)	Rs 67,000/-	Semi Private
(c)	All Officers	Rs 1,20,000/-	Private

2.6.8 The definition for eligibility to be dependent as per Department of Personnel & Training (DoPT) followed by CGHS is as under: -

(a) **Dependant Parents.** Whose Income from all sources not more than Rs 9000/- excl Dearness Allowance.

(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 - Irrespective of age limit.

(e) **Minor Brother/Sister(s).** Brothers up to the age of becoming a major. Sisters till she starts earning or gets married, irrespective of the age limit, whichever is earlier.

(f) **Daughters & Sisters.** Dependent, divorced/Abandoned or separated from their husband/ widowed & dependent unmarried children to include ward/ adopted children are entitled for life.

2.6.9 **Age limit for Sons/Daughters as Dependent in ECHS Card.** Unemployed son(s) below 25 years, unemployed & unmarried daughter(s) (the individual monthly income of unemployed dependent son(s) & daughter(s) all sources should be less than Rs 9000/-), dependent parents whose combined income is less than Rs 9000/- per month & mentally/physically challenged children(s) for life as per PWD Act.

CHAPTER III: ECHS POLYCLINIC, BHDC

3.1 **ECHS Polyclinic, BHDC**. This polyclinic is responsible to look after the AFVs & 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 & after giving him/her the first stage of medical advice & 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 & the procedure & manner in which the ECHS transfers the ex-servicemen also requires to be studied. The critical point noticed in the research is that the patient is being treated initially in the ECHS & then based upon his/her condition is being referred to the Service /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. The distribution of AFVs population is as given below:

(a) Primary Membership Veterans	-	1,34,908.
(b) Number of Dependents on Polyclinic	-	2,41,722.
(c) Number of Patients Visiting Polyclinic	-	Approx 1100-1200 (daily) 25000 (one month).

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

3.3 **Facilities Available at ECHS Polyclinic, BHDC**

3.3.1 **Reception**

- (a) Separate reception counter to streamline the inflow of patients to the polyclinic.

(b) The reception is equipped with computers, connected by LAN to cater for :-

(i) Biometric Card reader counters

(ii) 02 x MOs referral counter

(iii) Monthly medicine counter

(c) Reception has a patient friendly environment, & is provisioned with electronic digital counter system & notice boards containing all relevant information for the patients.

(d) The reception staff is good in communication skills & proficient in handling of outdoor patients

3.3.2 **Consultation Rooms**

(a) Two ECHS employees trained & fully conversant in operating diagnostic equipment like ECG, BP monitors etc. Beside vaccination & administration of drugs, essential staff has been dual - tasked to deal with routine emergencies & rendering of first aid.

(b) The treatment room is geared to cope for emergencies, with essential equipment like stretchers, wheel chairs, resuscitation apparatus etc.

(c) To accord privacy to patients, separate cubicles for performing ECG on ladies & gents have been provisioned.

3.3.3 **Pharmacy**

(a) Fully stocked medical store with medicine racks & pigeon holes for provisioning & storage of drugs.

(b) Adequate shelf space catered along with refrigerators & air conditioning facility for storage of essential drugs.

- (c) Color coding of medicine on shelves in accordance with their shelf life.
- (d) Computers have been Local Area Network linked with MOs, for smooth paperless transaction & speedy issue of medicines to patients.
- (e) Latest software introduced in the computers for inventory management, stock taking & MMF processing.
- (f) Separate service - windows along with seating arrangements for officers, senior citizens, families & other ranks.

3.3.4 **Dental Services**

- (a) The polyclinic is fully equipped to cater for dental care & treatment of ECHS beneficiaries.
- (b) Dental Chair with essential back - up equipment is available. An average of 120 - 150 patients is attended by the dental officers & the dental hygienist on daily basis.

3.3.5 **Diagnostic/ Laboratory Services.** X-Ray, ECG, regular lab tests facilities of the Base Hospital are utilized.

3.3.6 **Ambulance Service.** Ambulance services are available within the city limits.

3.3.7 **Referral Issue Counter.** Counter for issuing referral for empaneled health facility.

3.3.8 **Smart Card Issue/Renewal.** Counter for processing Smart card application.

3.3.9 **Additional Amenities.** Other facilities are listed below:-

- (a) Waiting rooms for veterans.
- (b) Colored TVs in waiting rooms with adequate availability of newspapers, magazines & periodicals.
- (c) Hot/cold water dispenser & water coolers.

- (d) Electronic digital counter display system in waiting rooms & at the reception for patients seeking to consult med officers.
- (e) Display boards at prominent places with relevant information & contact numbers.
- (f) Patients being updated by displaying status of their claims on the notice boards in the waiting room.

3.4 **Major Medical Equipment**. Various equipment held with the Polyclinic are:-

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

S No	Name of Equipment	Authorized	Held
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
32	Amalgamator	01	-
33	Instrument Table Fold	01	-
34	Ultrasonic Cleaner	01	-

CHAPTER IV : OBJECTIVES & RESEARCH METHODOLOGY

4.1 **Aim.** To assess patient satisfaction of the patients at the ECHS, Base Hospital, Delhi Cantt.

4.2 **Objectives of the Study.** The Objectives of the study are as under: -

(a) To evaluate the patient satisfaction of the retired ex-servicemen & their dependents who avail the health care services at the ECHS, Base Hospital, Delhi Cantt.

(b) To suggest measures for improvement of satisfaction level.

4.3 **Literature Review.** The details of papers selected are as under: -

S. No	Study	By	Publis- hed	Loca- -tion	Methodology
(a)	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 yrs.

S. No	Study	By	Publis- hed	Loca- -tion	Methodology
(b)	Study on Patient Satisfaction in the Government Allopathic Health Facilities of Lucknow District, India	Ranjeeta Kumari MZ Idris Vidya Bhushan Anish Khanna Monika Agarwal SK Singh	Indian Journal of Community Medicine 2009 Jan; 4(1): 35–42.	Lucknow, UP	Cross-sectional study Period of study: May 2006 to August 2006 Study population: patients attending the OPD of government health facilities of Lucknow district.
(c)	Client satisfaction in ECHS Polyclinic: An Experience from India	Naveen Phuyal Ashok Jindal Sandip Mukerji	MJSBH Vol 14 Issue 2 Jul- Dec 2015	ECHS poly-clinic,	Observational & Analytical Cross sectional Duration -2 years Sample size -400 Stratified Sample Structured Questionnaire
(d)	Healthcare Delivery & Stakeholder's satisfaction under social health insurance schemes in India : An evaluation of CGHS & ECHS	Sukumar Vellakkal Shikha Juyal Ali Mehdi	Indian Council for Research on International Economic Relation (ICRIER) Dec 2010	12 Indian Cities	Primary Survey of 1204 CGHS & 640 ECHS primary beneficiaries in 100 empaneled health care providers & 100 scheme officials

4.4 **Methodology**

4.4.1 **Research Design.** The study has been based on quantitative cross-sectional to measure the satisfaction level.

4.4.2 **Study Design.** Evaluation Study Design.

4.4.3 **Study Setting.** ECHS, Base Hospital, Delhi Cantt.

4.4.4 **Study Population.** The study population comprises of the ex-servicemen & their dependents visiting the ECHS, Base Hospital, Delhi Cantt.

4.4.5 **Study Tools.** Online Questionnaire & physical informal interviews at ECHS Polyclinic

4.4.6 **Sample Size.** A sample size of 150 respondents were selected from those dependent on the facility & utilizing the services provided.

4.4.7 **Sampling Method.** Random convenient Sampling Technique.

4.4.8 **Sample Selection.** All respondents were clearly informed about the aim & confidentiality of the study. The participation of the respondents was completely voluntary.

4.4.9 **Selection Criteria.**

(a) **Inclusion Criterion.** All patients dependent on the ECHS Polyclinic, Base Hospital, Delhi Cantt.

(b) **Exclusion Criterion.** All respondents who are unwilling were excluded from the study.

4.4.10 **Study Variables.** Age, Gender & employment status.

4.4.11 Data Analysis. The data collected was transferred to a master Excel Sheet in a tabulated form. The data was then analysed using various statistical tools available. The structured questionnaire contained ratings from Excellent, Good, fair, Poor & No Comments & rated accordingly by the respondents.

4.4.12 Ethical Considerations.

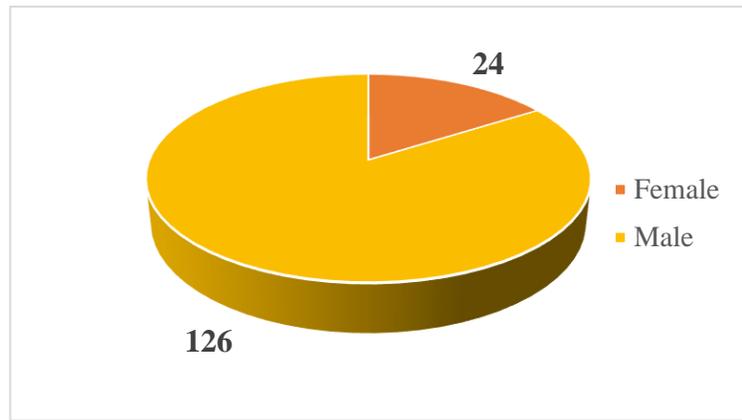
- (a) The study is free of any kind of biases.
- (b) All the credentials collected will be kept confidential & will be used for the subject study purpose only.
- (c) Informed consent taken from all participants.
- (d) The study was purely voluntary. The participants have all the rights to quit the study if they want.

CHAPTER V: DATA COLLECTION & ANALYSIS

5.1 The data collected from the sample population is reflected in the form of pie-charts & bar-charts. The number & percentages of each data has been calculated & mentioned along with the analysis of the response to the questionnaire.

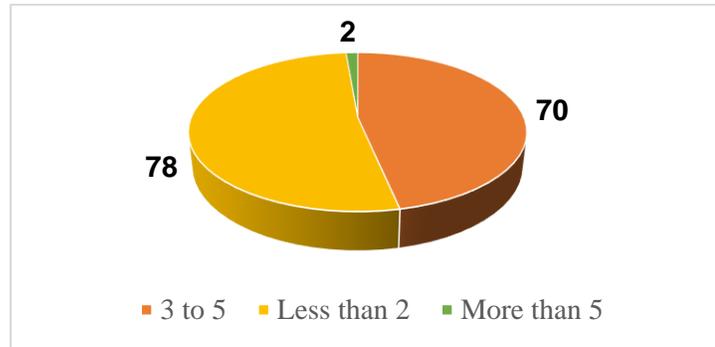
5.1.1 **Count of Gender**. Out of the total sample size of the study, 84% (126) were male & 16% (24) were female patients/dependants.

Gender	Count of Gender
Female	24
Male	126
Grand Total	150



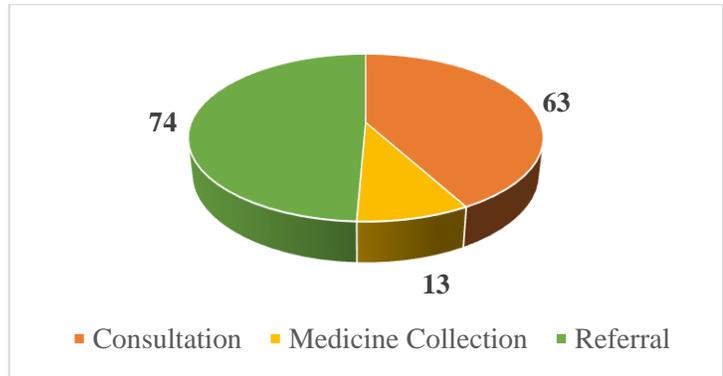
5.1.2 **Count of Number of Dependants**. 52% of the respondents have less than 2 dependants, 47% have 3 to 5 dependants & balance have more than 5 dependants.

Row Labels	Number of Dependants
3 to 5	70
Less than 2	78
More than 5	2
Grand Total	150



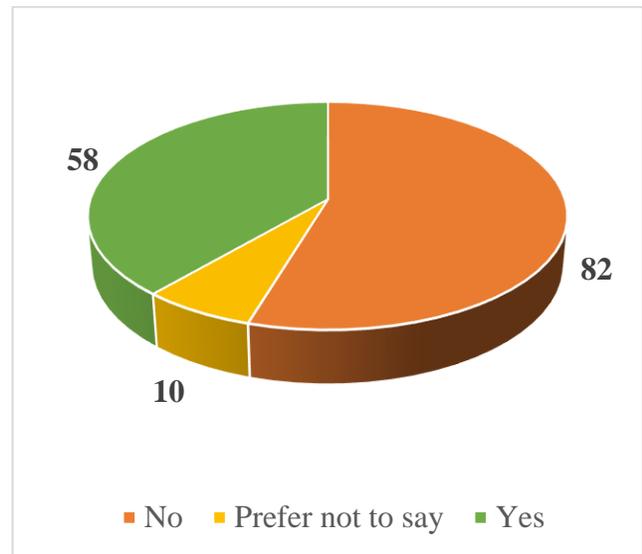
5.1.3 **Purpose of Visit to the ECHS.** 49% of the respondents visited the ECHS facility for referral, 42% for consultation & 9% for medicine collection.

Row Labels	Purpose of Visit
Consultation	63
Medicine Collection	13
Referral	74
Grand Total	150



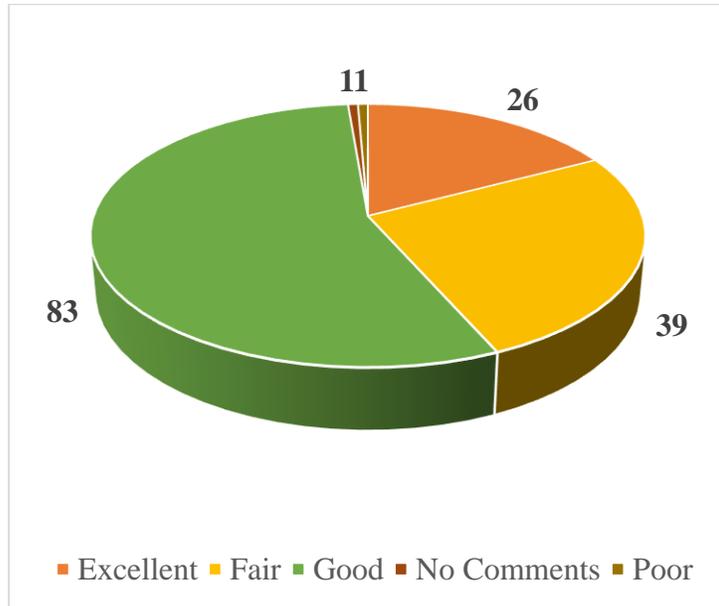
5.1.4 **Data on Current Employment.** More than half the current beneficiaries are currently not employed anywhere at present. Moreover, all 39% who are currently employed, are not covered by any other health scheme.

Row Labels	Are you currently employed with in any organization as on date?
No	82
Prefer not to say	10
Yes	58
Grand Total	150



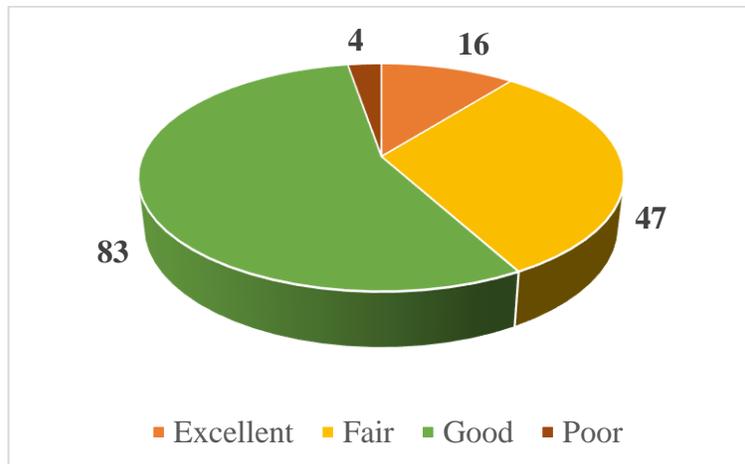
5.2 **Experience during Registration Purpose.** 72% of the respondents were highly satisfied with the registration process, 26% were fairly satisfied & only 2% rated the process unsatisfactory.

Row Labels	How was your experience during Registration?
Excellent	26
Fair	39
Good	83
No Comments	1
Poor	1
Grand Total	150



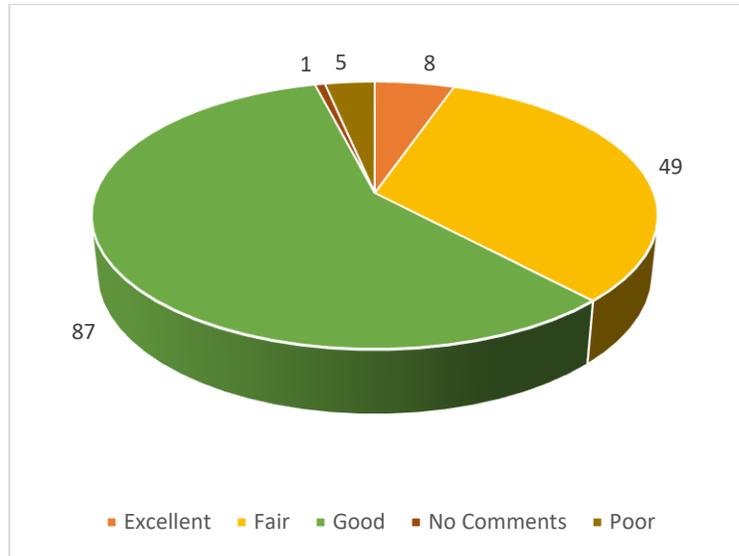
5.2.1 **Courteousness of the Staff.** 66% of respondents were very happy with the behaviour of the staff, 31% were satisfied & only 3% were unhappy.

Row Labels	Count of How courteous was the staff?
Excellent	16
Fair	47
Good	83
Poor	4
Grand Total	150



5.2.2 **Professionalism of the Staff.** 63% of respondents were very happy with the professional competence of the staff rated the, 33% were fairly happy & balance were unhappy.

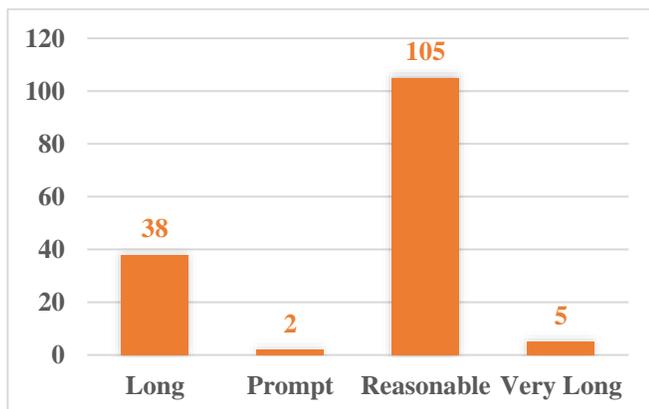
Row Labels	How would you rate the professionalism of the staff?
Excellent	8
Fair	49
Good	87
No Comments	1
Poor	5
Grand Total	150



5.3 **Consultation Process.** The data collected with respect to consultation process is enumerated in the following paragraphs.

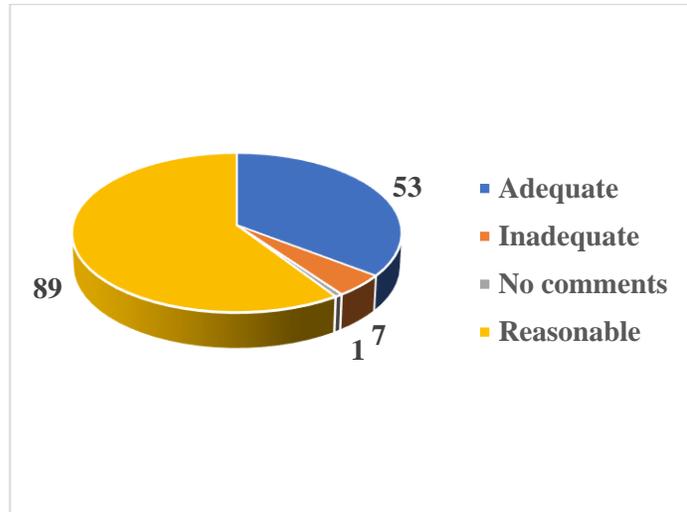
5.3.1 **Waiting Time.** 107 respondents out of 150 (71%) were attended to by the staff in a reasonable timeframe. A total of 43 respondents were not happy with the long waiting time.

Row Labels	Count of Waiting time?
Prompt	2
Reasonable	105
Long	38
Very Long	5
Grand Total	150



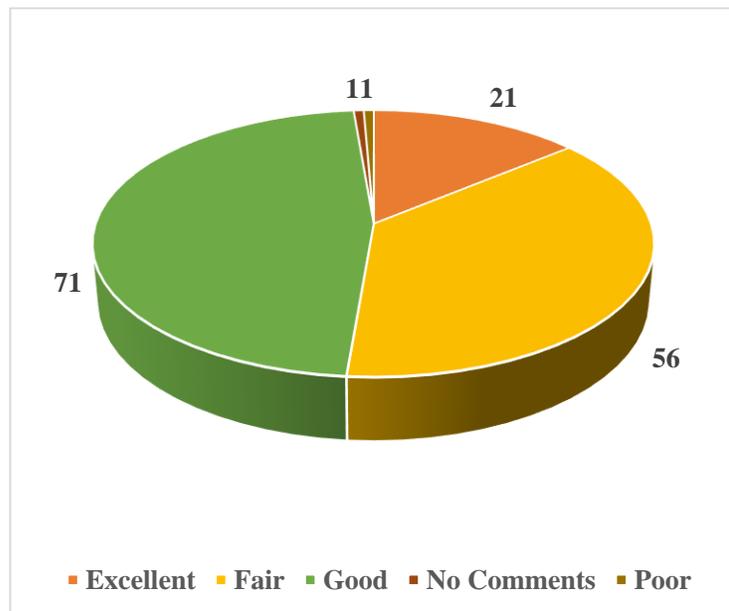
5.3.2 **Time Spent with the Consultant.** 94% respondents were given adequate time by the consultant. Balance 6 % were not satisfied with the time utilized during consultation by the attending physician.

Row Labels	Did the doctor give you adequate time during consultation?
Adequate	53
Inadequate	7
No comments	1
Reasonable	89
Grand Total	150



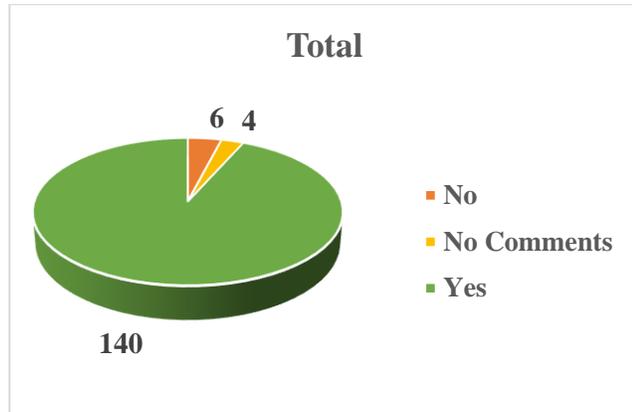
5.3.3 **Professionalism of the Consultant.** 61% were highly satisfied with the consultant, 37% were satisfied & balance 2 % were not satisfied with the attending physician.

Row Labels	Was the doctor clear & compassionate during consultation?
Excellent	21
Fair	56
Good	71
No Comments	1
Poor	1
Grand Total	150



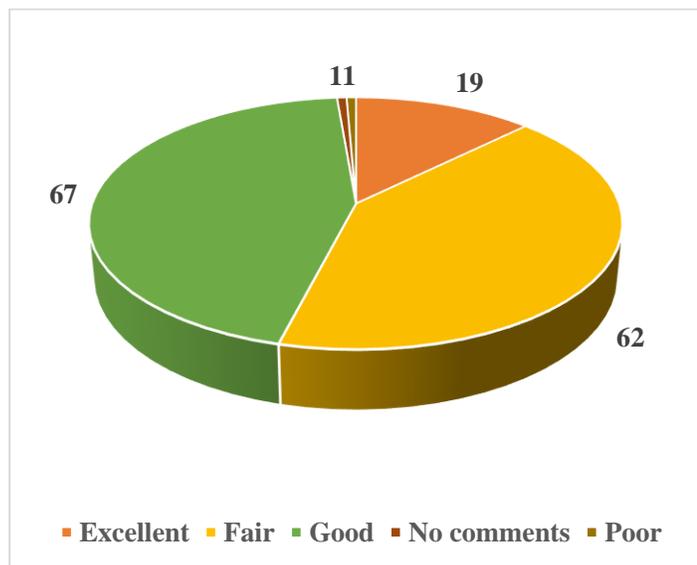
5.3.4 **Privacy during Consultation.** 93% respondents said that privacy was maintained during consultation & the balance said that no privacy was maintained or did not comment.

Row Labels	Was privacy maintained during consultation?
No	6
No Comments	4
Yes	140
Grand Total	150



5.3.5 **Overall Experience with the Consulting Physician.** 58% respondents said that they were highly satisfied with the consulting physician, 41% were fairly satisfied & the balance respondents were unsatisfied.

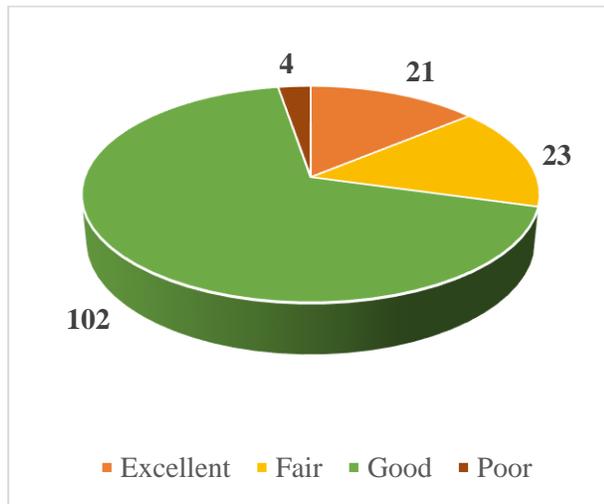
Row Labels	Count of Overall experience with the consulting physician?
Excellent	19
Fair	62
Good	67
No comments	1
Poor	1
Grand Total	150



5.4 **Services & Allied Activities.** The data was collected with respect to services available & other allied activities at the ECHS Polyclinic at Base Hospital, Delhi cant & the same is discussed in the following paragraphs.

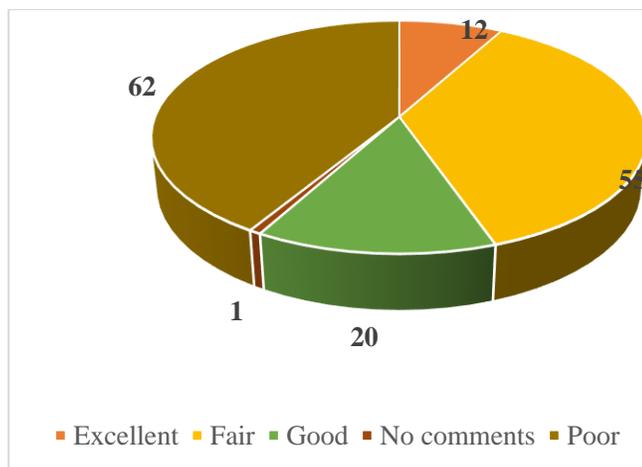
5.4.1 **Cleanliness & Hygiene in the Waiting Area.** 82% of the respondents in the sample population were very happy with the cleanliness & hygiene maintained in the facility, 15% were fairly happy & 35% were unhappy about the aspect.

Row Labels	Count of How was the cleanliness & hygiene at the waiting area?
Excellent	21
Fair	23
Good	102
Poor	4
Grand Total	150



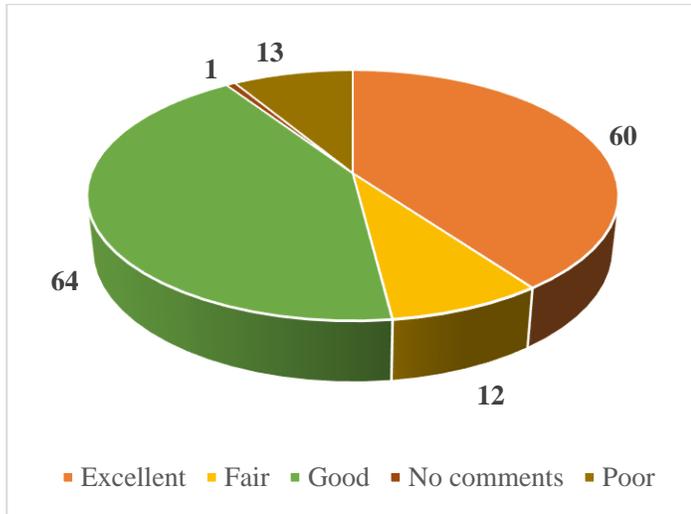
5.4.2 **Availability of Emergency Services.** 21% of the respondents in the sample population were happy with emergency services in the facility, 37% were fairly happy & 42% were unhappy about the aspect. This aspect needs to be improved.

Row Labels	Are Emergency Services available at ECHS?
Excellent	12
Fair	55
Good	20
No comments	1
Poor	62
Grand Total	150



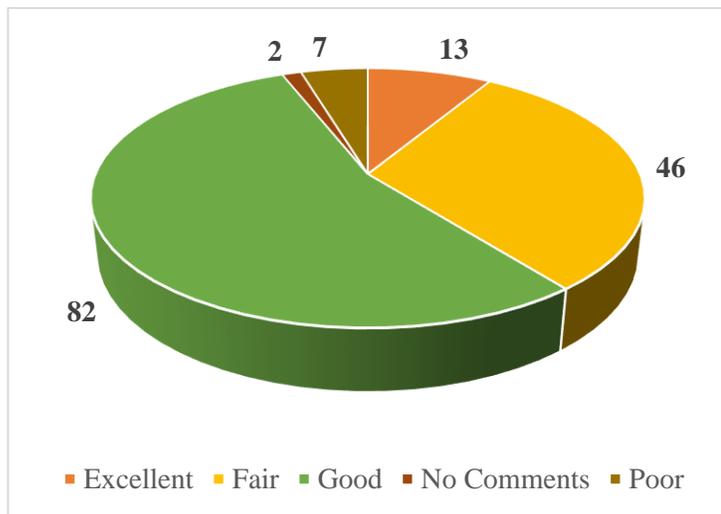
5.4.3 **Availability of Diagnostic Services at the Base Hospital, Delhi Cantt.** 83% of the respondents in the sample population were satisfied with the diagnostic services at the Base Hospital, 8% were fairly satisfied & 9% were unsatisfied about the aspect.

Row Labels	How are the Diagnostic services at Base Hospital?
Excellent	60
Fair	12
Good	64
No comments	1
Poor	13
Grand Total	150



5.4.4 **Availability of Health-Related Information.** 64% of the respondents felt that adequate Health Related Information was available whereas, only 8% felt that more information should be made available.

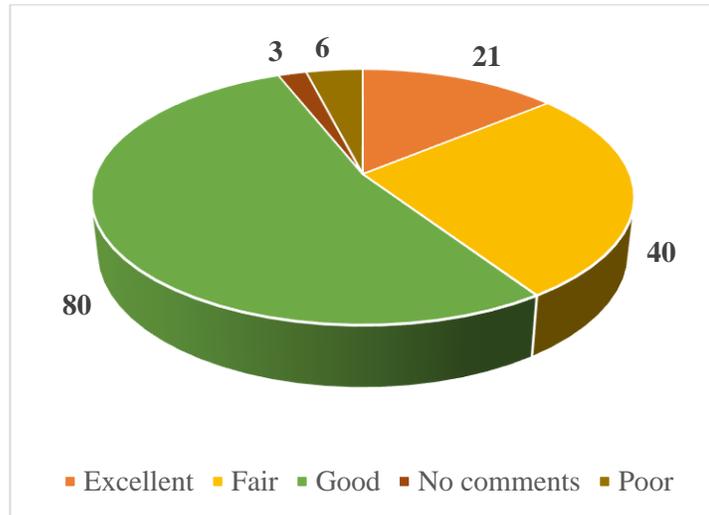
Row Labels	Availability of Health-Related Information in ECHS?
Excellent	13
Fair	46
Good	82
No Comments	2
Poor	7
Grand Total	150



5.5 Pharmacy.

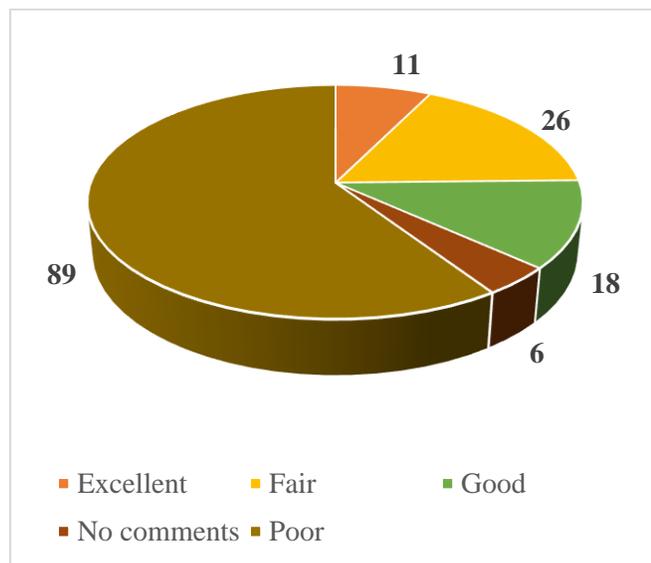
5.5.1 Availability of Adequate Medicines in the Pharmacy. 66% people in the study were satisfied, 27% were fairly satisfied & 7% were unsatisfied or did not comment on the medicines available in the pharmacy.

Row Labels	Are adequate medicines available in the pharmacy?
Excellent	21
Fair	40
Good	80
No comments	3
Poor	6
Grand Total	150



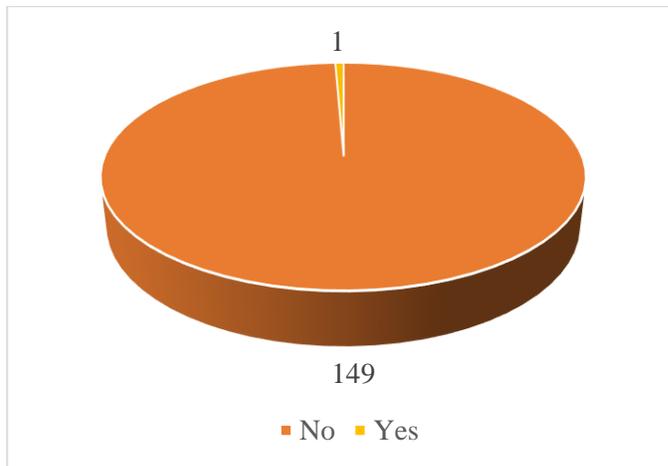
5.5.2 Availability of Critical Medicines in the Pharmacy. Merely 19% people in the study were happy, 26% were fairly happy & 63% were unsatisfied or did not comment on the medicines available in the pharmacy. The aspect needs to be improved.

Row Labels	Are critical medicines available in the pharmacy?
Excellent	11
Fair	26
Good	18
No comments	6
Poor	89
Grand Total	150



5.5.3 **Home Delivery of Medicines.** 99% respondents in the study stated that medicines are not home delivered.

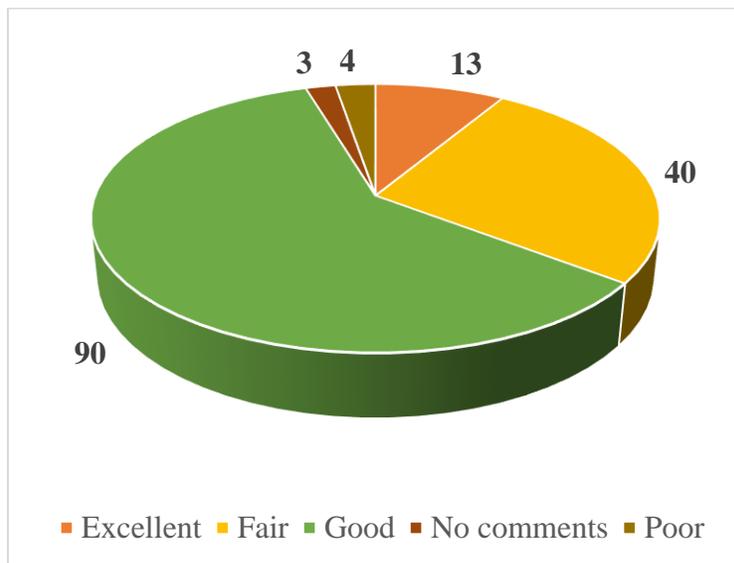
Row Labels	Count of Are the medicines home delivered?
No	149
Yes	1
Grand Total	150



5.6 **Referral Procedure.** Details of the findings are listed below.

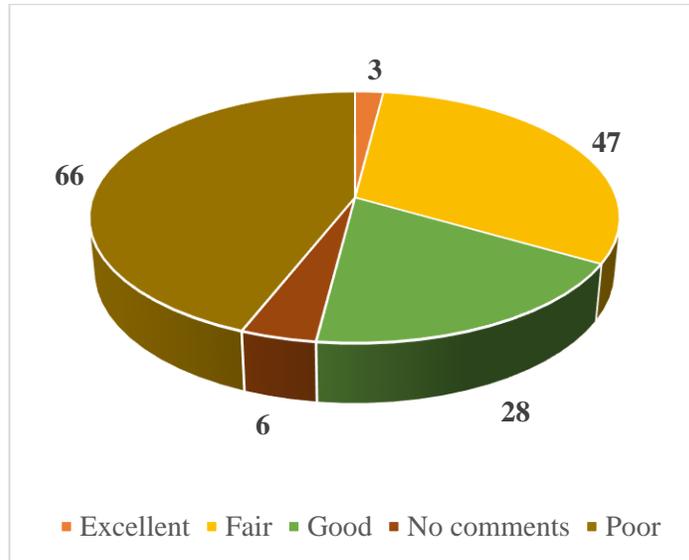
5.6.1 **Ease of Getting a Referral.** 69% of the sample in the study were satisfied, 27% were fairly satisfied & balance were unsatisfied or did not comment on the ease of referral by the ECHS facility.

Row Labels	How easy was it to get referral?
Excellent	13
Fair	40
Good	90
No comments	3
Poor	4
Grand Total	150



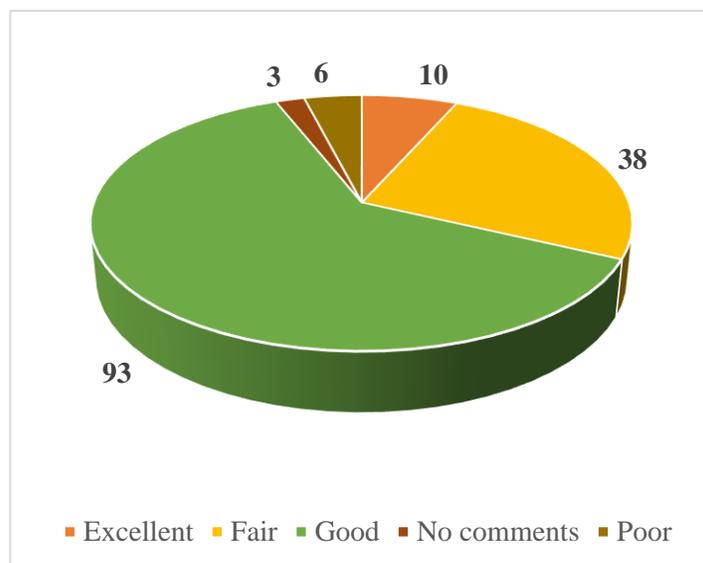
5.6.2 **Ease of Getting an Online Referral.** Only 21% of the subjects in the study were satisfied, 48% were unsatisfied & balance were fairly satisfied on the ease of online referral by the ECHS facility.

Row Labels	Count of How easy was it to get online referral?
Excellent	3
Fair	47
Good	28
No comments	6
Poor	66
Grand Total	150

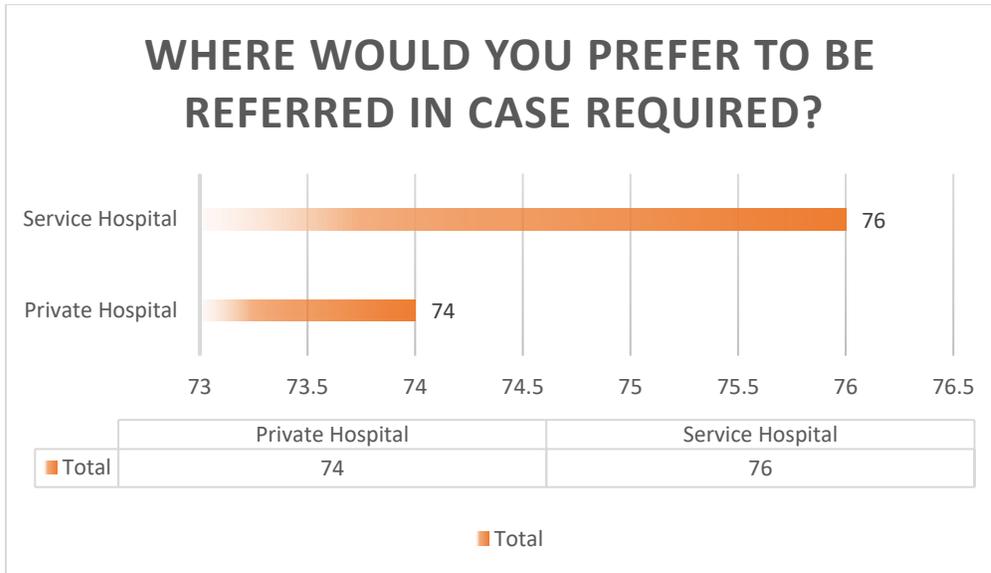


5.6.3 **Level of Satisfaction with Services of the Empanelled Hospitals.** 69% of the sample subjects were satisfied, 25% were fairly satisfied & balance 6% were unsatisfied on the services of the empanelled hospitals.

Row Labels	Are you satisfied with services at empanelled hospitals?
Excellent	10
Fair	38
Good	93
No comments	3
Poor	6
Grand Total	150

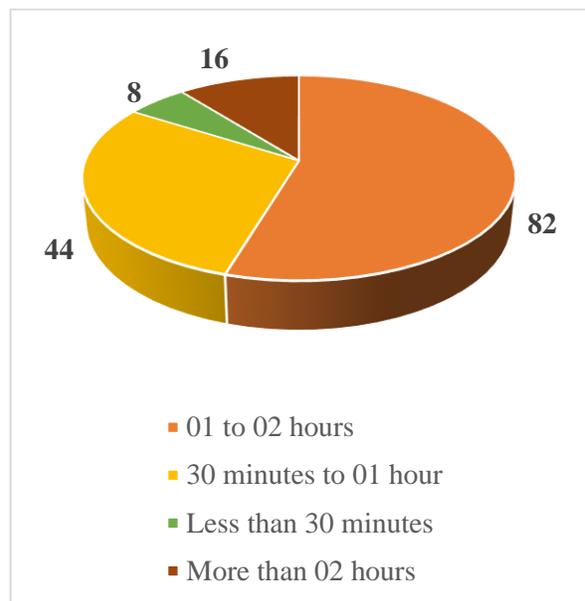


5.6.3 **Preference of Hospitals for Referral.** 51% of the respondents preferred to be referred to Service Hospitals & rest 49% preferred private hospitals.



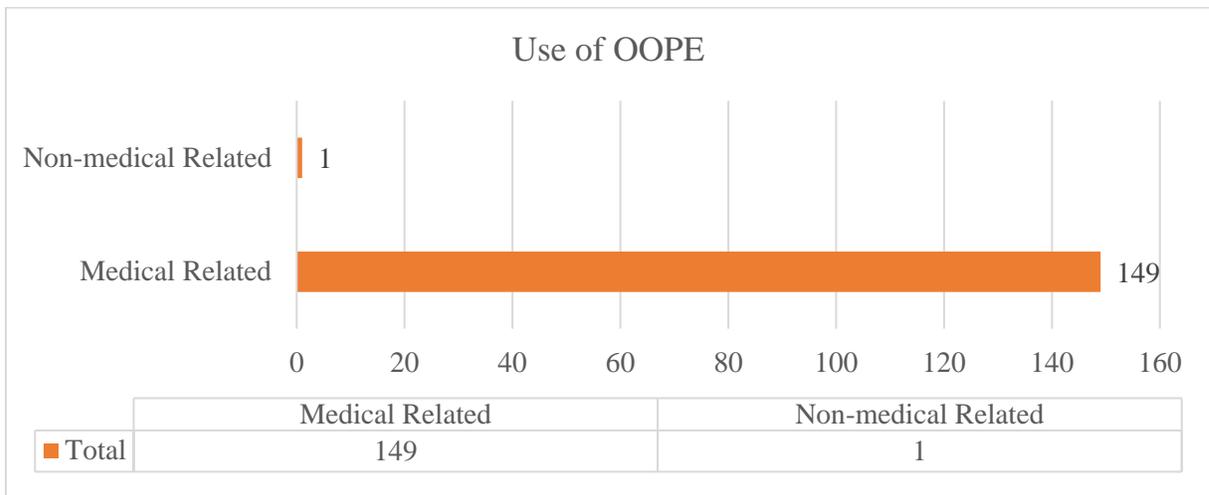
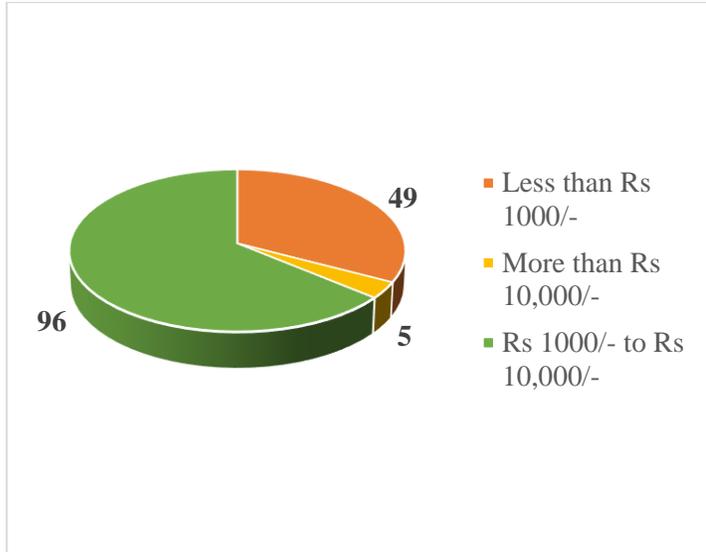
5.7 **Approximate Time Spent in the ECHS Polyclinic during a Visit.** 11% samples stated that they spent more than 2 hours, 55% spent 1-2 hours, 29% spent between 30 minutes to an hour & 5% spent less than 30 minutes during a single visit to the facility.

Row Labels	Count of Approximate time taken in the polyclinic during one visit?
01 to 02 hours	82
30 minutes to 01 hour	44
Less than 30 minutes	8
More than 02 hours	16
Grand Total	150



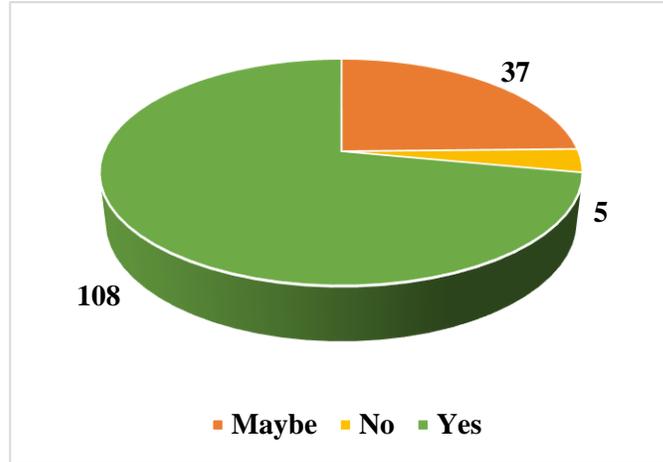
5.8 **Out of Pocket Expenditure.** 3% subjects spent more than Rs 10,000/-, 64% spent Rs 1,000/- to Rs 10,000/- & balance 33% spent less than Rs1,000/- out of their pockets on health issues. Almost all the respondents use this money for medical related issues.

Row Labels	Count of How much is your monthly OOPE on healthcare?
Less than Rs 1000/-	49
More than Rs 10,000/-	5
Rs 1000/- to Rs 10,000/-	96
Grand Total	150



5.9 **Would you Recommend this Polyclinic to Others?** Only 3% sample responded in negative to the question & 25% were undecided.

Row Labels	Will you recommend this polyclinic to others?
Maybe	37
No	5
Yes	108
Grand Total	150



CHAPTER VI : CONCLUSIONS & RECOMMENDATIONS

4.1 Conclusion

(a) **General.** The army personnel retire early in their life, especially those not from the officer cadre. Therefore, the number of dependants on them are more, however, old beneficiaries have lesser number of dependants. In the survey, it was found out that, 43% respondents had 3-5 dependents & 52% respondents had less than 2 dependants. Also, more than half the respondents were currently unemployed. 49% respondents reported to the polyclinic for referrals, 42% for consultation & balance for medicine collection.

(b) **Registration Process.** Almost three fourth of the respondents were highly satisfied with registration process & only 2% were dissatisfied. The professionalism as well as courteousness was also rated highly by the respondents.

(c) **Consultation Process.** 70% of the sample population felt that the waiting time was reasonable, however, 30% felt that waiting time was long/very long. Almost 94% were happy with the time spent with the consultant. The professionalism of the consultant & overall experience with him/her were also highly rated by the respondents. Privacy was maintained during the interaction with the physician.

(d) **Allied Services.** High ratio of the respondents were happy with the cleanliness maintained in the ECHS Polyclinic as well the Health Related Information made available. The diagnostic services available at the BHDC were also highly appreciated by almost 82% respondents. However, the Emergency Services available at the Polyclinic were rated poorly by almost half the respondents.

(e) **Pharmacy.** Two third of the respondents were unhappy with the medicines available at the facility & when it comes to availability of critical medicines, the results were even dismal with 70% respondents unsatisfied.

(f) **Referral Procedure.** The ease of referral was generally rated higher when done physically, however, online referral was rated poorly by the respondents. This aspect needs to be significantly improved by improvement in the process as well as educating the dependents about the process of online referrals as almost half the dependents approach the facility for referral only. Services of the empaneled hospitals was rated high with only 6% unhappy respondents. Almost equal number of respondents preferred service hospitals & private hospitals.

(g) **OOPE.** Only 3% respondents spent more than Rs 10,000/- per month on OOPE & 33% spent less than Rs 1,000/-. OOPE of balance respondents varied from Rs 1,000/- to Rs 10,000/-. The OOPE was mainly used for medical related issues. All OOPE related to diagnostic services & medicines is reimbursed to the respondents meeting certain conditions such as non-availability of these facilities at the Polyclinic or the BHDC.

(h) **Time spent at the Polyclinic during each Visit.** Two third of the respondents spent 01 to 02 hours or more during each visit to the polyclinic which needs to be reduced. 34% visitors spent less than 01 hour or less during the visit.

(i) 72% respondents said that they will recommend the Polyclinic to others.

4.2 Recommendations

(a) **Diagnostic Services.** Basic diagnostic services should be available at the polyclinic. As of now, the beneficiaries have to visit the BHDC after consultation for availing these facilities. Also, the results are not available immediately, hence the beneficiary has to visit the facility again for consultation, once the diagnostic results are available.

(b) **Pharmacy.** The pharmacy needs to be stocked adequately to meet the demand of the beneficiaries so as to improve their overall satisfaction levels. Critical

medicine availability & their costs are an area of concern that needs improvement. This will lead to better management of funds & avoid OOPE as these medicines are costly.

(c) **Referrals**. The referral procedures need to be streamlined, especially the online referrals through education of beneficiaries as well as smoothening the process.

(d) **Home Delivery of Medicines**. This is another area which can be improved especially for aged beneficiaries.

(e) **Waiting Time**. Waiting time needs to be reduced to improve the overall experience of the dependents. However, this Polyclinic is over-subscribed many times over than its handling capability due to the concentration of ESMs in the area. Another solution is to increase the number of polyclinics in the Delhi NCR region.

(f) **Payment to Empaneled Hospitals**. Due to non-availability of funds in time, many times, the payment is delayed to the empaneled hospitals for the services provided to the beneficiaries which needs to be avoided. Adequate funds should be made available in time & the payments must be done in shortest possible time frame to avoid embarrassment to the beneficiaries.

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ANNEXTURE

3/27/23, 12:12 PM Patient Satisfaction at ECHS Polyclinic, Base Hospital, Delhi Cantt
[https://docs.google.com/forms/d/1qqBYnobwIvZvyu3dqT7ceE_vZAzX9ICpgHbFB4KwTHI](https://docs.google.com/forms/d/1qqBYnobwIvZvyu3dqT7ceE_vZAzX9ICpgHbFB4KwTHI/edit)
/edit 1/12

Patient Satisfaction at ECHS Polyclinic,Base Hospital, Delhi Cantt

Patient Satisfaction- I am Col Jitender Mann, a student of IIHMR, Delhi. As part of the curriculum a survey on Patient Satisfaction at the facility is being carried out at ECHS Polyclinic, Base Hospital, Delhi Cantt. The rationale to assess patient satisfaction is to improve the services provided by the health care facility. This will help to identify the areas which have gaps & need of specific improvements that are required in those areas leading to better health outcomes for the patients & an overall improvement in health status.

Informed Consent: Participation in the study is voluntary. You may choose not to participate & if at any point you decide to withdraw & discontinue, you can. There are no right or wrong answers. This dissertation is an integral part of PGDM (Hospital & Health Management). The purpose of the Survey has been verbally explained to the respondent. All the information collected will be kept confidential & shall only be utilized for academic/ research & 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 10 Minutes).

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

1. Name / Initials of the Respondent * _____

2. Purpose of Visit* - *Mark only one oval.*

Referral

Consultation

Medicine Collection

3. Address of the respondent (Village/Town/City & District) _____

4. Age* _____

5. Gender **Mark only one oval.*

Male

Female

Prefer not to say

Other:

6. Number of Dependents* *Mark only one oval.*

Less than 2

3 to 5

More than 5

7. Are you currently employed with in any organization as on date? **Mark only one oval.*

Yes

No

Prefer not to say

8. If Yes, Where? _____

9. If yes, does the present organization provide health cover? *Mark only one oval.*

Yes

No

Prefer not to say

10. Mobile No. _____

11. Email Id _____

Reception & Registration *Mark only one oval.*

Please rate the following as **1= Excellent, 2= Good, 3= Fair, 4= Poor, 5= No comments**

12. Did you have any issues arranging an appointment? *

1

2

3

4

5

13. How was your experience during Registration? *

1

2

3

4

5

14. How courteous was the staff? *

1

2

3

4

5

15. How would you rate the professionalism of the staff? *

1

2

3

4

5

Consultation *Mark only one oval.*

16. Waiting time? * .

Very Long

Long

Reasonable

Prompt

No Answer

17. Did the doctor give you adequate time during consultation? *

Adequate

Reasonable

Inadequate

No comments

18. Was privacy maintained during consultation? *

Yes

No

No Comments

19. Was the doctor clear & compassionate during consultation? *

Excellent

Good

Fair

Poor

No Comments

20. Was the physician able to correctly diagnose your health issue? *

Yes

No

No comments

21. Overall experience with the consulting physician? *

Excellent

Good

Fair

Poor

No comments

Services & Allied Activities *Mark only one oval*

Please rate the following as **1= Excellent, 2= Good, 3= Fair, 4= Poor, 5= No comments**

22. How was the cleanliness & hygiene at the waiting area?*

1

2

3

4

5

23. Was social distancing followed in ECHS? *

1

2

3

4

5

24. Are Emergency Services available at ECHS? *

- 1
- 2
- 3
- 4
- 5

25. How are the Diagnostic services at Base Hospital?*

- 1
- 2
- 3
- 4
- 5

26. Availability of Health-Related Information in ECHS? *

- 1
- 2
- 3
- 4
- 5

Medicines *Mark only one oval.*

Please rate the following as **1= Excellent, 2= Good, 3= Fair, 4= Poor, 5= No comments**

27. Are adequate medicines available in the pharmacy? *

- 1
- 2
- 3
- 4
- 5

28. Are critical medicines available in the pharmacy? *

- 1
- 2
- 3
- 4
- 5

29. Are the medicines home delivered? *

- Yes
- No

Referral *Mark only one oval.*

Please rate the following as **1= Excellent, 2= Good, 3= Fair, 4= Poor, 5= No comments**

30. How easy was it to get referral? *

- 1
- 2
- 3
- 4
- 5

31. How easy was it to get online referral? *

- 1
- 2
- 3
- 4
- 5

32. Are you satisfied with services at empanelled hospitals? *

1

2

3

4

5

33. Where would you prefer to be referred in case required (rank in order of preference)?*

Private Hospital

Service Hospital

Government Hospital

Time Management *Mark only one oval.*

34. Approximate time taken in the polyclinic during one visit? *

Less than 30 minutes

30 minutes to 01 hour

01 to 02 hours

More than 02 hours

Out of Pocket Expenditure (OOPE) on Health per Month. *Mark only one oval.*

(Medical Related OOPE is expenditure on medicines, medical tests, hospital bills etc.

Non-medical OOPE is expenditure on travel, food & lodging etc.)

35. How much is your monthly OOPE on healthcare? *

Less than Rs 1000/-

Rs 1000/- to Rs 10,000/-

More than Rs 10,000/-

36. OOPE is *

Medical Related

Non-medical Related

Suggestions *Mark only one oval.*

37. Will you recommend this polyclinic to others? *

Yes

No

Maybe

38. **Suggestions if any for ECHS Polyclinic** _____

39. **Any other comments** _____

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