

At
ECHS Polyclinic, Base Hospital, Delhi Cantt
(10 March to 31 May 2023)
A Project Report On
“Patient Satisfaction with respect to Waiting Time at ECHS Polyclinic,
Base Hospital, Delhi Cantt”
By
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PG/21-23/080
Under the guidance of
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PGDM (Hospital & Health Management)
2021-2023

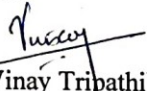


International Institute of Health Management Research
New Delhi

CERTIFICATE

Col Ravinder Khatri of IHMR, Delhi has worked on the project “Patient Satisfaction with respect to Waiting Time at ECHS Polyclinic, Base Hospital, Delhi Cantt” from 10 Mar 2023 to 31 May 2023. The officer collected data through personal interaction with the dependents ex-servicemen & their dependents. Thereafter, data collected has been evaluated by physical comparison of Protocols, procedures, & drills to include resources with the suggested yardsticks in various studies.

Mentor


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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Col Ravinder Khatri** 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 **31 May 2023**.

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

The Dissertation is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.



Dr. Sumesh Kumar

Associate Dean, Academic & Student Affairs

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CERTIFICATE OF APPROVAL

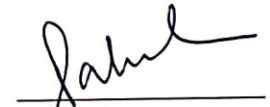
The following dissertation titled "**Patient Satisfaction with respect to Waiting Time at ECHS Polyclinic, Base Hospital, Delhi Cantt**" is hereby approved as a certified study in management carried out & presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **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 Ravinder Khatri**, 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 with respect to Waiting Time 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.


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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **“Patient Satisfaction with respect to Waiting Time at ECHS Polyclinic, Base Hospital, Delhi Cantt”** submitted by **Col Ravinder Khatri**, Enrollment No. **PG/21-23/080** 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 31 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.


Ravinder Khatri

Colonel

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ABBREVIATIONS

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
CRM	Customer Relationship Management
PMS	Patient Management System
HIS	Hospital Information System
EHR	Electronic Health Records

EXECUTIVE SUMMARY

- Patients spend substantial amount of time in the clinics, waiting for services to be delivered by physicians and other allied health professionals. The degree to which health consumers are satisfied with the care received is strongly related to the quality of the waiting experience.
- Patient clinic waiting time is an important indicator of quality of services offered by hospitals. The amount of time a patient waits to be seen is one factor which affects utilization of healthcare services. Patients perceive long waiting times as a barrier to actually obtaining services. Keeping patients waiting unnecessarily can be a cause of stress for both patient and doctor.
- The rationale to assess patient satisfaction with respect to waiting time is to improve the customer experience and delivery of the health 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 experience for the patients of the Ex-servicemen Contributory Health Scheme (ECHS) by assessing patient satisfaction with respect to waiting time during the visit at ECHS Polyclinic at Base Hospital, Delhi Cantt. The study was carried out at the facility through structured questionnaire & personal interaction with the beneficiaries of the scheme.
- While most of the respondents were reasonably satisfied with the services at the ECHS Polyclinic, however, most patients spent a long waiting time which needs to be brought down within 30 mins as per the accepted standards.

- 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.
- 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 Patient satisfaction is one of the important goals of any health system, but it is difficult to measure the satisfaction and gauge responsiveness of health systems as not only the clinical but also the non-clinical outcomes of care do influence the customer satisfaction.

1.2 “Patient’s satisfaction is a measure of the extent to which a patient is content with the health care which they received from their health care provider”.

1.3 Measurement of patient satisfaction has become commonplace in many healthcare settings due to its impact on quality of care. It has been known for some time that satisfied patients are more compliant with treatment, remaining with a physician, and maintain appointments.

1.4 Patients spend substantial amount of time in the clinics, waiting for services to be delivered by physicians and other allied health professionals. The degree to which health consumers are satisfied with the care received is strongly related to the quality of the waiting experience.

1.5 **Waiting time** refers to the time a patient waits in the clinic before being seen by one of the clinic medical staff. Patient clinic waiting time is an important indicator of quality of services offered by hospitals. The amount of time a patient waits to be seen is one factor which affects utilization of healthcare services. Patients perceive long waiting times as a barrier to actually obtaining services. Keeping patients waiting unnecessarily can be a cause of stress for both patient and doctor. Waiting time is a tangible aspect of practice that patients will use to judge health personnel, even more than their knowledge and skill.

1.6 The duration of waiting time varies from country to country, and even within country it varies from center to center. Long waiting times have been reported in both developed and developing countries. It is often one of the most frustrating parts about health care delivery system. So, it is an important to improve the waiting time of the out-door patients.

1.7 Healthcare organizations that aim to improve quality must focus on their waiting times. Waiting time in clinics and hospitals is an important factor leading to patient dissatisfaction

and creating discomfort for the patient. This condition seems to exist around the world. A report of the Institute of Medicine says that patients must be seen within 30 minutes after their arrival to a hospital/clinic. This is not the case in most developing countries, where patients experience an average waiting time of 2- 4 hours before seeing a doctor. Even developed countries are having trouble dealing with this issue. The duration of waiting times seems to vary between countries and also among different regions of the same country. In the US, the average waiting time was around 60 minutes in Atlanta, while in Michigan the average waiting time was approximately 188 minutes. In some countries with more public hospitals, like the UK and Canada, waiting times seem to be a major concern. Waiting times are considered to be significant barriers for people's access to care. Studies show that waiting in the hospital is agonizing, frustrating, and demoralizing, and also leads to an increase in expenses for the patient. Clinic waiting time is considered to be one of the most important aspects of patient satisfaction. Customer satisfaction, which is a key indicator of service delivery in a hospital, seems to be related to waiting time.

1.8 Dangerous consequences may occur due to long waiting times, such as the worsening of a health condition, a decrease in the quality of life for the person, and death. Studies note that an individual's capacity to wait for treatment without experiencing any dangerous effects should be taken into account when deciding the waiting times for patients. Long waiting lists also seem to affect the mental health of patients, leading to depression, psychological distress, and anxiety disorders. Longer waiting times are associated with an increase in the level of discomfort experienced by the patient. Waiting times not only affect the level of patient satisfaction but also the willingness to return to the hospital.

1.9 Reducing patient waiting times is also important for maintaining the business of hospitals. Studies indicate that waiting times erode the value that is derived as a result of treating the patient. Studies show that the experience of the patient in a hospital determines their willingness to return to that hospital; this includes both the medical care they received as well as non-medical service aspects, which include waiting times. Waiting time seem to be an independent factor and also an exclusive risk factor for the assessment of patient dissatisfaction. In countries with both public and private hospitals, longer waits in public hospitals compel patients to move to private hospitals for treatment.

1.10 Studies show that patients who were given expected waiting times were more satisfied than those who were not. This factor further affects patient trust in an institution as well as their views about the service of the staff and responsiveness of the hospital. Waiting lists are also used as a way to ration health services in case there are limited available resources. Studies also show that waiting lines create stress not only to the patient but also to the physician who is treating the patient. It is also interesting to note that patient waiting times can be attributed to the doctor, the patient, or the hospital appointment system.

1.11 The average waiting time in the healthcare industry is incredibly high due to several key factors. One is that providing medical care is time-consuming and not something that should be rushed. Another factor is that there is a massive global shortage of healthcare workers. According to the University of Southern California, a substantial global staffing shortage in the healthcare industry is projected to reach a 15 million deficit by 2030.

1.12 Regardless of the cause, an extended patient waiting time is a significant source of frustration. Customers arrive at their appointments or walk-ins hoping for fast service and effective medical treatment. When they don't receive that, they will inevitably become dissatisfied. If enterprises aren't taking that problem seriously, they will notice an impact on their bottom line.

1.13 Ideal patient outcomes are that customers enter, receive prompt treatment, and exit better off than they came in. This is a reality that is hard to accommodate, and in some situations, it is just about impossible. Wait times reflect imbalanced supply and demand, where demand for medical attention exceeds an organization's ability to supply it quickly.

1.2 Retired Armed Forces personnel or Ex-servicemen (ESMs) & their dependents of all the three services were able to avail medical facilities only in service hospitals, for a certain high-cost surgery/treatment for a very few numbers of diseases covered under the Army Group Insurance (Medical Branch Scheme) (AGI(MBS)) & 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.

1.3 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 dependents who were only entitled for treatment in service hospital are now authorized treatment, not only in service hospitals, but also in those civil/private hospitals which are specifically empaneled with the ECHS.

1.4 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 dependents were the major focus areas.

1.5 **This study was undertaken with the objective to assess Patient Satisfaction with respect to Waiting time 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 dependents. The rationale to assess patient satisfaction with respect to waiting time is to improve the services provided by the health care industry. This helps to identify the areas which have gaps and 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 and an overall improvement in health services.

CHAPTER II: ECHS ORGANISATION PROFILE

2.1 A comprehensive tri-service scheme to provide medi-care facilities to the ESMs of all the Armed Forces & their dependents 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 dependents 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 dependents 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:

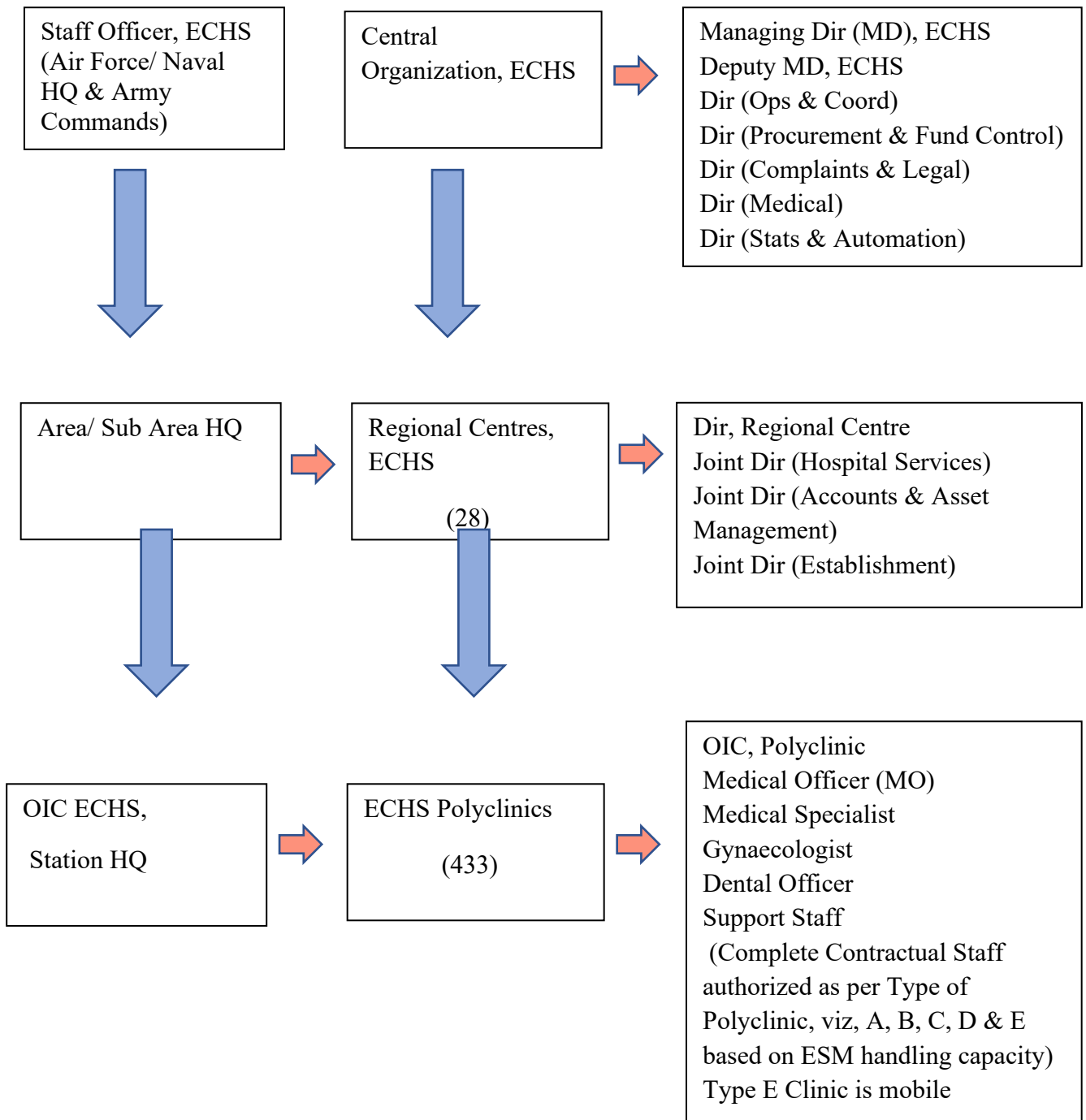
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- (i) Establishing new ECHS Polyclinics in Non-Military Areas.
- (ii) Establishing additional ECHS facilities/clinics in certain military stations which have higher patient load.
- (iii) Empaneling civil hospitals & diagnostic centres in most of the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

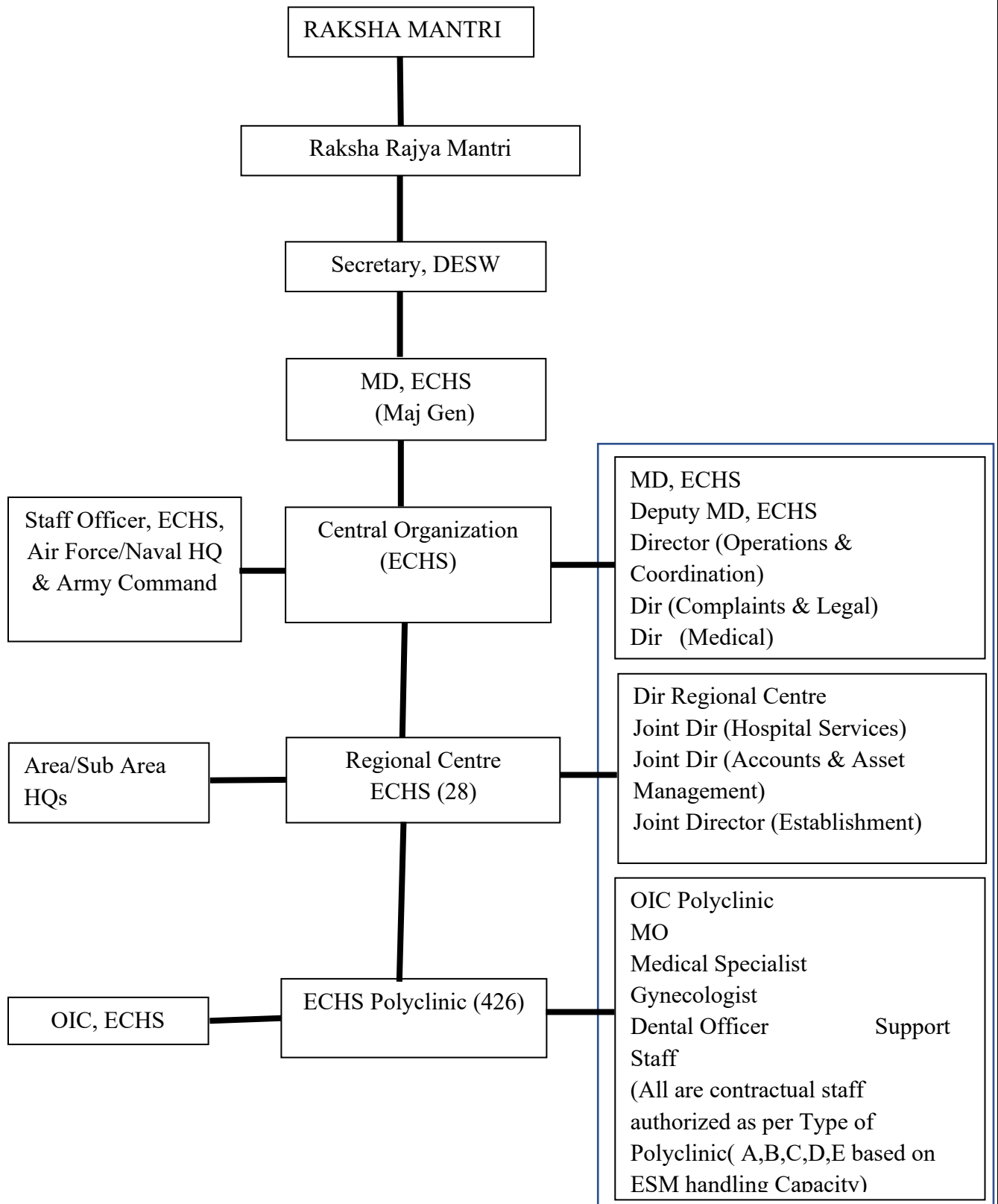
2.3 **Command & Control.** The existing Command & Control Structure of the Army, Navy & Air Force have been given the Administrative & Financial Powers to run this Scheme. Station Commanders are authorized to exercise direct Control over the ECHS polyclinics. Regional Centre, ECHS & ECHS Cell located 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>(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>(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>(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>(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><u>Note:</u> Option to include either parents or parents-in law is not available to a female family pensioner.</p>

(g)	Dependent Sisters	<p>(i) Dependent unmarried/divorced/abandoned or separated from their husband/widowed sisters.</p> <p>(ii) Irrespective of age.</p>
(h)	Dependent Brothers	<p>(i) Minor brother(s) up to the age of becoming a major.</p> <p>(ii) Brothers suffering from permanent disability either physically or mentally, without any age limit. Provided he is unmarried, not having own family, wholly dependent on & residing with principal ECHS Card holder beneficiary.</p>
(j)	Minor Children of widowed/separated daughters	Minor Children of widowed/separated daughters who are dependent upon the ECHS beneficiary & 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

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 with respect to waiting time and recommend measures to reduce patient waiting time at ECHS Polyclinic, Base Hospital, Delhi Cantt.

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

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

(b) To suggest measures for reduction of patient waiting time.

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

S. No	Study	By	Publis-hed	Loca - tion	Methodology
(a)	A study on waiting time and out-patient satisfaction	Ravikant Patel, Hinaben R. Patel	Int Journal Community Med Public Health 2017;4:857-63.	G.M.E.R .S. Hospital, Valsad, Gujrat	This was a cross sectional observational study conducted in G.M.E.R.S. Hospital-Valsad for the period of 2 months and total 135 patients were interviewed availing the OPD Services.
(b)	A study on the determinants of hospital waiting time for outpatient care in India	Shyamku-mar Sriram, Rakchanok Noochpoun g	Int Journal Community Med Public Health 2018	Nellore, India	Primary data was collected from the patients visiting the outpatient department of health facilities in Nellore District. The health facilities were randomly selected for the study. All the patients who visited the outpatient department of the various health facilities in the district were studied. A total of 830 patients were studied using a predesigned and

					pretested questionnaire.
S. No	Study	By	Published	Location	Methodology
(c)	A study on the influence of patient wait time on satisfaction with primary care	Roger T Anderson Fabian T Camacho Rajesh Balkrishnan	BMC Health Services Research 2007	USA	Cross-sectional survey data on a convenience sample of 5,030 patients who rated their physicians on a web-based survey developed to collect detailed information on patient experiences with health care. The survey included self-reported information on wait times, time spent with doctor, and patient satisfaction.
(d)	Determinants of Patient Waiting Time in the General Outpatient Department of a Tertiary Health Institution	Oche MO, Adamu H	Ann Med Health Sci Res 2013;3:588-92.	North Western Nigeria	A descriptive cross-sectional study was carried out among new patients attending the GOPD of the Usmanu Danfodiyo University Teaching Hospital, Sokoto, North Western Nigeria. A structured questionnaire was used to elicit information from 100 patients who were recruited into the study using a convenience sampling method.
(e)	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 Study population: patients attending the OPD of government health facilities of Lucknow district.

4.4 **Methodology**

4.4.1 **Research Design.** The study has been based on quantitative cross-sectional to measure the patient satisfaction with respect to waiting time.

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

4.4.3 **Study Setting.** ECHS Polyclinic, 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.** Questionnaire & physical informal interviews at ECHS Polyclinic

4.4.6 **Sample Size.** A sample size of 200 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 visiting the ECHS Polyclinic, Base Hospital, Delhi Cantt.

(b) **Exclusion Criterion.** All respondents who were 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.

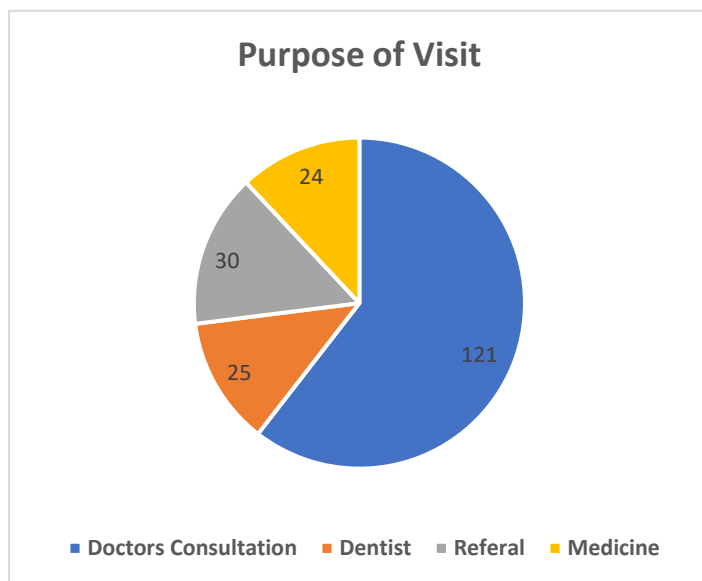
- (a) The study is free of any kind of biases.
- (b) All the credentials collected will be kept confidential & will be used for the subject study purpose only.
- (c) Informed consent taken from all participants.
- (d) The study was purely voluntary. The participants have all the rights to quit the study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

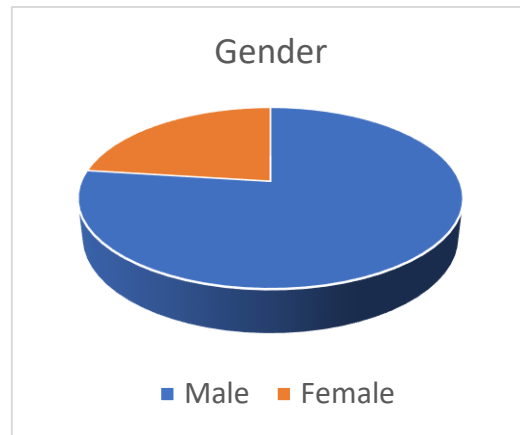
5.1.1 **Purpose of Visit to the ECHS.** Details of the purpose of the visit to the polyclinic was sought from the ECHS beneficiaries visiting ECHS Polyclinic, Base Hospital Delhi Cantt, 60% of the respondents visited the ECHS facility for doctors consultation, referral, 15% for referral, 12% for dentist & 9% for medicine collection.

Row label	Nos
Doctors Consultation	121
Dentist	25
Referral	30
Medicine	24
Total	200



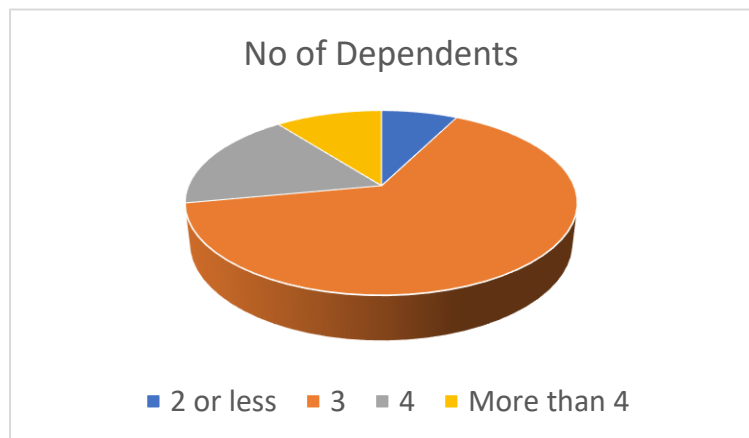
5.1.2 **Count of Gender.** Out of the total sample size of the study, 77% (154) were male & 23% (46) were female patients.

Gender	Nos
Male	154
Female	46
Total	200



5.1.3 **Count of Number of Dependents.** 8% of the respondents have two or less than two dependents, 64% have three dependents, 18% have four dependents & 10% have more than four dependents.

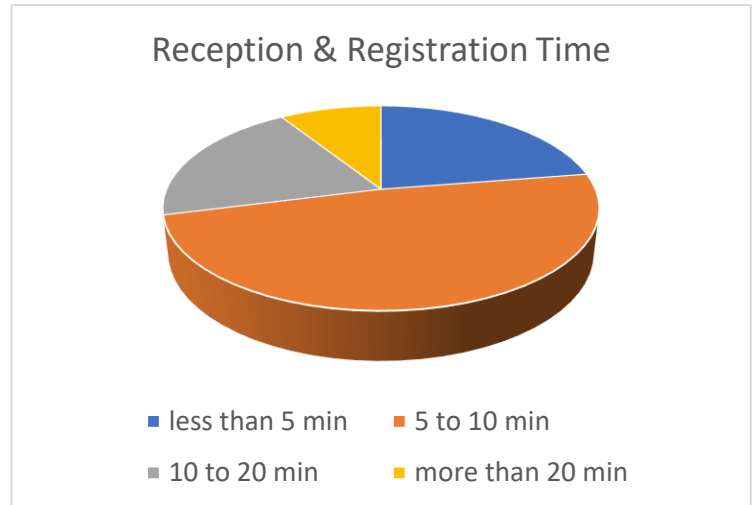
No of Dependents	Nos
2 or less	15
3	129
4	35
More than 4	21
Total	200



5.2 **Reception and Registration.** The data was collated for the reception and registration process and is given in succeeding paragraphs.

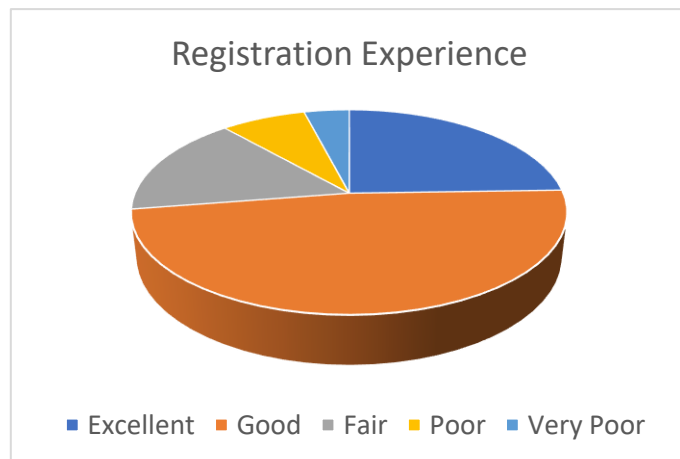
5.2.1 Reception and Registration time. 49% of the respondents spent between 5 to 10 mins at the reception and registration counter, 23% respondents spent less than 5 mins, 20 % spent 10 to 20 mins and only 9% spent more than 20 mins at the reception and registration counter.

Reception & Registration Time	Nos
less than 5 min	45
5 to 10 min	97
10 to 20 min	40
more than 20 min	18
Total	200



5.2.2 Experience during Registration Purpose. The experience of the patients for the registration process was sought and the results compiled. 48% of the respondents rated the registration process as 'Good', 25 % rated it as 'Excellent', 16 % rated it as 'Fair', 7% rated it as 'poor' and 4% rated it as 'very poor'.

Registration Experience	Nos
Excellent	49
Good	96
Fair	32
Poor	15
Very Poor	8
Total	200



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

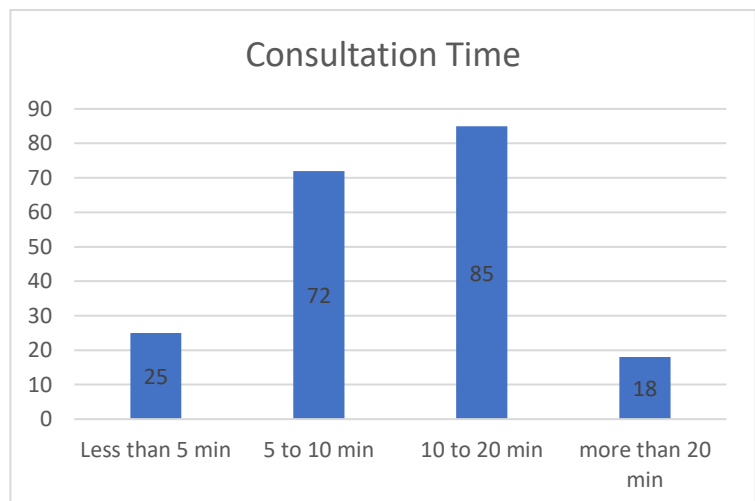
5.3.1 **Consultation Waiting Time.** 47 % respondents spent between 30 min to 60 min waiting for the consultation with the doctor. 35 % respondents spent 15 min to 30 min waiting for the consultation, 13 % respondents waited for more than 1 hour for the consultation and 6% respondents waited for less than 15 min for the consultation.

Consultation waiting time	Nos
Less than 15 min	12
15 to 30 min	69
30 to 60 min	94
More than 60 min	25
Total	200



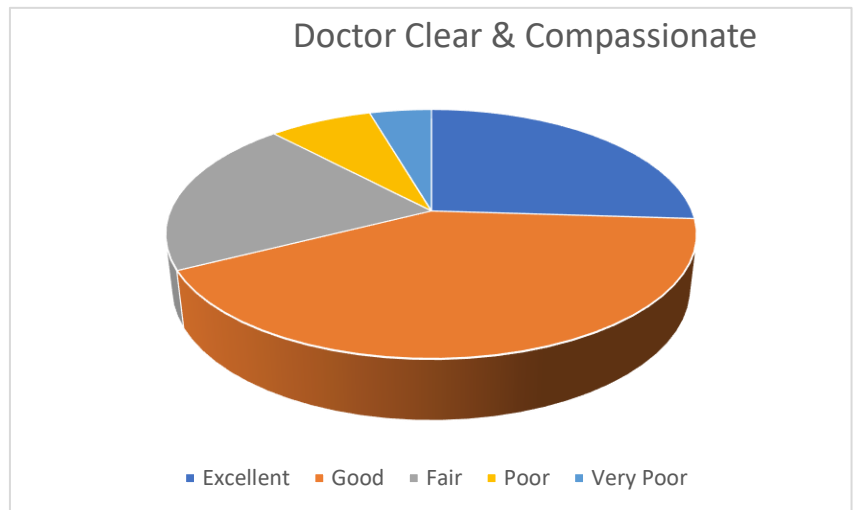
5.3.2 **Consultation Time with the Physician.** 43 % respondents spent 10 to 20 min consultation time with the physician, 36 % respondents spent 5 min to 10 min consultation time with the physician, 13 % spent less than 5 min with the physician and 9% respondents spent more than 20 mins consultation time with the Physician.

Consultation Time	Nos
Less than 5 min	25
5 to 10 min	72
10 to 20 min	85
more than 20 min	18
	200



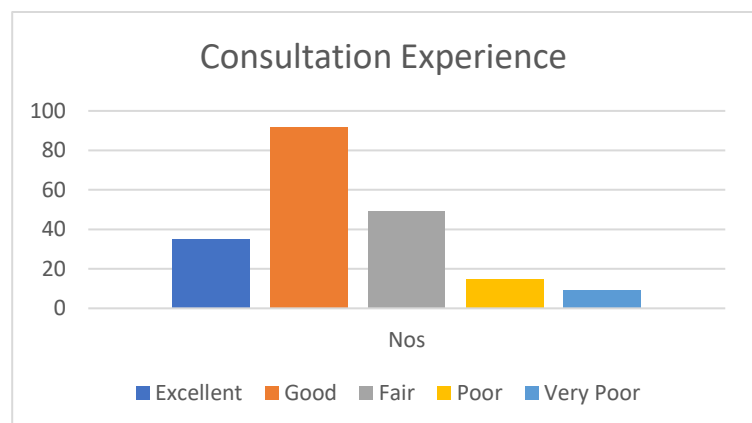
5.3.3 Doctor clear and compassionate during consultation. The doctor was found to be clear and compassionate by most of the respondents during the consultation process. 42% respondents rated it as good, 26% rated it as excellent, 21% rated it as fair, while only 8% rated it as poor and 4% as very poor and were not satisfied with the attending physician.

Doctor Clear & Compassionate	Nos
Excellent	52
Good	83
Fair	41
Poor	15
Very Poor	9
	200



5.3.4 Overall Experience with the Consulting Physician. 18% respondents rated the overall consultation process with the physician as excellent, 46 % rated it as good, 25% rated the overall experience with the consulting physician as fair. 12 % respondents were unsatisfied with the consultation process of which 8% rated the experience as poor and 4 % rate the experience as very poor.

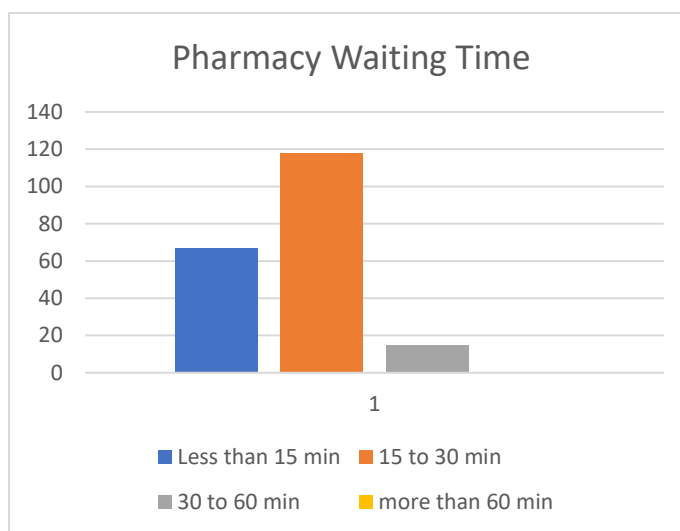
Overall experience Consultation	
Consultation Experience	Nos
Excellent	35
Good	92
Fair	49
Poor	15
Very Poor	9
	200



5.4 **Section 3 (Pharmacy).** The waiting time at the pharmacy of the respondents was noted and analysed.

5.4.1 **Waiting Time at Pharmacy.** Most of the patients spent less than half an hour waiting to collect their medicines at the pharmacy. 59% respondents waited for 15 min to 30 min, 34% waited for less than 5 min and 7% waited for 30 min to 60 min at the pharmacy to collect their medicine.

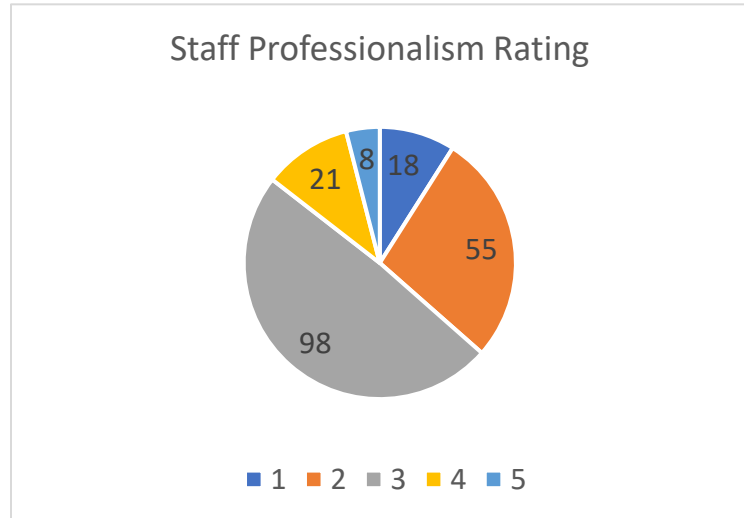
Pharmacy waiting time	Nos
Less than 15 min	67
15 to 30 min	118
30 to 60 min	15
more than 60 min	0
Total	200



5.5 **Overall Experience and Suggestions.** The overall experience of the respondents during their visit to ECHS Polyclinic, Base hospital Delhi Cantt was gauged and the analysis of the rating/ experience of the respondents is given in succeeding paragraphs.

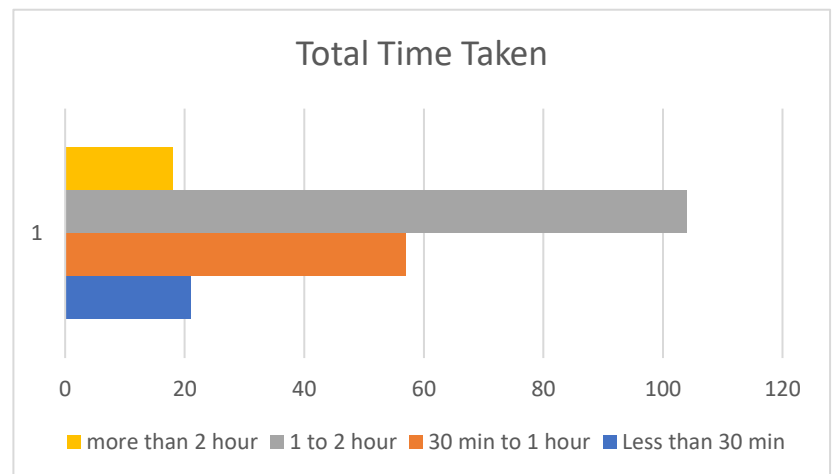
5.5.1 Professionalism of the Staff. 9% respondents rated the professionalism of the staff as 5 rating, 28% of respondents rated the staff professionalism as rating 4, 49% respondents rated it as 3, 10% as rating 2 and 4% rated the professionalism of the staff as rating 1.

Staff Professionalism Rating	Nos
5	18
4	55
3	98
2	21
1	8
Total	200



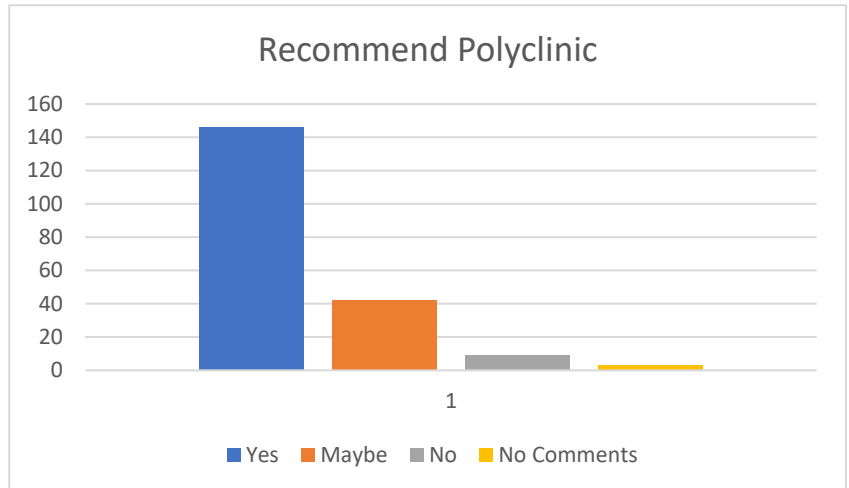
5.5.2 Approximate Time Spent in the ECHS Polyclinic during a Visit. 52% respondents spent 1 to 2 hours in the polyclinic to avail the health care facility, 29% respondents spent 30 min to 1 hour, 11% respondents spent less than 30 min and 9% respondents spent more than 2 hours in the polyclinic to avail the health care facility.

Time taken in Polyclinic in one visit	
Total Time	Nos
Less than 30 min	21
30 min to 1 hour	57
1 to 2 hour	104
more than 2 hour	18
Total	200



5.5.3 **Would you Recommend this Polyclinic to Others?** Most of the respondents (73%) were happy with the facility and recommended this polyclinic to others. 21% responded as maybe and Only 4% sample responded in negative to the question. 1% respondents had no comments.

Recommend Polyclinic to others	Nos
Yes	146
Maybe	42
No	9
No Comments	3
Total	200



CHAPTER VI: CONCLUSION & RECOMMENDATIONS

6.1 Conclusion

6.1.1 **General.** The army personnel retire early in their life, especially those not from the officer cadre. Therefore, the number of dependents on them are more, however, old beneficiaries have lesser number of dependents. In the survey, it was found out that, 8% of the respondents have two or less than two dependents, 64% have three dependents, 18% have four dependents & 10% have more than four dependents. 60% of the respondents who visited the ECHS facility visited for doctor's consultation, 15% for referral, 12% for dentist & 9% for medicine collection.

6.1.2 **Registration Process.** The registration process was found to be quite good and smooth. Most of the respondents were quite satisfied with the registration process with 73 % of the respondents rating the registration process as ‘Excellent/Good’. Only 11% respondents were dissatisfied with the registration process.

6.1.3 **Consultation Process.** Most of the respondents were well satisfied with the consultation process. While only 41% of the sample population spent less than 30 mins waiting for the consultation, 47 % respondents spent between 30 min to 60 min waiting for the consultation with the doctor. 12 % of the respondents spent more than an hour in waiting for the doctor consultation

6.1.4 **Time spent at the Polyclinic during each Visit.** 60% of the respondents spent 01 to 02 hours or more during each visit to the polyclinic which needs to be reduced while 29% respondents spent 30 min to 1 hour and 11% respondents spent less than 30 min in the polyclinic to avail the health care facility.

6.1.5 **Overall Experience** The overall experience for most of the respondents was satisfying. Two third of the respondents were satisfied with the professionalism of the staff and 73% of the respondents recommended this polyclinic to others.

6.2 Impact of Patient Waiting Time on the Customer Experience

6.2.1 When customers arrive at a hospital, primary care center, or any other medical center, how much of a factor is the wait time on their customer experience? The answer to this will be no surprise to most, but customers are heavily fixated on waits and delays. While providing effective service is the most important thing, it might not be the primary consideration for most customers. According to a study by the Journal of Medical Practice Management, 96% of all customer complaints stemmed from customer service, not medical service, with delays and disorganization being two of the three most commonly cited complaints.

6.2.2 Delays and long lines are a natural impediment to a positive customer experience, one that the average consumer will have very little tolerance for. Today's consumers are heavily driven by convenience. According to data from PWC, 80% of Americans agree that speed and convenience are among the most important components of the customer experience. If a customer arrives at a healthcare facility and is greeted with an extended patient waiting time, this will be a problem. No matter how effective the quality of care is, the patient experience is just as important to customers, and if it becomes inconvenient for customers to access the service they came for, they might not stick around.

6.2.3 Long waiting times are a consistent threat in the healthcare industry, leaving patients deeply unhappy and can even put them at risk. There is something very impersonal about a long wait in a waiting room, hoping to hear your name called. Even if enterprises feel like they have no other options, they must consider removing this aspect of the customer experience.

6.3 Negative Experiences Yield Decreased Loyalty

6.3.1 There can be no question that a long wait drains the customer experience. But for many enterprises, this can seem like background noise. However, dissatisfied patients are not to be ignored. If the patient experience is poor, it will negatively impact healthcare organizations' bottom lines. The more time patients spend waiting in line, the lower patient satisfaction scores

will be. And the more dissatisfied customers a healthcare organization has, the less likely it is that customers will return. A decline in customer loyalty can become a huge problem for healthcare organizations.

6.3.2 According to Super Office, one in three consumers will leave a brand they love after just one bad experience. And 92% of consumers will leave a brand after two or three bad experiences. Customers don't provide much leeway for businesses, and the medical industry is hyper-competitive. Your customers have options, and any time they choose to leave, that is a significant issue.

6.3.3 Customers will not hesitate to leave if the patient waiting time starts to climb. According to a QLess study of 250 US adults, 68.9% of respondents would patronize a competitor's business if it had noticeably shorter wait times. Customers are loyal to brands only if they can consistently provide fast, effective service, and that is true in the healthcare industry as well.

6.3.4 Healthcare organizations are still businesses, and customer loyalty is an important part of success in every business. According to Think Impact, it costs around 1/6th of the amount to retain an existing customer compared to acquiring new ones, and just a 5% increase in retention can drive 25-29% increases in revenue. Enterprises should not overlook just how important keeping their customers happy is.

6.4 Happy Customers, Thriving Enterprises

6.4.1 While the negative impact of unhappy customers is significant, so is the positive impact of happy customers. Healthcare companies can make their customers happier by reducing the average time their patients have to wait. Addressing one of patients' most common complaints about the healthcare industry will have that effect. And once patients are happy, enterprises can start to see why a positive patient experience is important to sustained success.

6.4.2 Cutting down on the average patient waiting time is an important first step to a positive patient experience. According to eTactics, 43% of patients say waiting is the most frustrating part of a doctor's visit. Removing this significant frustration will put a pin in one of the most common causes of customer frustration.

6.4.3 Happy customers are a form of promotion in itself for healthcare organizations. People love to share their experiences, and if you provide positive, friction-free healthcare experiences, you will increase customer loyalty and see the benefits of word-of-mouth and online reviews. Long appointment wait times are a huge cause of customer dissatisfaction, and eliminating this problem will yield happier patients.

6.5 Recommendations

6.5.1 Reducing the Average Patient Waiting Time Through Technology

Technology is a great enabler in reducing the average waiting time of patients at the health care facility. Imbibing new technologies that improve the work flow, make the system more efficient and responsive to the needs of the staff as well as the customers is the need of the hour. Organisations need to invest in technology for such solutions which will make the overall work flow/ process efficient as well as responsive.

6.5.2 Integrated Hospital Management and Information System (HIS). An integrated HMIS especially designed for ECHS which integrates the ECHS polyclinics as well as the empaneled hospitals will make the work flow and process more efficient and responsive to the need of both the staff as well as the patients. The seamless flow and exchange of information and data will increase efficiency as well improve the overall customer experience plus reduce the consultation time for the patient.

6.5.2 Electronic Health Records (EHR) system. Implementing EHR system will streamline the process as well as enable the make the ECHS beneficiary data available to the treating physician thereby reducing waiting time, improving diagnosis as well as follow up.

6.5.3 Collection of Vitals. The associate staff can be suitably employed in providing better health care to the patients by collecting the vitals of the patients visiting the polyclinic. Before consultation with the doctor. This will reduce the doctor's effort, reduce unnecessary wastage of time as well as smoothen the work flow. The patient experience will also be improved as well as reducing their frustration while waiting for the consultation.

6.5.4 Updating Patient History/ Symptoms. The patient history and symptoms can be updated before consultation with the doctor. This will reduce the doctor's consultation time, reduce patient frustration while waiting for the consultation, improve the customer experience and better productivity.

6.5.5 Queue management technology Healthcare organizations have tools that can completely transform their queuing processes, ensuring customers' wait times are faster and more pleasant. With the invention and rise in popularity of queue management technology, organizations have a tool to ensure quick and efficient customer waits. Queue management technology for the healthcare industry gives organizations an effective tool for overseeing patient flow. These software solutions are installed as part of a healthcare organization's digital infrastructure and can be accessed by patients through their phones, desktops, or an on-site kiosk. They enable customers to virtually enter queues that are digital rather than in-person. The healthcare professional overseeing the office administration can manage the digital queue to empower smoother waits with fewer bottlenecks.

6.5.6 More Efficient & Flexible Calendar Management The average healthcare organization sees a significant flow of different customers on a daily basis. Each organization has different check-in and calendar management systems, depending on whether they allow walk-ins or are entirely appointment-based. Most organizations' calendars are set before the day begins, and altering them is very difficult. If a customer doesn't show up at their expected arrival time, this can cause delays and bottlenecks that lead to longer waits for other patients. With a flexible calendar management system that is more efficient, enterprises can move past this problem and ensure more effective adjustments to changes.

6.5.7 Communication with Staff for Improved Transparency Part of what customers dislike about the waiting experience is the lack of transparency. At most health facilities, customers check in and sit down to wait for their appointment. It can take five minutes or two hours, but usually, there is very little communication between customers and staff between

when they arrive and when their appointment begins. This can be a frustrating, alienating experience, as patients simply sit and wait with no clear end in sight.

6.5.8 Focus on Customer Relationship Management (CRM) CRM in healthcare manages all interactions between you and your patients, facilitating ease of communication and keeping all essential elements organized. The patient end of this is your online patient portal. Through this, you can have patients upload documents, fill out a health history and HIPAA forms, and even give a brief write-up of the current condition they are seeking treatment for. This helps eliminate time spent sitting in the waiting room filling out paperwork and allows your patient to arrive right on time rather than 15 minutes early.

6.5.9 Use a patient flow management system. Having a nurse or orderly tell patients and their families to sit in a row outside your examination room without knowing how long they must wait is not really acceptable these days. Get a patient management system that allows patients to queue up from anywhere, using their phone or on the Internet. The patient management system (PMS) will schedule appointments, and patients arrive right in time after getting a status update via SMS or Whatsapp. They can walk in, and be called in to be seen by the doctor without having to wait for long.

6.5.10 Integrate PMS with your healthcare information system. Identity of patients waiting in the queue must be available instantly to authorized medical staff, for scheduling immediate followups and subsequent visits in future - if any. To do this, integrate the patient flow management system with your existing healthcare information system. It will push the newly acquired data on current patients into the HIS, for future reference.

6.5.11 Implement pooled queues. If you implement pooled queues, patients requiring multiple services will automatically get assigned to the one where medical staff is currently free. For example, people coming for health checkups must be sent for multiple tests - Diagnostics (blood and urine samples), ECG, blood pressure, and then a physical examination

by a GP who will look at the reports. These tests can be scheduled using pooled queues, with the patient being sent to the department where the staff is currently free.

6.5.12 Prepare medical staff for examinations before patients arrive. Staff can be ready to quickly provide the services needed by identifying patients, the illness or injury they are coming to you for, and the tests or physician required to handle the case. So the staff should be able to bring up patient records from HIS for someone who just got in line, or the investigation reports from the electronic health records (EHR) system.

6.5.13 Ask patients to upload copies of reports and previous medical history. Sending a Whatsapp message or email notifying patients of the time and date of their appointment, along with a patient information form that you would typically ask them to fill up once they arrive. Ask them to fill it up online, and reply back (or upload it to PMS) along with the reports and previous medical history documents they have. This will mean the file is prepared and ready to be seen by the doctor as soon as the patient arrives for the appointment.

6.5.14 Use provided data to schedule needed tests before patients are examined by a physician. In some cases, such as surgery, health checkups, cardiac care, diabetes, broken bones or other physical injuries, patients must go through pre-examination tests such as BP or sugar level testing, blood and urine samples, undergo X-rays, MRIs, CAT scans, etc. These tests can be scheduled by your staff depending on the patient information form and reports provided by the patient before they arrive.

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SURVEY QUESTIONNAIRE

**SURVEY FOR PATIENT SATISFACTION WITH RESPECT TO WAITING TIME AT
ECHS POLYCLINIC, BASE HOSPITAL, DELHI CANTT**

Title of the Research: A Study on the patient satisfaction with respect to waiting time and recommend measures to reduce patient waiting time at ECHS Polyclinic Base Hospital, Delhi Cantt.

Informed Consent: This dissertation 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 chosen health organizations. I am Col Ravinder Khatri, a student of IIHMR, Delhi. As part of the curriculum, a survey on Patient Satisfaction with respect to Waiting Time at the facility is being carried out at ECHS Polyclinic, Base Hospital, Delhi Cantt. 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 20 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 _____
3. Address of the respondent (Village/Town/City and District) _____

4. Age _____ (Completed years)
5. Gender Male/Female
6. Number of dependents _____
7. Dependent Polyclinic _____
8. Mob No _____ (Optional)
9. E-mail Id _____ (Optional)

Please rate the following (Tick any-one)

Section 2 (Reception and Registration)

1. How much time did it take/ was spent for registration and issue of token.
- (a) Less than 5 min (b) More than 5 min but less than 10 min
(c) between 10 to 20 min (d) More than 20 min

Please rate your experience 5= Excellent, 4= Good, 3= Fair, 2= Poor, 1= Very Poor

2. How was your experience during Registration? 5 / 4 / 3 / 2 / 1

Section 3 (Consultation)

3. What was the waiting time for consultation. How much time did it take/ was spent waiting for consultation.
- (a) Less than 15 min (b) More than 15 min but less than 30 min
(c) between 30 to 60 min (d) More than 60 min
4. How much time was spent with the doctor during consultation?
- (a) Less than 5 min (b) More than 5 min but less than 10 min
(c) Between 10 to 20 min (d) More than 20 min
5. Was the doctor clear and compassionate during consultation?
- (5) Excellent (4) Good (3) Fair (2) Poor (1) Very Poor
6. Overall experience with the consulting physician?

(5) Excellent (4) Good (3) Fair (2) Poor (1) Very Poor

Section 4 (Pharmacy)

7. What was the waiting time at the pharmacy. How much time did it take/ was spent for waiting for the medicines at the pharmacy.

- (a) Less than 15 min (b) More than 15 min but less than 30 min
(c) Between 30 to 60 min (d) More than 60 min

8. How would you rate the professionalism of the staff? 5 / 4 / 3 / 2 / 1

9. Approximate time taken in the polyclinic during one visit?

- (a) Less than 30 minutes. (b) 30 minutes to One Hour.
(c) One to two hours. (d) More than two hours.

Section 5 (Suggestions)

10. Will you recommend this polyclinic to others?

- (a) Yes (b) Maybe (c) No (d) No Comments

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

12. Any Other Comments:

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