

Internship Training

At

ECHS Polyclinic, Base Hospital, Delhi Cantt

(15 March to 15 June 2022)

A Project Report On

**“Quality Assessment and Audit of ECHS Polyclinic,
Base Hospital, Delhi Cantt”**

By

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PG/20/099

Under the guidance of

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PGDM (Hospital & Health Management)

2020-2022



International Institute of Health Management Research

New Delhi

CERTIFICATE

IC-53237Y Col Tarun Kumar Singh of IHMR, Delhi has worked on the project **“Quality Assessment and Audit of ECHS Polyclinic”** from **15 Mar 2022** to **15 Jun 2022**. The officer collected data from various sources, thereafter evaluation has been carried out by physical comparison of Protocols, procedures, and 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 Tarun Kumar Singh** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone **Internship Training** at **ECHS Polyclinic, Base Hospital, Delhi Cantt** from **15 Mar 2022** to **15 Jun 2022**.

Col Tarun Kumar Singh has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his/her future endeavors.

Dr. Sumesh Kumar

Associate Dean, Academic and Student Affairs

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CERTIFICATE OF APPROVAL

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

Dissertation Examination Committee for evaluation of dissertation.

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Signature

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CERTIFICATE FROM DISSERTATION ADVISORY
COMMITTEE

This is to certify that **Col Tarun Kumar Singh**, a graduate student of the **Post-Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He is submitting this dissertation titled **“Quality Assessment and Audit of ECHS Polyclinic”** at “ECHS Polyclinic, Base Hospital, Delhi Cantt” in partial fulfillment of the requirements for the award of the **Post-Graduate Diploma in Health and Hospital Management**.

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

Dr. BS Singh
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Officer In Charge,
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled “**Quality Assessment and Audit of ECHS Polyclinic**” at ECHS Polyclinic, Base Hospital, Delhi Cantt and submitted by **Col Tarun Kumar Singh**, Enrollment No. **PG/20/099** under the supervision of **Dr BS Singh** for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from **15 Mar 2022 to 15 June 2022** embodies original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Tarun Kumar Singh

Colonel

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Date: Jun 2022

Col Tarun Kumar Singh

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Abbreviations

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

EXECUTIVE SUMMARY

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

Quality is degree to which a set of inherent characteristics fulfils requirement. The onus is on the provider to continuously assess customer needs and tailor your product, although for public health facility, it may be a far-fetched idea, but these kinds of continuous inputs would be extremely useful whenever any policy is being revised or assessing it is time for revision.

The study is an attempt to carryout **Quality Assessment and Audit of ECHS, Polyclinic**. The Study was carried out in 3 Phases.

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

Phase 2: Kayakalp Checklist_2019 designed by NHSRC for UPHC without beds was applied.

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

The responses and the data were collected and analyzed thereby helping us to identify the gaps and opportunities, also give us a way forward to design a Quality assessment/ Audit system to help policy and decision maker to adopt measures to improve Quality of care.

Chapter I

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

1.1 Ex-Servicemen Contributory Health Scheme (ECHS)

Retired Armed Forces personnel till 2002 could avail medical facilities only for specific high-cost surgery/treatment for a limited number of diseases covered under the Army Group Insurance (Medical Branch Scheme) (AGI (MBS)) and Armed Forces Group Insurance Scheme (Management Information System) (AFGIS (MIS)) schemes. These Medicare schemes could provide some relief to the ESM, but it was not a comprehensive scheme as compared and available for other Central Government Employees. Therefore, the requirement was felt of establishing a medicare system which could provide quality medicare to the retirees of the Armed Forces matched with the Army ethos of providing welfare to the troops and their dependents. Based on this noble aim, and after detailed deliberations, a comprehensive scheme has taken shape as ECHS, authorized vide Government of India, Ministry of Defence letter No 22(i) 01/US/D(Res) dated 30 Dec 2002. The ECHS was launched **with effect from 01 Apr 2003**. With the advent of this scheme, Ex-servicemen pensioners and their dependents who were only entitled for treatment in service hospital are now authorized treatment, not only in service hospitals, but also in those civil/private hospitals which are specifically empanelled with the ECHS.

The aim of it being a **tri service organization** is since all the veterans after retirement go to their home town in various states and after that they need a central health care organization to look after. Earlier the load of their health care was on the Military Hospitals which have the task of looking after the serving combatants and hence have their resources dissipated and diverted from the core task. The core task being to look after the active combatants and to ensure that the nation is ready for war. The organization is meant to look after the veterans in receipt of any pension, their dependents and their parents. The Scheme is financed by Govt of India.

1.2 Concept of ECHS

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

In order to ensure minimal disruption of the Scheme during war/training and availability of ECHS services in nonmilitary areas above mentioned resources are to be supplemented as follows: -

- Establishing new Armed Forces Polyclinics in Non-Military areas.
- Augmenting existing medical facilities/clinics in some selected military stations to cater for heavy ESM load (Augmented Armed Forces Clinics).
- Empanelling civil hospitals and diagnostic centers.
- Finances.

1.3 Organisation of ECHS

The ECHS Central Organization is located at Delhi Cantt and functions under the Chief of Staff Committee (COSC) through AG and DG DC&W in Army HQ. The Central Organization is headed by Managing Director, ECHS, a serving Major General. There are **28 Regional Centres ECHS and 426 ECHS Polyclinics**. ECHS is also an attached office of Dept of Ex-Servicemen Welfare (DoESW), Ministry of Defence (MoD) as are Directorate General Resettlement(DGR) and Kendriya Sainik Board (KSB).

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

AUTHORISATION OF MANPOWER IN POLYCLINICS

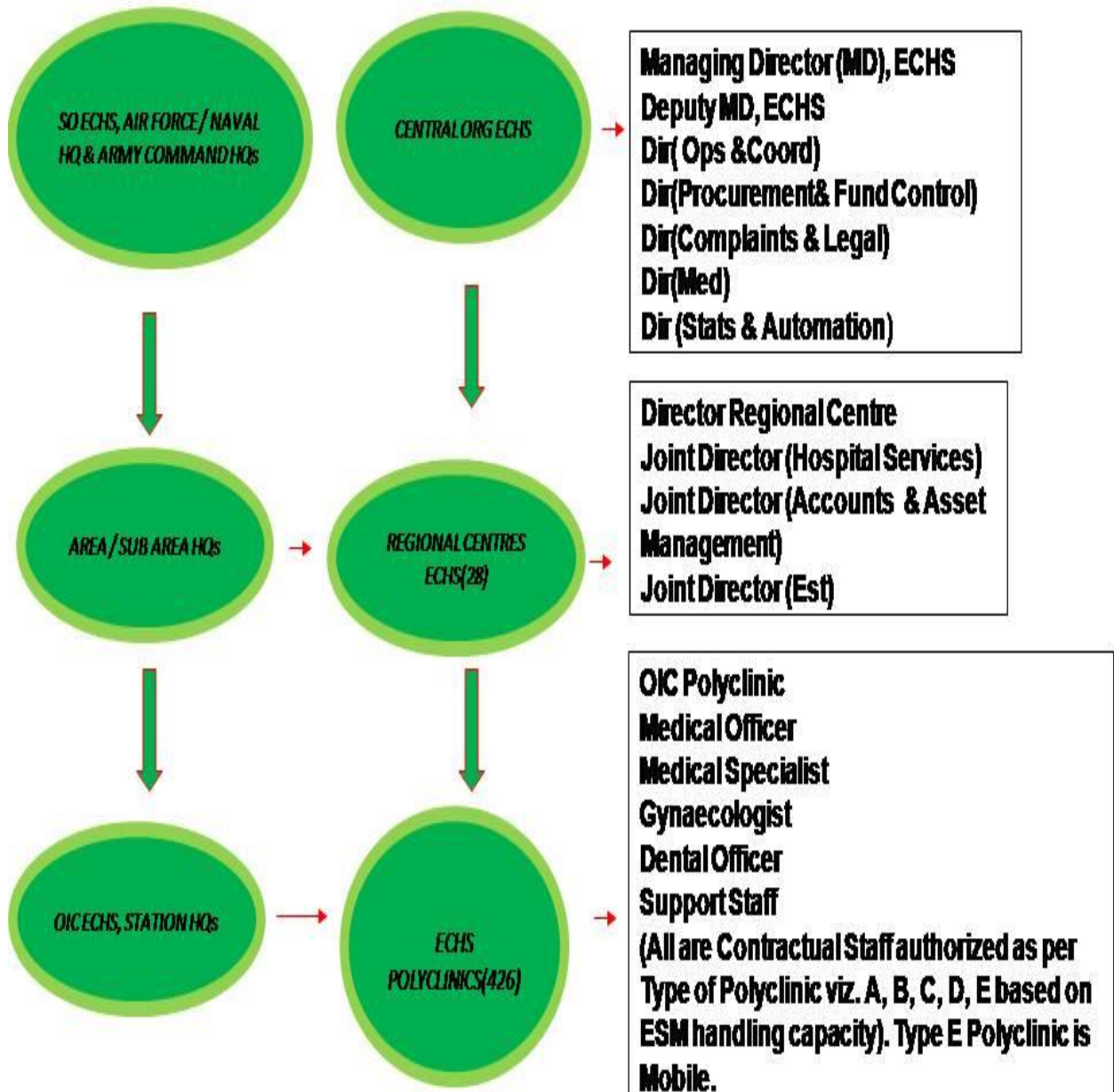
Ser No	Contractual Posts	Type of Polyclinic					Total
		A	B	C	D	E	
1.	Medical Officer	6	3	2	2	1	955
2.	Medical Specialist	2	2	1	-	-	200
3.	Dental Officer	2	2	1	1	-	471
4.	Gyneacologist	1	1	-	-	-	61
5.	Radiologist	1	1	-	-	-	61
6.	Officer-in-Charge	1	1	1	1	-	410
7.	Radiographer	1	1	-	-	-	61
8.	Lab Technician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

1.4 Command and Control

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

1.5 Organogram of ECHS

ORGANISATION CHART ECHS



1.6 Objective of the Scheme

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

1.7 Policy & Operations of ECHS

1.7.1 Ex- Servicemen Contributory Health Scheme (ECHS).

ECHS was authorized by Government of India on 30 Dec 2002, and was introduced wef 01 April 2003. It is a publicly funded medicare scheme for ex-servicemen pensioners and their eligible dependents. It provides medical care through outpatient treatment at around 426 Polyclinics all over India, and inpatient hospitalization & treatment through Military Hospitals and empanelled Civil Hospitals & Diagnostic Centers at all these locations. Treatment/hospitalization in Service Hospitals will be available to ECHS members, subject to availability of specialty, medical staff and bed space.

1.7.2 Applicability of ECHS. The ECHS Scheme are applicable to the following persons:-

- (a) Any person who has served in army rank (whether) as combatant or as Non-combatant) in the regular Army, Navy and Air Force of the Indian Union, and fulfils the following conditions:-
 - (i) Individual should have an Ex-serviceman status.
 - (ii) Individual should be in receipt of Pension/Family Pension/Disability Pension drawn from Controller of Defence Accounts.
- (b) Military Nursing Service (MNS) pensioners.
- (c) Whole time officers of National Cadet Corps (NCC).
- (d) Special Frontier Forces (SFF) pensioners.
- (e) Defence Security Corps (DSC) pensioners.
- (f) Uniformed Indian Coast Guard (ICG) pensioners.

- (g) Eligible APS pensioners.
- (h) Assam Rifles pensioners.
- (j) World War-II Veterans, Emergency Commissioned Officers (ECOs), Short Service Commissioned Officers (SSCOs) and pre-mature non pensioner retirees.

1.7.3 Benefits of ECHS.

ECHS provides cashless medical coverage for the Ex-servicemen and their dependants in the established polyclinic/military hospitals/empanelled hospitals across India.

1.7.4 Salient Features of ECHS.

- (a) No age or medical condition bar for becoming a member.
- (b) One time contribution ranging from Rs 30,000/- to Rs 1,20,000/-
wef 29 Dec 2017.
- (c) No monetary ceiling on treatment.
- (d) Indoor/outdoor treatment, tests and medicines are entitled.
- (e) Country wide network of ECHS Polyclinics.
- (f) Covers spouse and all eligible dependents.
- (g) Familiar environment and sense of belongingness.

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

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

<u>Ser No</u>	<u>Relationship</u>	<u>Criteria</u>
(a)	Spouse	<p>(i) Legally wedded wife including more than one wife. Spouse living separately is included as dependent, as long as the ESM pensioner is responsible for her maintenance. In case spouse remarries, then he/she is not entitled.</p> <p>(ii) In the event of plural marriage, where it is permitted by the rules, the following conditions should be fulfilled for claiming ECHS membership:-</p> <p>(aa) Necessary casualty for entering into plural marriage should have been published through Unit Part II Orders and names of both the wives should be found recorded in the Service Discharge Book/ Service Particulars Retired Officers booklet issued by respective Service HQs.</p> <p>(ab) The names of both the wives, should be found recorded in the PPO for grant of 'Family Pension' award.</p> <p>(ac) In case of widows, both wives should be in receipt of a share of 'Family Pension' and PPO produced in support of evidence.</p> <p>(ad) If a war widow remarries then she and her children from first marriage are eligible. Her husband, however, will NOT be eligible.</p>
(b)	Family Pensioner	<p>Implies the legally wedded spouse of an Armed Forces personnel, whose name figures in the service records of the personnel and whose husband/wife (as the case may be) has died either while in service or after retirement and is granted family pension. This term also includes a child or children drawing family pension on the death of his/her pension drawing father/mother, as also parents of a deceased bachelor soldier, who are in receipt of family pension.</p>

(c)	Dependent Unemployed & Unmarried Daughter(s)	<p>(i) Her/their details must exist in the service record of the pensioner.</p> <p>(ii) Eligible till she starts earning or gets married whichever is earlier.</p> <p>(iii) Dependent, divorced/abandoned or separated from their husband/widowed daughters whose income from all sources is less than Rs 9000/- (excluding DA) pm are entitled.</p>
(d)	Dependent Unemployed & Unmarried Sons	<p>(i) His/their details must exist in the service record of the pensioner.</p> <p>(ii) Son is eligible for ECHS membership till he starts earning or attains the age of 25 years or gets married, whichever is earlier.</p> <p>(iii) In addition, the scheme provides white card facilities for critical disabilities as per provision of Person with Disability Act (PWD Act) - 2016. PWD Act provides opportunity for treatment to dependent of beneficiaries over and above the laid down criteria of age. These concessions are currently applicable for 21 disabilities.</p>
(e)	Adopted Children	Children including step children, legally adopted children, children taken as wards by the Government servant under the Guardians and Ward Act 1980, provided that such a ward lives with him, treated as a family member and is given the status of a natural-born child through a special will executed by the Govt. Servant.

(f)	Dependent Parents	<p>(i) Parents (excluding step parents), subject to the following:-</p> <p>(aa) Father and mother of the ESM pensioner shall be deemed to be dependent if they normally reside with the ESM pensioner and their combined income from all sources does NOT exceed Rs 9,000/- (excluding DA) pm.</p> <p>(ab) “Parents i.e, mother and father” of unmarried deceased soldier and in case of deceased parents, then ‘NOK’ of unmarried deceased soldier are also eligible, provided they are in receipt of liberalized family pension.</p> <p>(ac) In case of adoption, adoptive parents and not real parents.</p> <p>(ad) If adoptive father has more than one wife, only the first wife.</p> <p>(ae) In case of female employees, parents or parents-in-law, at her option, subject to the conditions of dependency and residence etc being satisfied.</p> <p>Note : Option to include either parents or parents-in law is not available to a female family pensioner.</p>
(g)	Dependent Sisters	<p>(i) Dependent unmarried/divorced/abandoned or separated from their husband/widowed sisters.</p> <p>(ii) Irrespective of age.</p>
(h)	Dependent Brothers	<p>(i) Minor brother(s) upto the age of becoming a major.</p> <p>(ii) Brothers suffering from permanent disability either physically or mentally, without any age limit. Provided he is unmarried, not having own family, wholly dependent on and residing with principal ECHS Card holder beneficiary.</p>
(j)	Minor Children of widowed/separated daughters	Minor Children of widowed/separated daughters who are dependent upon the ECHS beneficiary and normally residing with him, shall be eligible upto the age of 18 years.

1.7.6 Exempted Category from ECHS Contribution.

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

1.7.8 Subscription/ Contribution Rate and Ward Entitlement for ECHS Membership.

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

Ser No	Ranks	One time Contribution	Ward Entitlement
(a)	Recruit to Havs & equivalent in Navy & AF	Rs 30,000/-	General
(b)	Nb Sub/Sub/Sub Maj or equivalent in Navy & AF (including Hony Nb Sub/ MACP Nb Sub and Hony Lt / Capt)	Rs 67,000/-	Semi Private
(c)	All Officers	Rs 1,20,000/-	Private

1.7.9 For the purpose of making ECHS cards, who are ‘dependents’, and what is definition of the word “family”?

The definition for eligibility to be dependent as per DoPT followed by CGHS is as under :-

- (a) **Dependant Parents.** Whose Income from all sources not more than Rs 9000/- excl DA.
- (b) **Son.** Till he starts earning or attains the age of 25 years, whichever is earlier.
- (c) **Daughter.** Till she starts earning or gets married, irrespective of the age limit, whichever is earlier.
- (d) **Son.** Suffering from any permanent disability of any kind (physical or mental) covered under PWD Act 2016 - Irrespective of age limit.
- (e) **Minor Brother/Sister(s).** Brothers upto the age of becoming a major. Sisters till she starts earning or gets married, irrespective of the age limit, whichever is earlier.
- (f) **Daughters & Sisters.** Dependent, divorced/Abandoned or separated from their husband/ widowed and dependent unmarried children to include ward/ adopted children are entitled for life.

1.7.10 Age limit for Sons/Daughters as Dependent in ECHS Card.

Unemployed son (s) below 25 years, unemployed and unmarried daughter(s) (the individual monthly income of unemployed dependent son(s) and daughter(s) all sources should be less than Rs 9000/-), dependent parents whose combined income is less than Rs 9000/- per month and mentally/physically challenged children(s) for life as per PWD Act 2016.

Chapter II

Ex-Servicemen Contributory Health Scheme (ECHS) Polyclinic, BHDC

2.1 ECHS Polyclinic, Base Hospital, Delhi Cantt

This polyclinic is responsible to look after the armed forces veterans (AFVs) and their dependents of all **Eleven Administrative or Revenue Districts of Delhi**. The ECHS is a one-point place that carries out initial investigation into the medical condition of the patient and after giving him/her the first stage of medical advice and treatment the patient depending on his/her medical condition is referred to the empaneled hospitals to receive specialist treatment. The fact that the patient is referred to the specialist hospital requires consideration in the sense that the quality of service being provided to the patient need to be assessed and the procedure and manner in which the ECHS transfers the ex-servicemen also requires to be studied. The critical point noticed in the research is that the patient is being treated initially in the ECHS and then based upon his/her condition is being referred to the 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:

❖ Primary Membership Veterans	-	1,34,908.
❖ No of Dependents on Polyclinic	-	2,41,722.
❖ No of Patients Visiting Polyclinic	-	Approx 1100-1200 (daily) 25000 (one month).

2.2 Command and Control

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

2.3 Facilities Available at ECHS Polyclinic, BHDC

Reception

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

Consultation Rooms

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

Pharmacy

- Fully stocked medical store with medicine racks and pigeon holes for provisioning and storage of drugs.
- Adequate shelf space catered along with refrigerators and air conditioning facility for storage of essential drugs.
- Color coding of medicine on shelves in accordance with their shelf life.
- Computers have been LAN linked with med officers, for smooth paper less transaction and speedy issue of medicines to patients.

- Latest software introduced in the computers for inventory management, stock taking and MMF processing.
- Separate service - windows along with seating arrangements for officers, senior citizens, families and other ranks.

Dental Services

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

Diagnostic/ Laboratory Services

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

Ambulance Service

Ambulance services are available within the city limits.

Referral Issue Counter

Counter for issuing referral for empaneled health facility.

Smart Card Issue/Renewal

Counter for processing Smart card application

Additional Amenities

- Waiting rooms for veterans.
- Colored TVs in waiting rooms with adequate availability of newspapers, magazines and periodicals.
- Hot/cold water dispenser and water coolers.
- Electronic digital counter display system in waiting rooms and at the reception for patients seeking to consult med officers.

- Display boards at prominent places with relevant information and contact numbers.
- Patients being updated by displaying status of their claims on the notice boards in the waiting room.

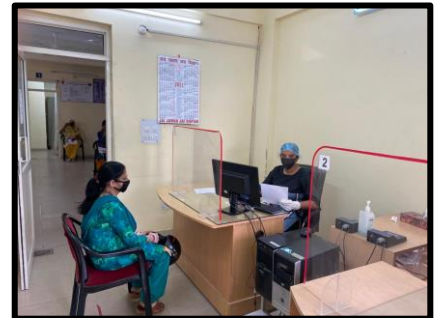
Snapshots of ECHS Polyclinic, BHDC





Consultation Chamber

Consultation in progress



Snapshots of ECHS Polyclinic, BHDC



Dental procedure of the beneficiary under progress



Referral issue desk



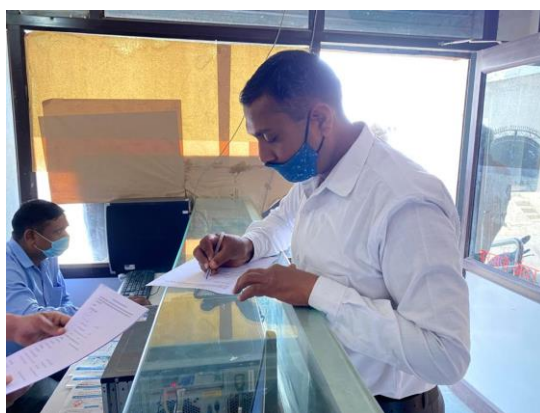
Pharmacy



Medicine Issue in progress



Card Renewal desk



Patient Satisfaction survey

Major Medical Equipment

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

Chapter III

Quality Assessment and Audit of ECHS Polyclinic, Base Hosp, Delhi Cantt

3.1 Quality Assessment and Audit of the polyclinic was carried out in three parts as under:-

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

3.2 Introduction

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

Quality is degree to which a set of inherent characteristics fulfils requirement. This could be perspective of the Developer/Supplier/Provider or Customer. However, the Customer focus is key. Today, quality is heavily linked to meeting Customers needs and achieving customer satisfaction (Satisfying/ Delighting).

The onus is on the provider to continuously assess customer needs and tailor your product, although for public health facility, it may be a far-fetched idea, but these kinds of continuous inputs would be extremely useful whenever any policy is being revised or assessing it is time for revision.

Key points are:-

- Customer focus is the primary focus of quality management.
- Meeting and exceeding customer requirement.
- Sustained customer confidence is integral to the success of an organization.
- System and processes are designed to satisfy customer on a continuous basis.
- Quality is **minimizing variation**.
- Quality is **Standardisation**.

During the interaction with the OIC ECHS polyclinic, it was learnt that although administrative inspection is carried out annually, there is no institutionalized system of

Quality audit in the ECHS, akin to National Quality Assurance Standards (NQUAS) and KAYAKALP schemes.

NQUAS and KAYAKALP tools for Urban PHC were utilized for quality assessment and audit, being most appropriately close to an ECHS Polyclinic.

3.3 NQUAS

Main pillars of Quality Management System are standards. Standards could also be used as self-improvement tools by health care facilities without linking with formal certification process. NQUAS were developed by NHSRC for Public health facilities and its operational guidelines were issued in 2013-14 and was accredited by ISQUA in 2016.

National Quality Assurance Standards for Public Health care facilities are intended for policy makers, program officers, service providers, assessors and certification agencies who intend to support, assess and sustain quality of care in public health care system and working to bring up their facilities for quality certification.

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

Figure 1: Functional Relationship between Components of Quality Measurement System

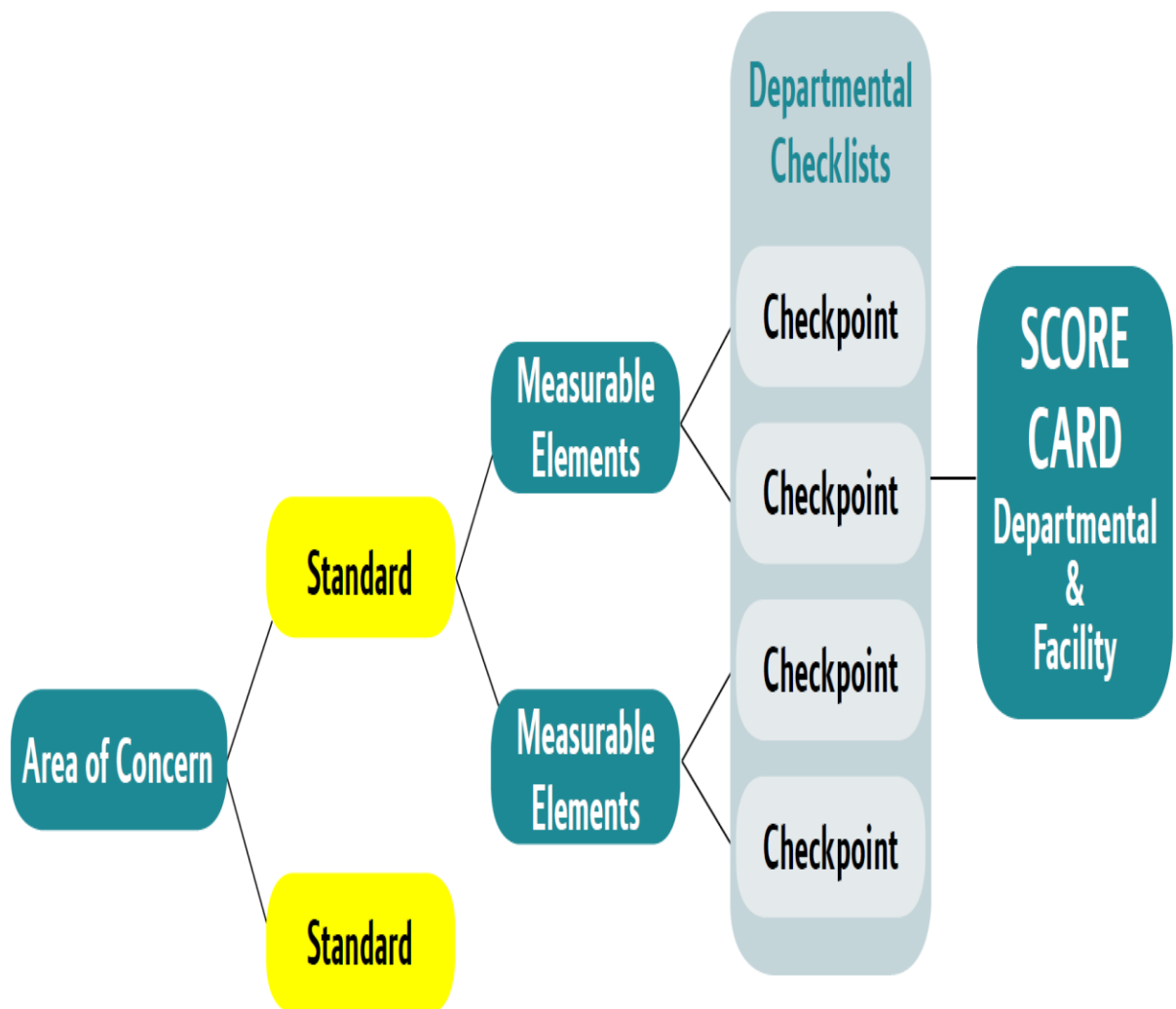


Fig 3.31: Functional Relationship Between Components of Quality Measurement System

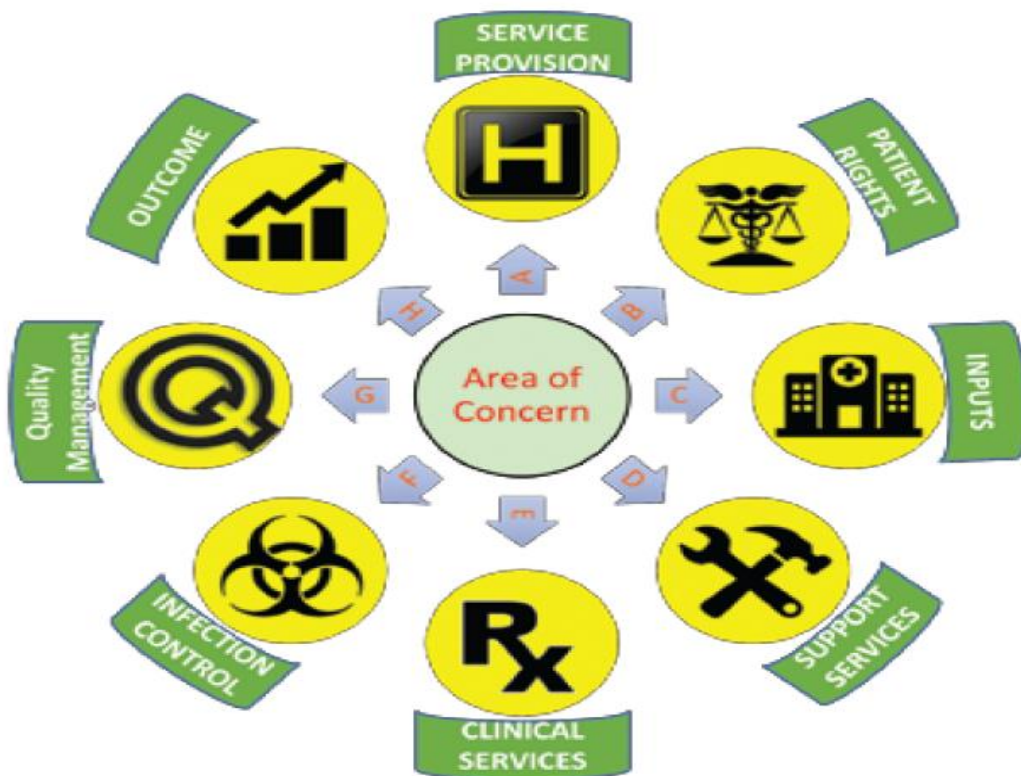


Fig 3.32: NQUAS Area of Concern

Figure 3: Sample checklist*.

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

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

- Header of the checklist denotes the name of department for which checklist is intended.
- The horizontal bar in grey colour contains the name of the Area of concern for which the underlying standards belong.
- Extreme left column of checklist in blue colour contain the reference no. of Standard and Measurable Elements, which can used for the identification and traceability of the standard. When reporting or quoting, reference no of the standard and measurable element should also be mentioned.
- Yellow horizontal bar contains the statement of standard which is being measured. There are a total of seventy standards, but all standards may not be applicable to every department, so only relevant standards are given in yellow bars in the checklists.
- Second column contains text of the measurable element for the respective standard. Only applicable measurable elements of a standard are shown in the checklists. Therefore, all measurable elements under a standard are not there in the departmental check-lists. They have been excluded because they are not relevant to that department.
- Next right to measurable elements are given the check points to measure the compliance to respective measurable element and the standard. It is the basic unit of measurement, against which compliance is checked and the score is awarded.
- Right next to Checkpoint is a blank column for noting the findings of assessment, in term of Compliance – Full, Partial or and Non Compliance.
- Next to compliance column is the assessment method column. This denotes the 'HOW' to gather the information. Generally, there are four primary methods for assessment - SI means staff interview, OB means observation, RR means record review & PI - Patient Interview.
- Column next to assessment method contains means of verification. It denotes what to see at a Checkpoint. It may be list of equipment or procedures to be observed, or question you have to ask or some benchmark, which could be used for comparison, or reference to some other guideline or legal document. It has been left blank, as the check point is self-explanatory.

Fig 3.33: NQUAS Sample Checklist

3.4 KAYAKALP

The Swachh Bharat Abhiyan was launched by Govt of India in Oct 2014, focuses on promoting cleanliness in public spaces.

Public health care facilities are a major mechanism of social protection to meet the health care needs. Cleanliness and hygiene in health facilities are critical to preventing infection and provide patients and visitors an experience and encourage Moulding behaviour related to clean environment.

Kayakalp scheme was launched with following objective

- To promote cleanliness, hygiene and infection control practices
- Recognition for facilities that show exemplary performance
- To inculcate a culture of ongoing assessment.
- To create and show sustainable practices related to improved cleanliness.

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

- **Seven Thematic Areas.**
- **Criteria.**
- **Checkpoints.**

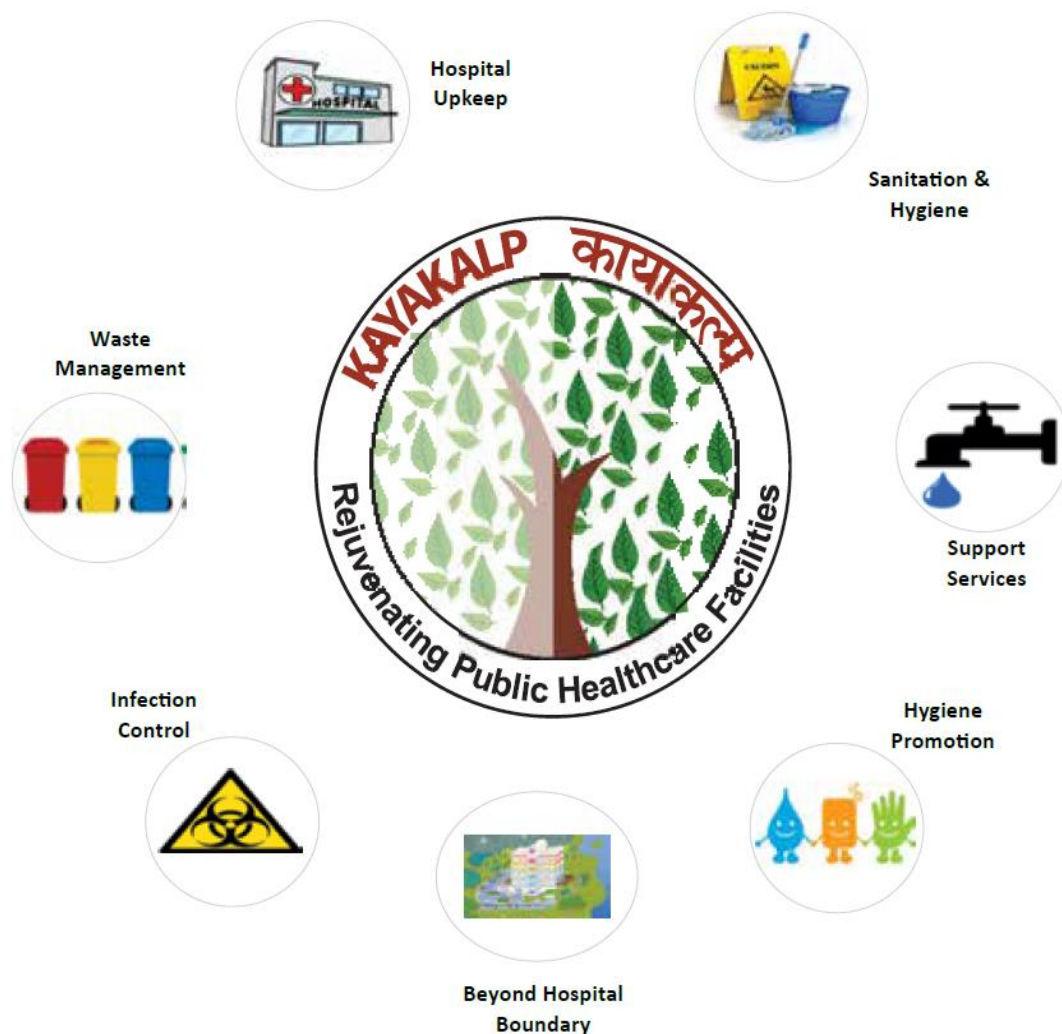
	Thematic Area	Assessment Method	Means of Verification	Compliance
Ref. No.	Criterion	Assessment Method	Means of Verification	Compliance
A.	Hospital/Facility			
A1	Pest & Animal Control			
A1.1	No stray animals within the facility premises	OB/SI	Observe for the presence of stray animals such as dogs, cat,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

Diagram labels and arrows:

- Criterion** (orange box) points to the 'Criterion' column header.
- Checkpoint** (blue box) points to the 'A1.1' row.
- Thematic Area** (orange box) points to the 'Thematic Area' column header.
- Assessment Method** (grey box) points to the 'Assessment Method' column header.
- Means of Verification** (purple box) points to the 'Means of Verification' column header.
- Compliance** (green box) points to the 'Compliance' column header.

Fig3.41 : Kayakalp Sample Checklist

Thematic Scores - Kayakalp, Award to Public Health Facilities



Means of Verification –

OB – Direct Observation

SI – Staff Interview

PI – Patient (/Relatives) Interview

RR – Review of records & documents

Marking –

2 Marks for full compliance

1 Mark for partial compliance

0 Mark for NIL compliance

Fig3.42: Kayakalp Assessment Components

3.5 Patients Satisfaction

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

Past decade, research has emerged in the healthcare field demonstrate that patient satisfaction is an important strategic asset for hospital quality improvement. While Patient satisfaction has been defined as the degree of congruency between a patient's expectations of ideal care and his /her perception of the real care him /her receives. Across the entire world, consumer/patient satisfaction is playing an increasingly significant role inequality of care reforms and health-care delivery more generally. Despite its large use, the patient satisfaction was initially considered as a difficult concept to be measured and interpreted. Patient satisfaction is a complex and a multidimensional concept, relating to both technical and interpersonal aspects of care.

Veteran health care in India is also known as Ex-Servicemen Health Care Services and is a vital component of the government strategy to provide the best possible healthcare to soldiers who have sacrificed the best part of their life in serving in inhospitable conditions. These soldiers hang up their uniforms in the peak of their youth and are then part of the civil workforce. The defense community has grown over the years. There are more than 52 lakhs beneficiaries and counting. The accretions to the ex-servicemen category occur at a younger age, given that 85 percent of the armed forces personnel compulsorily retire between 35 -37 years of age, and 12-13 percent between 40- 54 years of age. The ex-servicemen are unique because they comprise, at the same time, the biggest pension liability, and a very sizeable asset (Sethi, 2015). Yet they provide pension and other benefits as part of the package. However, it is important to assess the satisfaction which they derive from the facilities provided. The fact that they are retired and still getting medical facilities may lead to conditions in which it might get compromised and the quality of services may not be up to the mark. Therefore, this may lead to poor morale and result in poor intake of future soldiers and combatants. Thus, there is a need to assess their satisfaction to improve the existing system in ECHS.

3.6 Objectives of the Study

The Objectives of the research are as under:-

- (a) Carry out Quality Assessment and Audit of the Polyclinic to assess the existing services delivery standards.
- (b) To suggest measures/ procedures for improvement to meet the requirement of improving quality and enhanced satisfaction level.

3.7 Literature Review

The details of papers selected are as under:-

S. No	Study	By	Published	Location	Methodology
1.	Client satisfaction in ECHS Polyclinic: An Experience from India	Naveen Phuyal Ashok Jindal, YSM Sandip Mukerji	MJSBH Vol 14 Issue 2 Jul- Dec 2015	ECHS poly-clinic,	Observational and Analytical Cross sectional Duration -2y Sample size -400 (obtained by estimation of proportion) Stratified Sample Criteria of selection of sample Staff beneficiary excl Every third OPD patient (Systematic Random Sampling) Patients who had at least 3 vis, > 18yrs, willing Vetted Structured Questionnaire was used

S. No	Study	By	Published	Location	Methodology
2.	Healthcare Delivery and Stakeholder's satisfaction under social health insurance schemes in India : An evaluation of CGHS and ECHS	Sukumar Vellakkal Shikha Juyal Ali Mehdi	Indian Council for Research on International Economic Relation (ICRIER) Dec 2010	12 Indian Cities	Primary Survey of 1204CGHS ,640 ECHS primary beneficiaries, 100 empanelled health care providers and 100 scheme officials
3.	An Audit of Prescribing practices of CGHS dispensaries of Kolkata, India	A Chattopadhyay Tanushree Mondal Tushar Kanti Saha Badal Kumar Sahu Jashodip Bhattachary	IOSR Journal June 2013	5 out of 18 CGHS Dispensaries in Kolkata	Systematic random sampling of 5 Dispensaries and 412 patients . Informed consent
4.	Reforming CGHS into a 'Universal Health Coverage' model	Rakesh Sarwal	The National Medical Journal of India, Vol 28, No 1,2015	India	Interview of CGHS beneficiaries, MO and administrators. Published articles and documents of CGHS UHC

S. No	Study	By	Published	Location	Methodology
5.	Inclusive management of Ex-Servicemen in India: Satisfaction of Air force veterans from resettlement facilities with special reference to Tamil Nadu	Kari Mahajan R Krishnaveni	IIMB Management Review, 2017	Tamil Nadu	Descriptive, conclusive, cross sectional data with longitudinal study covering veterans superannuating in past 30 y. Subjects AF veterans other rank

3.8 Methodology

3.81 NQUAS and KAYAKALP Audit

Presently there is no system for Quality audit of ECHS Polyclinic. The existing available Toolkit for PHC 2019 was used as an assessment tool. Tool is a checklist which is being used by PHC's across the states in India.

PHC checklist was chosen as it has most close resemblance with the ECHS, Polyclinics.

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

Marking system is as follows

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

The scores filled in checklist generate Scorecard based on fed formulas.

Note: Since the Checklist is not tailormade for ECHS polyclinic and they have been mandated for a little different role, the departments which are not applicable have been left out like

Labour Room, IPD, NHP, Laboratory. Services which are not mandated have been granted full compliance.

3.82 Patient Satisfaction

Study Design and Area

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

Study Population

For survey, the participants were drawn from the beneficiaries visiting the polyclinic who were

- Master card holders,
- Consenting and
- Had used the services on more than three occasions

Sampling Method

The total number of dependent beneficiaries on the Polyclinic are as on 15 Mar 2022 were 3,76,630 out of which 1,34,908 were master card holders. Non-Probability, Purposive sampling was adopted to collect information from patients.

Sample Size

The sample size was 100 as the respondents were not very keen to participate in the survey & due to Covid 19 pandemic.

Tools of Data collection

Data was collected by administering tested Questionnaire designed for the purpose (Appendix A). The questionnaire consists of Personal Information, Experience at the Registration desk, Consultation, Services and allied activities, Availability of medicines, ease of getting referral for empaneled health facilities and suggestions. Beforehand all aspects of confidentiality were assured. Only those who gave a proper consent participated in the study.

Data Analysis

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

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

Limitations

The sample size initially decided could not be achieved due to pandemic conditions. Keeping in view the prevailing conditions the physical administration of questionnaire had to be stopped at 60. Thereafter google form was created and the contact details of beneficiaries were obtained and google form circulated on through social media.

3.9 Findings of the Study

Key Strengths

- Infrastructure.
- Combination of a female and a male MOs specialist in Obst & Gynae and Medical Specialist.
- Reasonable Automation in working environment.
- SOPs (Standard Operating Procedures) are well laid out by OIC ECHS.
- Well-defined clientele.
- Contractual staff with well-defined guidelines of remuneration and recruitment.

NQUAS Scorecard

OPD Score Card		
	OPD Score	75.5814
	Area of Concern wise Score	
A	Service Provision	38.88888889
B	Patient Rights	86.11111111
C	Inputs	90.54054054
D	Support Services	100
E	Clinical Services	82.65306122
F	Infection Control	100
G	Quality Management	57.14285714
H	Outcome	16.66666667

Chart 3.1: NQUAS Toolkit Scorecard of OPD

Gaps

A. Service Provision

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

B. Patient Rights

- Formulary needs to be displayed.
- IEC corner of the polyclinic needs improvement in terms of health education material displayed and latest ECHS policy in vernacular medium.
- Privacy aspect needs to be strictly followed during consultation.

C. Inputs

- Unidirectional flow of services does not exist.
- Inadequate Fire safety measures.

D. Support Services

- Drug expiry data management documentation needs to be strengthened.

E. Clinical Services

- Although the facility ensures follow up of patients discharged from higher facilities, it is patient dependent, it needs to work independently and real time.
- Facility lacks well documented/ practiced triage system in case of mass casualty, emergency protocol, CPR etc.
- MLC (Medico Legal Cases) handling not defined well.

F. Infection Control

- Non display of hand hygiene at point of use.
- Decontamination drills to be well defined.

G. Quality Management

- Comprehensive Patient satisfaction survey not carried out.
- No internal assessment mechanism exists.

H. Outcome

- The facility lacks Service Quality Indicators measures.
- No system to assess whether State/ National benchmarks are being achieved.

Kayakalp Scorecard

Kayakalp Clean Hospital Awards	2019
Checklist for Assessment UPHC/APHC	

The Cleanliness Score Card		
Name of Facility	87.9%	Level of Assessment
ECHS Polyclinic, Base Hospital		
Grading		Improvement








Thematic Scores		
		
A. PHC Upkeep	B. Sanitation & Hygiene	C. Waste Management
35	36	37
		
D. Infection Control	E. Support Services	F. Hygiene Promotion
36	17	16
		
	G. Beyond Hospital Boundary	
	34	

Chart 3.2: Scorecard of Kayakalp Audit of Polyclinic

Gaps

A. Upkeep

- No earmarked store for condemned stores.
- Rain water harvesting mechanism needs to be installed.

B. Sanitations and Hygiene

- 3 bucket system for cleaning.

C. Waste Management

- Innovations in general waste management be encouraged.

D. Infection Control

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

E. Support Services

- Nil

F. Hygiene Promotion

- Training & capacity building and standardisation to required level is lacking.

G. Beyond Hospital Boundaries

- Not applicable to subject Polyclinic

Patient Satisfaction Survey

Gender of the Respondents

Among the total respondents interviewed, a sizeable number of them (63 per cent) were males than females (37 per cent). As the armed forces is a male oriented organization, hence male respondent were more in number than their counterparts.

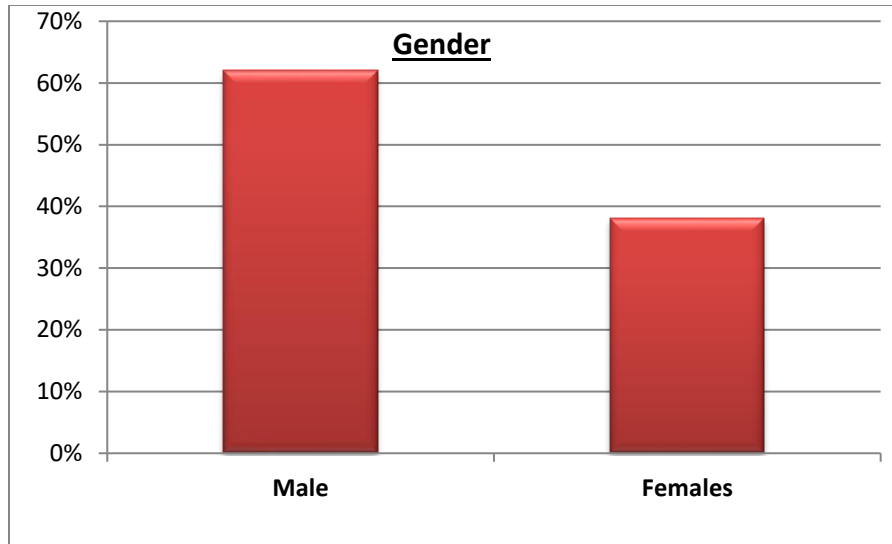


Chart 3.3: Gender of the Respondent

Dependents of the Respondent

Number of dependents reveals that a 62% of them have less than 2 or less dependents, 28% have more than 2 to 3 dependents and 10% of them have 4-6 dependents.

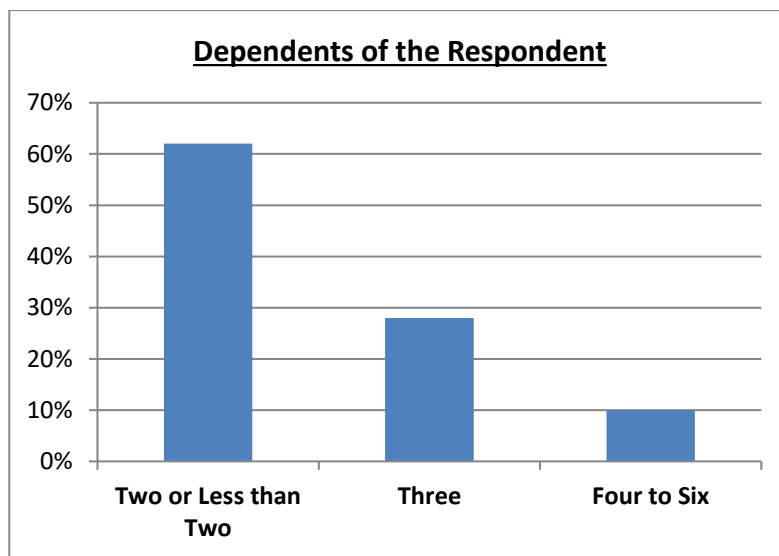


Chart 3.4: Dependents of the Respondent

Occupation of the Respondents. After retirement, 32% of the respondents are employed. A substantial number 68 per cent of them are either self-employed or unemployed after retirement. Half of the employed are getting health cover from second employment also.

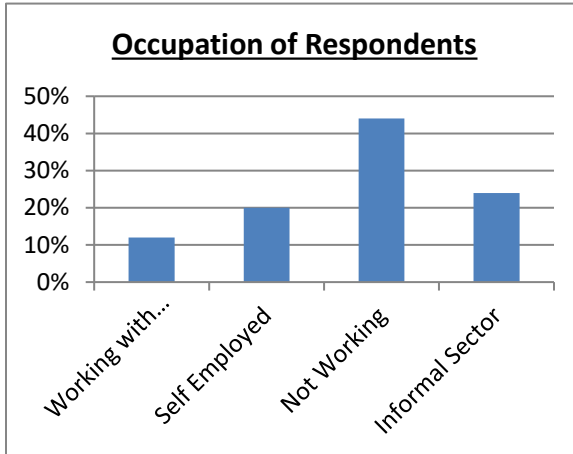


Chart 3.5: Present Employment Status

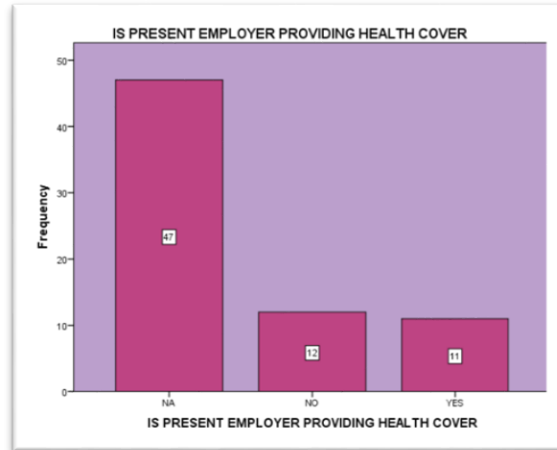


Chart 3.6: Health Cover status

Ease of Taking Appointment

The beneficiaries are satisfied with the comfort levels of taking appointment with 67% rating it Excellent to good. Registration experience at the polyclinic has also been good with 82% rating it excellent to good.

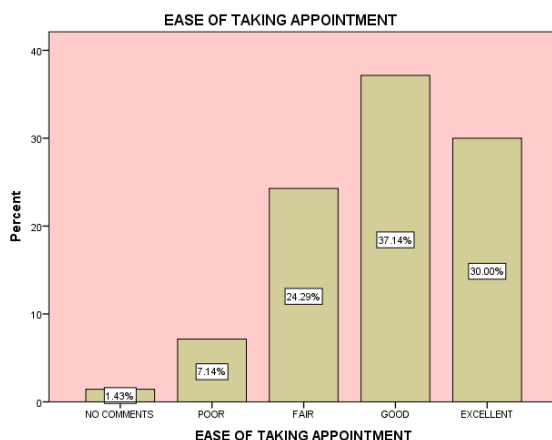


Chart 3.7: Ease of Taking Appointment



Chart 3.8: Registration Experience

Behaviour of Staff

Behaviour of the staff has been rated exemplary.

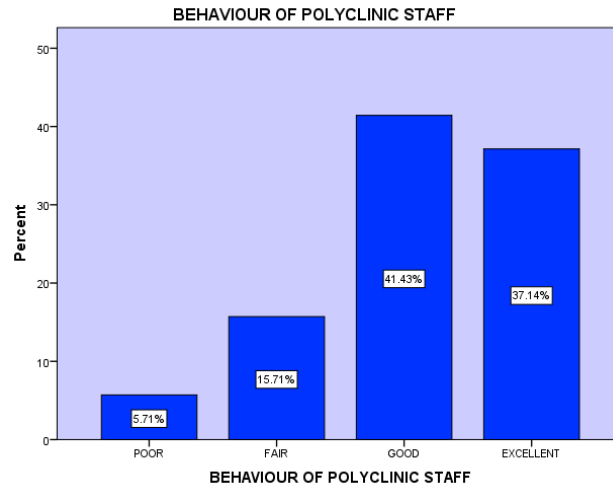


Chart 3.9: Behaviour of Staff

Consultation

Waiting Time

Waiting time to see the doctor has been rated reasonable by 80% respondents, which is adequate. Few days depending on the load of patients, it may increase but overall it is acceptable.

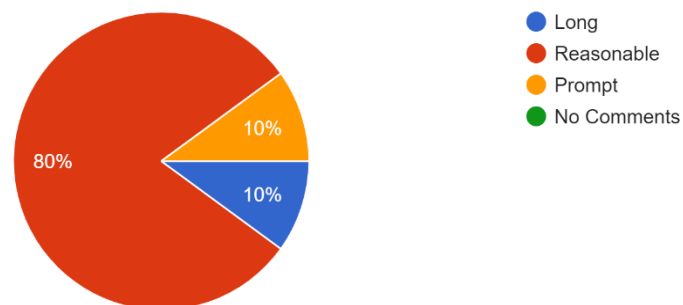


Chart 3.10: Waiting time

Amount of Time spent in Consultation

Respondents are happy with the amount of time spent with the Medical officer.

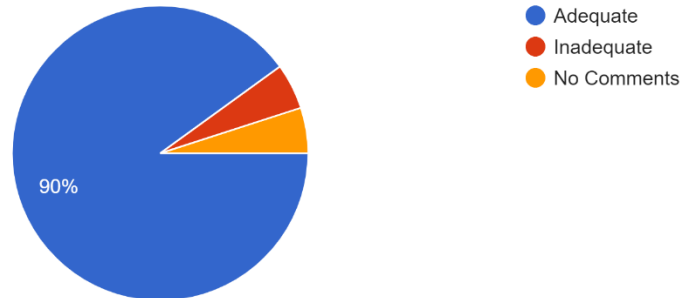


Chart 3.11: Time Spent in Consultation

Adherence to Privacy

Half of the beneficiaries have confirmed presence of other patients during the consultation which is violation of privacy protocol. This feedback is mainly due to presence of two Medical officers in one consultation room.

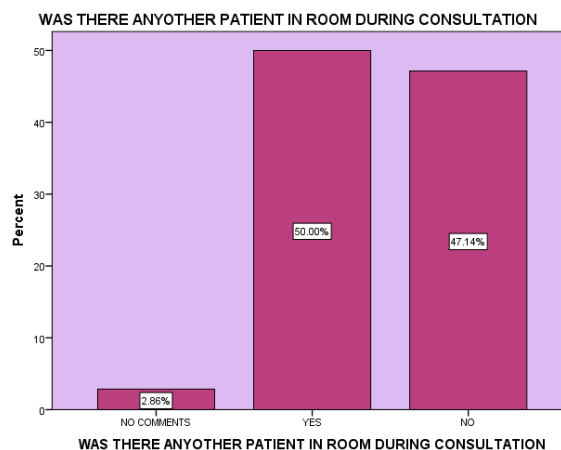


Chart 3.12: Privacy Issues

Overall Consultation Experience

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

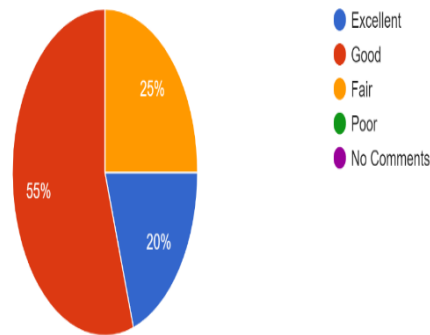


Chart 3.13: Consultation Quality

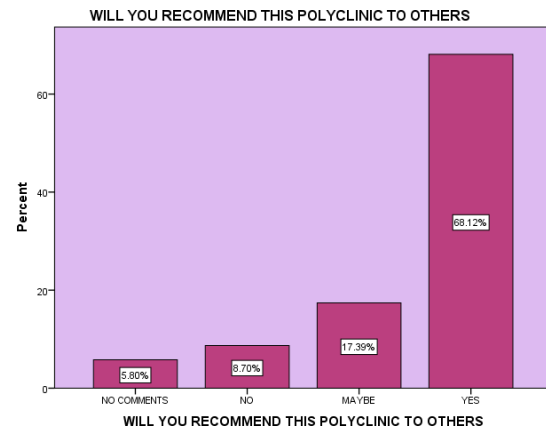


Chart 3.14: Happy to Recommend

Services

Cleanliness and Pandemic Protocols

Hygiene and Pandemic protocol have been rated good and encouraging.

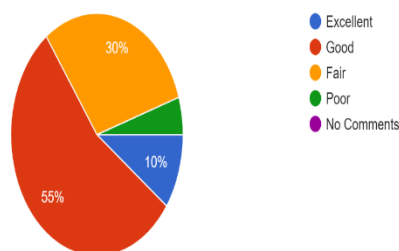


Chart 3.15: Hygiene Rating

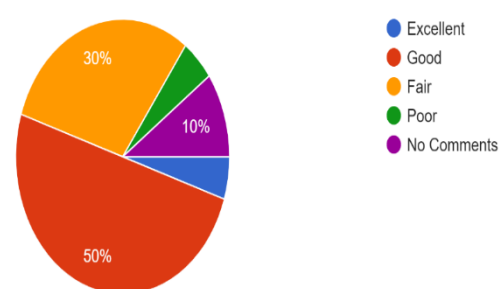


Chart 3.16: Pandemic Protocol

Laboratory/Diagnostic Tests

70% of respondents are happy with Lab/ Diagnostic services, which is adequate.

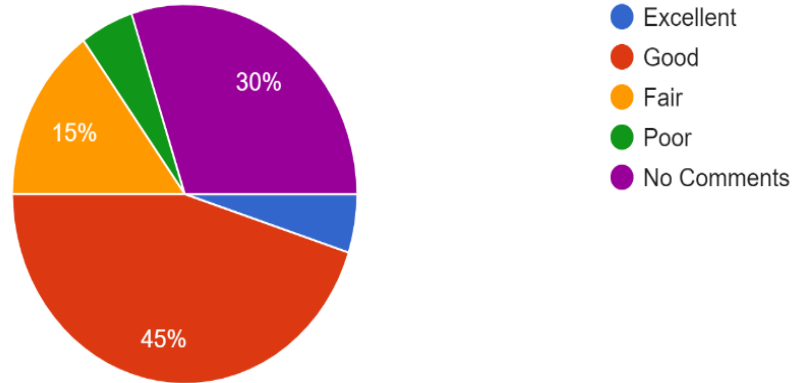


Chart 3.17: Lab/ Diagnostic services

Medicine's Availability

Satisfaction level of medicines available at Polyclinic reveals that 85% of the respondents were satisfied; and 15% of them were not satisfied due to non-availability of medicines.

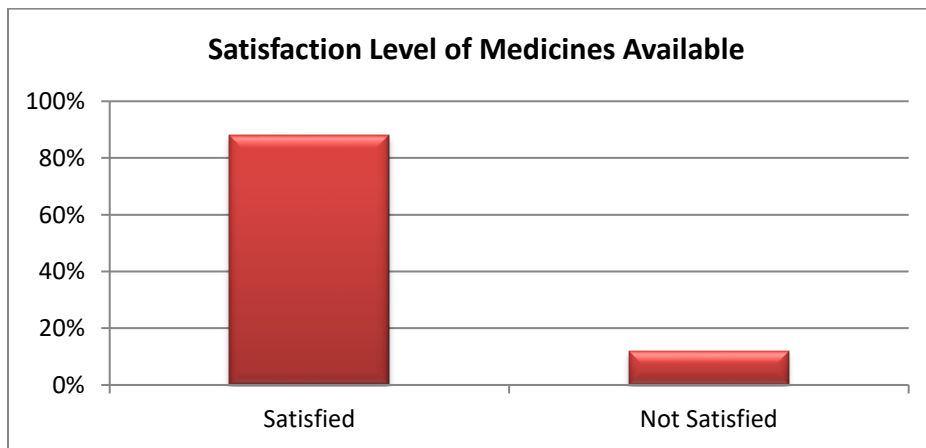


Chart 3.18: Availability of Medicines

Out of Pocket Expenditure

OOPE on medical care of 40% beneficiaries is between Rs 1000-Rs 10000, which is on higher side and cause of concern.

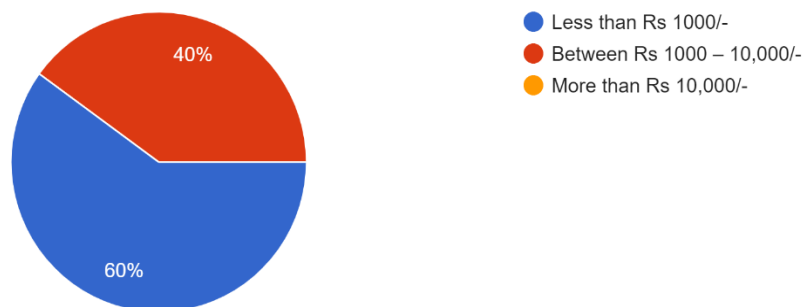


Chart 3.19: OOPE (out of pocket expenditure) of Beneficiaries

Referral

Beneficiaries are referred to Service Hosp/ Empanelled facilities, whenever they require any procedure beyond the scope of ECHS Polyclinic, or it is not available for some reason, be it lab/ Diagnostic test, Consultation or Surgical Intervention. A sizeable number (85%) of beneficiaries are satisfied with current referral system. 45% would like to get referred to Private Facility and about 50% to Service Hospitals and has very few takers for Government facilities.

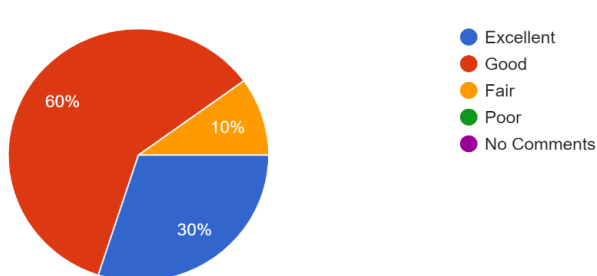


Chart 3.20: Ease of Referral

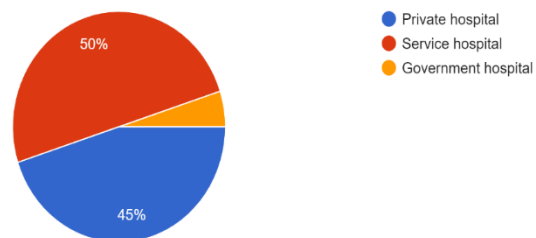


Chart 3.21: Referral Preference

Satisfaction Level at Empanelled Hospital

The survey revealed that a considerable number (80%) are satisfied with the referral being made to the empanelled hospitals.

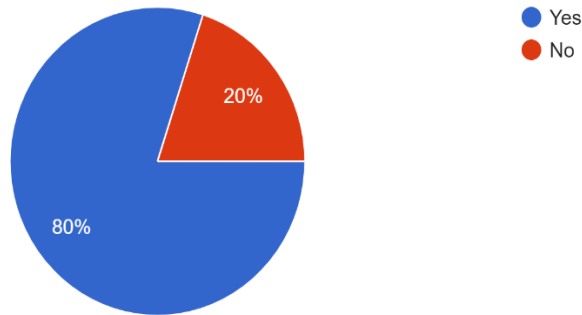


Chart 3.22: Empanelled facilities Satisfaction

Other Important Findings

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

	Other Important Findings	Reason
1.	No of Doctors	No of doctors be increased to reduce the waiting time
2.	Lab/Diagnostics tests	Report to be made available same day
3.	Medicines	Costly medicines not available. In lieu medicines issued. Medicines of all strengths not available.

Chapter IV

Conclusions and Recommendations

4.1 Conclusion

NQUAS

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

KAYAKALP

2. **Kayakalp Score is 87.90%**, which is well above the pass criteria, but this result has to be read in conjunction with the facts that:-
 - The standards have neither been designed for the subject health facility nor were they prepared for such an audit, therefore not applicable in absolute terms.
 - The criteria which have not been mandated have been awarded full 2 marks.
 - The standards have not been designed for the subject facility.
 - The audit has been carried out in restricted pandemic conditions.

Patient Satisfaction Survey

3. The sample population was retired service personnel hence a major portion were not working yet some have got employed, with half of them covered with some sort of health cover.
4. Most of the ESM have two dependents, with a maximum of 6, as many ESM retire as young as 35 yrs of age and have wife, children, parents and at times young siblings.

5. Registration experience of the beneficiaries has been rated high and ease of taking appointment good. The behavior of the staff at ECHS polyclinic was considered exemplary by the respondents and that was also felt by the researcher in their entire stay at the ECHS.
6. Consultation wait time needs to be brought down and privacy protocol during consultation require attention. Although overall Consultation experience has been rated high by respondent.
7. The satisfaction with the specialist care and the empanelled hospitals was mostly good.
8. Laboratory services are satisfactory.
9. Availability of medicines needs improvement, and OOOPE of beneficiaries needs to be brought down, which will automatically enhance the Patient Satisfaction Level. Though the amount expended on purchase of medicines is generally fully reimbursed. Costly medicines at times are not available and availability of medicines of different potencies at times is an issue.
10. The beneficiaries are satisfied with health services of polyclinic and empanelled private partners but relatively more satisfied with Base Hospital. Referral service is good and beneficiaries prefer to get referred to Service Hospitals over Private Hospitals and there are very few takers for Government hospitals.

4.2 Recommendations

1. An all-encompassing (Stakeholders) Quality Audit system needs to be designed by Central Organisation ECHS for all types of Polyclinics for enhancing overall quality. Although the customer (ESM) should be the focus but a superior quality system should include all stake holders as under:-
 - Inhouse Health Facilities, Polyclinics.
 - Beneficiaries.
 - Employees.
 - Partners (Empanelled facilities).
2. An extensive application of NQUAS and Kayakalp Checklist in all types of Polyclinics be carried out by team of experts (including internal and external) before adapting/

designing and adopting the system. Remove the clauses not applicable and include the ones which are missing. Professional help in this regard may also be sought.

3. Constitute an internal audit team.
4. Regular updating of the Polyclinic formulary so that latest medicine prescribed by Empanelled facilities doctors are made available to beneficiaries. Range and depth of medicines needs to be scientifically analyzed to reduce OOPE of the beneficiaries.
5. Wait time of the patients need to be reduced, for which
 - MO be absolved from all administrative duties during consultation hours.
 - Online or tele-appointment system be made more popular and user friendly for veterans.

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SURVEY QUESTIONNAIRE

**SURVEY FOR PATIENT SATISFACTION AT ECHS
POLYCLINIC DURING COVID-19 PANDEMIC**

Title of the Research- A Study on the patient satisfaction level at ECHS Polyclinic during Covid-19 Pandemic.

Informed Consent: Internship is an integral part of PGDM (Hospital and Health Management). All the students undergoing this course at IIHMR, Delhi are required to undergo on the job training in reputed health organizations. I ama student of IIHMR, Delhi. As part of the curriculum a survey on Patient satisfaction level is being carried out at ECHS Polyclinic. The purpose of the Survey has been verbally explained to the respondent in detail. All the information collected will be kept strictly confidential and shall only be utilized for academic/ research and service improvement. The respondent is free to abstain from answering any question if he/she so desire.

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

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

Signature of the
Respondent

Section 1 (Personal Information)

1. Name of the Respondent
2. Purpose of Visit _____ (Covid related / Non Covid)
3. Address of the respondent (Only City/ Village in District) _____
4. Age _____ (Completed years)
5. Gender Male/Female

6. Number of dependents
7. Are you currently employed with in any organization? Yes/No {If Yes, Where? (Optional)}
8. If yes, does it provide health cover Yes/No/NA
9. Mob No _____(Optional) E-mail Id
 _____(Optional)

Please rate the fwg (Tick any-one)

Excellent / Good/ Fair /Poor / No comments

Section 2 (Reception and Registration)

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Ease of taking appointment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Experience at the Registration desk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Behavior of staff in Polyclinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3 (Consultation)

- | | |
|--|--|
| 4. Waiting time to see the doctor | Long/Reasonable/Prompt/No comments |
| 5. Amount of time spent with Doctor | Adequate/Inadequate/ No comments |
| 6. Was there any other patient in
Room during consultation? | Yes/No/ No comments |
| 7. Communication and Quality of consultation | Excellent/Good/ Fair/Poor/ No comments |

Section 4 (Services and Allied Activities)

Excellent/Good/ Fair/Poor/ No comments

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8. Cleanliness and hygiene at the waiting area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Social distancing and sanitizer facility in
the polyclinic? (Covid Appropriate Behavior). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Lab/Diagnostic test services (incl RT-PCR & RAT) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Emergency Services (Ambulance, Oxygen) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

13. Availability of critical medicines like Remdesivir Injection, Fabiflu etc in the polyclinic pharmacy. ☐ ☐ ☐ ☐ ☐

Section 6 (Referral)

14. Ease of getting referral whenever required ☐ ☐ ☐ ☐ ☐

15. Are you satisfied with services at Empaneled hospitals? ☐ ☐ ☐ ☐ ☐

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

- Private hospital
- Service hospital
- Government hospital

Section 7 (Out of Pocket Expenditure)

17. Personal costs incurred on monthly basis on healthcare:

- Less than Rs 1000/-
- Between Rs 1000 – 10,000/-
- More than Rs 10,000/-

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

Section 8 (Time Management)

18. Approximate time taken in the polyclinic during one visit.

- 30 Minutes.
- Less than One Hour.
- One to two hours.
- More than two hours.

Section 9 (Suggestions)

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

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

- Related to no of Doctors:
- Related to Lab/Diagnostics services:
- Related to Medicine Availability:
- Home Delivery of Medicines:
- Any Other Comments:

21. Challenges faced or Problems (if any)