

DISSERTATION

At

ECHS Polyclinic, Base Hospital, Delhi Cantt

(10 Mar to 10 Jun 2024)

A Project Report On

**“Patient Satisfaction Survey at ECHS Polyclinic,
Base Hospital, Delhi Cantt”**

By

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PG/22-24/104

Under the guidance of

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International Institute of Health Management Research

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CERTIFICATE

IC-54426P Col Satya Narain of IIHMR, Delhi has worked on the project “**Patient Satisfaction Survey at ECHS Polyclinic, Base Hospital, Delhi Cantt**” from **10 Mar 2024** to **10 Jun 2024**. The officer collected data through survey form & personal interaction with the dependents of 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 Satya Narain** 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 2024** to **10 Jun 2024**.

Col Satya Narain 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

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CERTIFICATE OF APPROVAL

The following dissertation titled “**Patient Satisfaction Survey 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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Signature

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CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

This is to certify that **Col Satya Narain**, 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 Survey 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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Officer In Charge,

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **“Patient Satisfaction Survey at ECHS Polyclinic, Base Hospital, Delhi Cantt”** submitted by **Col Satya Narain**, Enrollment No. **PG/22-24/104** under the supervision of **Dr. Ratika Samtani, Assistant Professor, Mentor IIHMR New Delhi** for award of Post Graduate Diploma in Hospital & Health Management of the Institute carried out during the period from **10 Mar 2024 to 10 Jun 2024** embodies my 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.

Satya Narain

Colonel

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ABBREVIATIONS

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

ABSTRACT

- The rationale to carry out patient satisfaction survey is to improve the services provided by the health care industry. This helps to identify the areas which have gaps & need of specific improvements that are required in those areas leading to better health outcomes for the patients, professional developments for the health care providers & an overall improvement in health status.
- This study attempted to evaluate the working of the Ex-servicemen Contributory Health Scheme (ECHS) by assessing patient satisfaction during the services provided by ECHS Polyclinic at Base Hospital, Delhi Cantt. The study was carried out at the facility through structured questionnaire & personal interaction with the beneficiaries of the scheme.
- It has come to light that most of the respondents were reasonably satisfied with the services provided by the ECHS Polyclinic, however, there are certain areas like availability of emergency services, availability of critical medicines & online referral system that need to be addressed for better patient satisfaction.
- The service personnel, especially those not in officer cadre, retire at an early age & therefore have a higher number of dependents (children as well as parents) whereas those respondents in later stages of life have significantly lesser dependents availing the facility.

- 48% respondents feel the waiting time, a major factor in patient satisfaction, at the facility is long. Only 4% respondents felt that time given by the physician during consultation was inadequate. Almost 96% patients were satisfied with the overall experience with the consulting physician. Preference of respondents with respect to referral to service hospital was 60%, private hospital 36% and only 4% to public hospital. This is due to the proximity of Base Hospital to ECHS polyclinic. Only 9% people in the survey spent more than Rs 5,000/- from their out of pocket on medical expenditure (OOPE) in a month. Almost 96% respondents are satisfied with the appointment process. 92% respondents were very satisfied with the professional capability at reception desk. 43% respondents are not satisfied with emergency services at the polyclinic. The same may be related to its proximity to the Base Hospital on which the polyclinic is dependent on these services. Approximately 65% respondents were not satisfied with the pharmacy for availability of the medicines. 93% respondents are satisfied with the physical referral procedure but the online referral procedure needs to be incorporated and needs significant improvement.
- The data was collected from primary sources in the form of a structured questionnaire & personal interaction with the respondents at the facility. Secondary sources of data such as the records held with the facility were also included in the study.

CHAPTER I: INTRODUCTION

1.1 Retired Armed Forces personnel or Ex-servicemen (ESMs) & their dependants of all the three services were able to avail medical facilities only in service hospitals, for certain surgeries / treatments of high-cost for a very few numbers of diseases which are 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 provided a very limited amount of relief to the ESM, but it was not as comprehensive as compared to other Central Government Employees Schemes. Therefore, there was a need of establishing a medi-care system which could provide quality & timely medi-care to the ESMs.

1.2 Based on this noble aim, & after detailed deliberations, a comprehensive scheme was formulated in the shape of ECHS, auth vide GOI, MoD letter No 22(i) 01/US/D(Res) dated 30 Dec 2002 & launched wef 01 Apr 2003. With launch of this scheme, Ex- Serviceman & their dependants who were earlier only entitled for treatment in service hospitals have been now entitled treatment, in service hospitals as well as in those civil / private hospitals which are now specifically empaneled with the ECHS.

1.3 However, there were several teething problems that were faced by the ECHS scheme as well as the beneficiaries in the initial years of setting up of the organisation. Majority of these problems were sorted out over the years to make the scheme viable as well as making it a preferable option for the beneficiaries. Improvement in service quality, reducing the referral time & providing better facilities to the patients to improving the satisfaction level of the ESMs & their dependants were the major focus areas.

1.4 This study was undertaken with the objective to assess Patient Satisfaction Survey at the ECHS Organisation to provide better health facilities to the ESMs & their dependants. The study was carried out at ECHS Polyclinic, Base Hospital & Central Organisation, 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 Organisation in providing medi-care to the ESMs & their dependants. This helps to identify the areas which have gaps & need of specific improvements that are required in those areas leading to better health outcomes for the patients, professional developments for the health care providers & an overall improvement in health status.

CHAPTER II: ECHS ORGANISATION PROFILE

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

2.2 Concept of ECHS.

(a) It was planned that ECHS should be run through the existing prevalent infrastructure of the Armed Forces in order to reduce the adm expenditure. These existing infrastructure include command & control structure, spare capacity of Service Medical facilities (Hospitals & MI Rooms), as also procurement organizations for medical & non-medical equipment, defence buildings and land & other tertiary facilities.

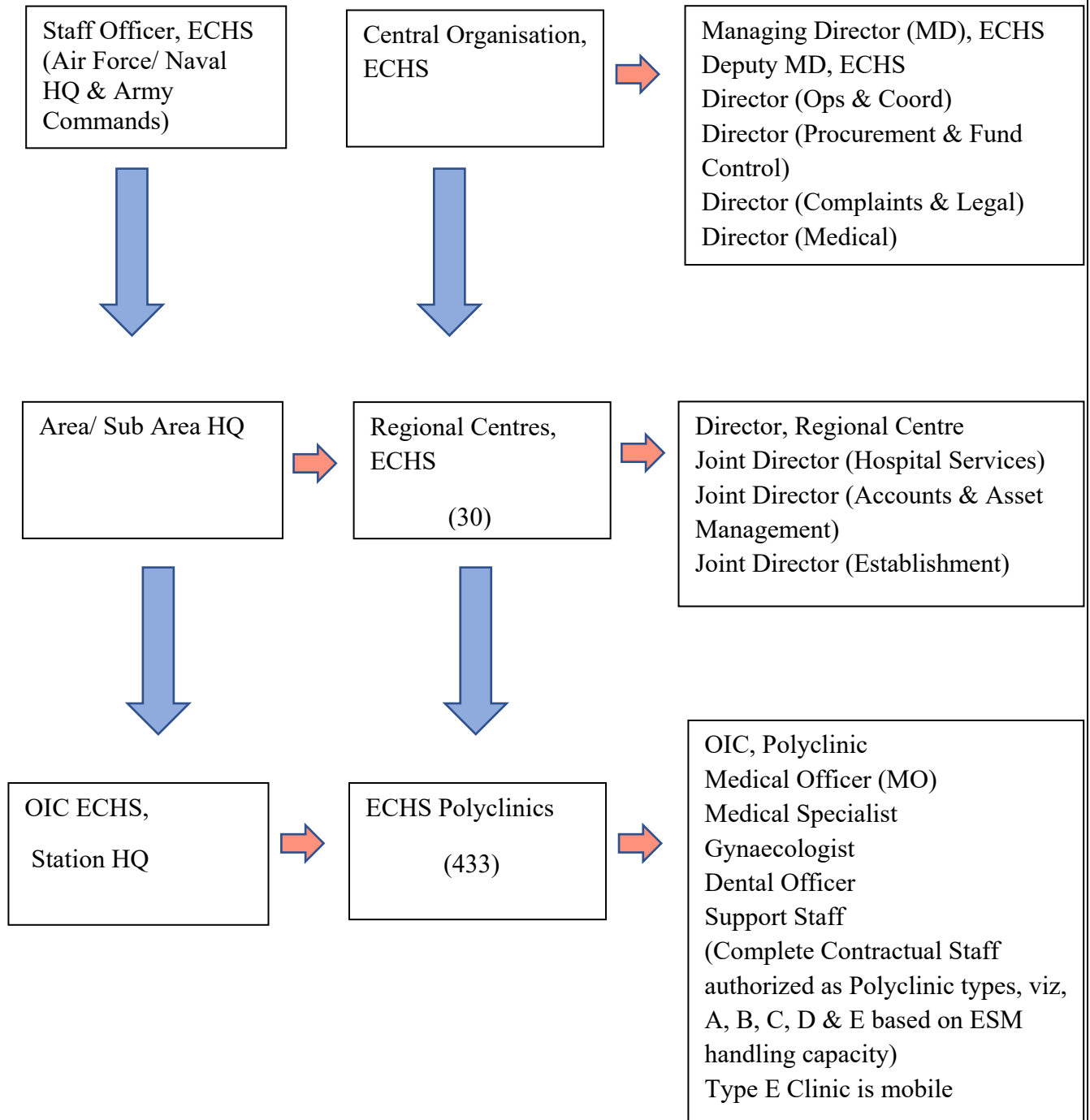
(b) To provide better medi-care to all authorized persons closest to their place of residence & medical services in non-military areas & to ensure continued availability of medical services in emergencies such as war, additional steps were taken, which include: -

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

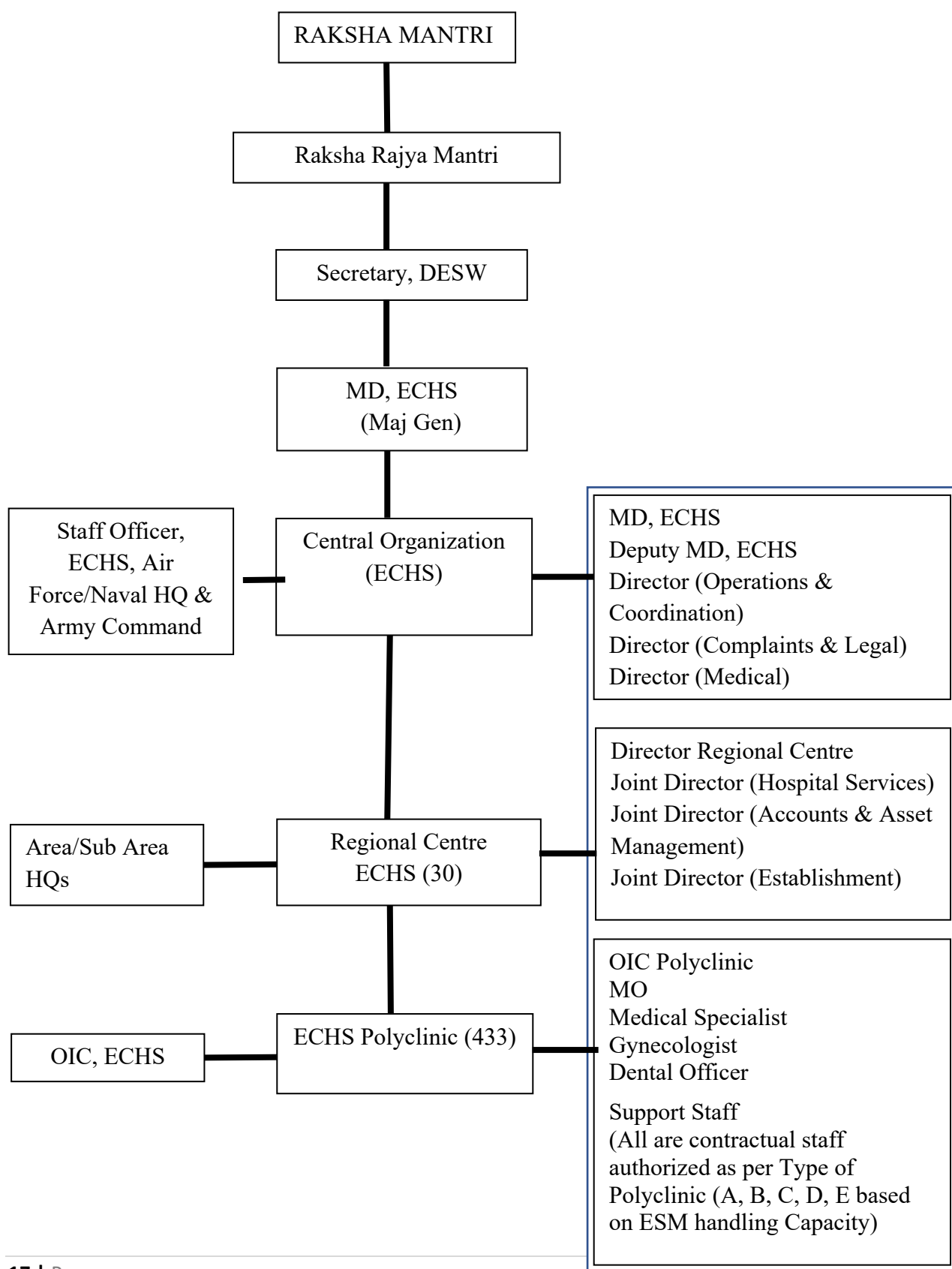
2.3 **Command & Control.** The Administrative & Financial Powers to run this Scheme have been given to the existing Command & Control Structure of the Army, Navy & Air Force. Power to exercise direct control over the ECHS polyclinics is with the Station Commanders. Any doubts that may arise in normal functions of the ECHS are to be clarified by Regional Centre, ECHS & ECHS Cell located at Station HQ. 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 **Organisation of ECHS.** The Central Organisation of ECHS is located at Delhi & functions under the Chief of Staff Committee (COSC) through Adjutant General & Director General Directorate of Ceremonial & Welfare in Army HQ. Managing Director, ECHS, who is a serving Major General heads the Central Organisation. **30 Regional Centres ECHS & 433 ECHS Polyclinics** are there under it. Department of Ex-Servicemen Welfare (DoESW), MoD as also Directorate General Resettlement (DGR) & Kendriya Sainik Board (KSB) are also attached with the functioning of ECHS. Depending on the patient load & facilities provided & authorization of contractual staff, five types of ECHS Polyclinics are there i.e., Type 'A', 'B', 'C', 'D' & 'E'. The organization chart of ECHS is as given under: -

ORGANISATION 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 Government of India authorized ECHS on 30 Dec 2002 & it came into effect from 01 April 2003. It is a medi-care scheme which is publicly funded for ex-servicemen & their eligible dependents with an aim to provide medical care through OPD treatment at 426 Polyclinics all over India and IPD hospitalization & treatment through Military Service Hospitals as also Civil Hospitals & Diagnostic Centers empaneled at all these locations. Hospitalization / Treatment in Military Hospitals will be available to ECHS members, depending upon availability of medical staff, specialty & bed space.

2.6.2 **ECHS Applicability.** Following persons are eligible to avail the ECHS Scheme:-

(a) Persons who has served in Armed Forces ranks (whether as soldiers or as Non-combatant) in the regular Army, Navy & Air Force of the Indian Union, & fulfils the following criteria: -

(i) The person should have an Ex-serviceman status.

(ii) The person should be in receipt of any kind of Pension / Family Pension / Disability Pension drawn from Controller of Defence Accounts.

(b) Pensioners of Military Nursing Service (MNS).

(c) National Cadet Corps (NCC) whole time officers.

(d) Pensioners of Special Frontier Forces (SFF).

(e) Pensioners of Defence Security Corps (DSC).

- (f) Pensioners of Indian Coast Guard (ICG) Uniformed.
- (g) Pensioners of APS are also eligible.
- (h) Pensioners of Assam Rifles.
- (j) Other ex-servicemen eligible for this scheme are pre-mature non pensioner retirees, Emergency Commissioned Officers (ECOs), Short Service Commissioned Officers (SSCOs) & World War-II Veterans.

2.6.3 **ECHS Benifits.** Cashless medical coverage for the ESMs & their dependants in the established polyclinic / military hospitals / empaneled hospitals across India is provided through ECHS.

2.6.4 **ECHS Salient Features.**

- (a) No bar on age or medical condition for becoming a member.
- (b) Wef 29 Dec 2017, contribution ranging from Rs 30,000/- to Rs 1,20,000/- is required to be paid as a One time fee.
- (c) Treatment has no monetary ceiling limit.
- (d) Entitlement includes both Indoor / outdoor treatment, tests & medicines.
- (e) Wide network of ECHS Polyclinics all across Country.
- (f) All eligible dependents to include spouse & children.
- (g) Sense of belongingness as familiar environment.

2.6.5 **ECHS Scheme covers Family Members.** Ex-servicemen along with his / her following dependent family members are covered under ECHS: -

<u>Ser No</u>	<u>Relation</u>	<u>Conditions</u>
(a)	Spouse	<p>(i) Wife including more than one wife who are legally wedded. Spouse living separately is included as dependent as long as the ESM pensioner is responsible for his / her maintenance. He / she is not entitled in case spouse remarries.</p> <p>(ii) Where it is permitted by the rules, in the event of plural marriage, for claiming ECHS membership the following conditions should be fulfilled: -</p> <p>(aa) Publication of necessary casualty through Unit Part II Orders should have been done for entering plural marriage & Service Discharge Book / Service Particulars Retired Officers booklet issued by respective Service HQs should have the names of both the wives recorded in them.</p> <p>(ab) Both the wives names, should be recorded in the Pension Payment Order (PPO) for grant of 'Family Pension' award.</p> <p>(ac) Both wives should be in receipt of a share of 'Family Pension' & PPO produced in support of evidence in case of widows.</p> <p>(ad) Children from first marriage are eligible if a war widow remarries. However her husband will NOT be eligible.</p>

(b)	Family Pensioner	Armed Forces personnel's legally wedded spouse, whose name is there in the service records & whose wife / husband (as the case may be) has died either while being in service or after retirement & is granted family pension. 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 are also included.
(c)	Unemployed Dependent & Daughter(s) Unmarried	<p>(i) Service record of the pensioner must have her / their details.</p> <p>(ii) Eligibility is subject to till the time she starts earning or gets married whichever is earlier.</p> <p>(iii) Daughters who are Dependent, divorced / abandoned or separated from their husband / widowed 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) Details must exist of son in their service record of the pensioner.</p> <p>(ii) ECHS membership is eligible for Son till he starts earning or attains the age of 25 years or gets married, whichever is earlier.</p> <p>(iii) White card facilities are provided by the scheme for critical disabilities as per provision of Person with Disability Act (PWD Act) - 2016. This act gives opportunity for treatment to dependent of beneficiaries over & above the laid down criteria of age. Currently applicable for 21 disabilities.</p>

(e)	Adopted 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 (to exclude step parents), subject to the following: -</p> <p>(i) ESM pensioner's Father & Mother shall be deemed to be dependent provided they normally reside with the ESM pensioner & their combined income does NOT exceed Rs 9,000/- (excluding DA) pm from all sources.</p> <p>(ii) In case of deceased parents, "Parents i.e, Father & Mother" of unmarried deceased soldier, then 'NOK' of unmarried deceased soldier are also eligible, if they are in receipt of liberalized family pension.</p> <p>(iii) Adoptive parents & not real parents in case of adoption.</p> <p>(iv) Only the first wife if adoptive father has more than one wife.</p> <p>(v) Parents or Parents-in-Law, at her option, subject to the conditions of dependency & residence etc being satisfied in case of female employees.</p> <p>Note: A female family pensioner doesn't have the option to include either parents or parents-in law.</p>
(g)	Dependent Sisters	<p>(i) Sisters who are Dependent unmarried / divorced / abandoned or separated from their husband / widowed.</p> <p>(ii) Irrespective of age.</p>

(h)	Dependent Brothers	<p>(i) Brother(s) who are Minor up to the age of becoming a major.</p> <p>(ii) Permanent disability Brothers suffering 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	Children who are Minor of widowed / separated daughters dependent upon the ECHS beneficiary & normally residing with him, eligible up to the age of 18 years.

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

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

With effect from 29 Dec 2019, the latest subscription rate & ward entitlement 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 As per Department of Personnel & Training (DoPT), the definition for eligibility to be dependent followed by CGHS is as under: -

- (a) **Dependant Parents.** Whose Income not more than Rs 9000/- excl Dearness Allowance from all sources.
- (b) **Son.** Attains the age of 25 years or till he starts earning, whichever is earlier.
- (c) **Daughter.** Irrespective of the age limit, till she gets married or starts earning, whichever is earlier.
- (d) **Son.** Irrespective of age limit, any permanent disability suffering of any kind (physical or mental) covered under PWD Act.
- (e) **Minor Brother / Sister(s).** Irrespective of the age limit, Brothers up to the age of becoming a major & Sisters till she starts earning or gets married, whichever is earlier.
- (f) **Daughters & Sisters.** Dependent Daughters and Sisters who are 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 of Dependent (Sons / Daughters) in ECHS Card.** As per PWD Act, Unemployed son(s) below 25 years, unemployed & unmarried daughter(s), (the individual monthly income of unemployed dependent son(s) & daughter(s) from 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.

CHAPTER III: ECHS POLYCLINIC, BHDC

3.1 **ECHS Polyclinic, BHDC.** Polyclinic looks after the Armed Forces Veterans & their dependents of all **Eleven Administrative or Revenue Districts of Delhi**. It is a one-point place which 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 Armed Forces Veterans population is as given below:-

(a) Membership Veterans (Primary)	-	1,34,908.
(b) Number of Dependents on Polyclinic	-	2,41,720.
(c) Average No of Patients visiting Polyclinic	-	Approx 1100-1200 (daily) 25000 (one month).

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

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

3.3.1 **Registration & Reception.**

- (a) To streamline the inflow of patients to the polyclinic a separate reception counter exists.
- (b) Computers are available at the reception counter which are connected by LAN to cater for:-
 - (i) Counters with Biometric Card reader available.
 - (ii) Referral counter with 02 x MOs available.
 - (iii) Counter for collection of Monthly medicine.
- (c) A patient friendly environment at Reception & it is provisioned with notice boards containing all relevant information for the patients as well as electronic digital counter system.
- (d) The reception staff is trained with good communication skills & has proficiency in handling of outdoor patients.

3.3.2 **Rooms for Consultation.**

- (a) Two fully conversant ECHS employees who are trained in operating diagnostic equipments like ECG, BP monitors etc. They are dual tasked to deal with routine emergencies & rendering of first aid apart from vaccination & administration of drugs.
- (b) Essential equipment like stretchers, wheel chairs, resuscitation apparatus etc are available in the treatment room to cope for emergencies.
- (c) Separate cubicles for performing ECG on ladies & gents have been provisioned to ensure privacy to patients.

3.3.3 **Dispensary & Pharmacy.**

- (a) Provisioning & storage of drugs is ensured in fully stocked medical store with medicine racks & pigeon holes.
- (b) Air conditioning facility for storage of essential drugs with adequate shelf space catered along with refrigerators.
- (c) Medicine on shelves have been Color coded in accordance with their shelf life.
- (d) For smooth paperless transaction & speedy issue of medicines to patients computers have been Local Area Network linked with Medical Officers.
- (e) For inventory management, stock taking & MMF processing latest software introduced in the computers.
- (f) Adequate seating arrangements for officers, senior citizens, families & other ranks with separate service - windows.

3.3.4 **Dental Facility.**

- (a) For dental care & treatment of ECHS beneficiaries the polyclinic is fully equipped.
- (b) Availability of Dental Chair with essential back - up equipment. 120 - 150 patients on an average are attended by the dental officers & the dental hygienist on daily basis.

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

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

3.3.7 **Counter for Referral Issue.** Availability of counter for issuing referral for empaneled health facility exists.

3.3.8 **Smart Card Renewal / Issue.** Smart card application processing counter exists.

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

- (a) Veterans waiting rooms available.
- (b) Adequate availability of newspapers, magazines & periodicals with Colored TVs in waiting rooms.
- (c) Water coolers & Hot / cold water dispenser.
- (d) In the waiting rooms & at the reception, Electronic digital counter display system for patients seeking to consult med officers available.
- (e) Relevant information & contact numbers displayed on boards at prominent places.
- (f) Status of the claims on the notice boards in the waiting room displayed for updating patients.

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

S No	Equipment Name	Auth	Held
(a)	Machine X-Ray 100 MA	01	01
(b)	Concentrator Oxygen	01	01
(c)	Analyzer Semi Auto	01	01
(d)	Film Processor Automatic	01	01
(e)	Box Endo	01	01
(f)	Table Top Steam Sterilizer	01	01
(g)	Machine ECG	01	01
(h)	Ophthalmoscope	03	03
(i)	Otoscope	01	01
(j)	Nebulizer	03	03

(k)	Retainer Matrix	01	01
(l)	Apparatus Suction	01	01
(m)	Sterilizer Hot Air	01	01
(n)	Distiller Water	01	01
(o)	Autoclave Table Top Front Loading	01	01
(p)	Needle & Syringe Destroyer	01	01
(q)	Universal Water Bath	01	01
(r)	Sterilizer Electrical Boiling Water	01	01
(s)	Resuscitation Outfit	01	01
(t)	Shadowless Lamp Operation	01	01
(u)	Automatic Still	02	01
(v)	Binocular Microscope Complete	02	02
(w)	Dental Chair Pantographic	01	01
(x)	Storage Cab Ultraviolet	01	01
(y)	Kit Exodontias	01	01
(z)	Sterilizer Glass Bead	01	01
(aa)	Ins Plastic Filling	02	02
(ab)	Scalar Ultrasonic	01	01
(ac)	Instruments Cabinet	01	01
(ad)	Machine Ultra Sound	01	01
(ae)	X- Ray Dental	01	01
(af)	Amalgamator	01	01
(ag)	Folding Instrument Table	01	01
(ah)	Cleaner Ultrasonic	01	01

CHAPTER IV: OBJECTIVE & RESEARCH METHODOLOGY

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

4.2 **Research Question.**

(a) **Primary Research Question.** What is the satisfaction level of the Ex-Servicemen Contributory Health Scheme (ECHS) beneficiaries?

(b) **Secondary Research Questions.**

(i) What are the aspects of ECHS scheme, with which the beneficiaries are satisfied or most happy with?

(ii) What are the major shortcomings of the ECHS scheme?

(iii) Any other relevant information / correlation which can be arrived at with respect to patient satisfaction?

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

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

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

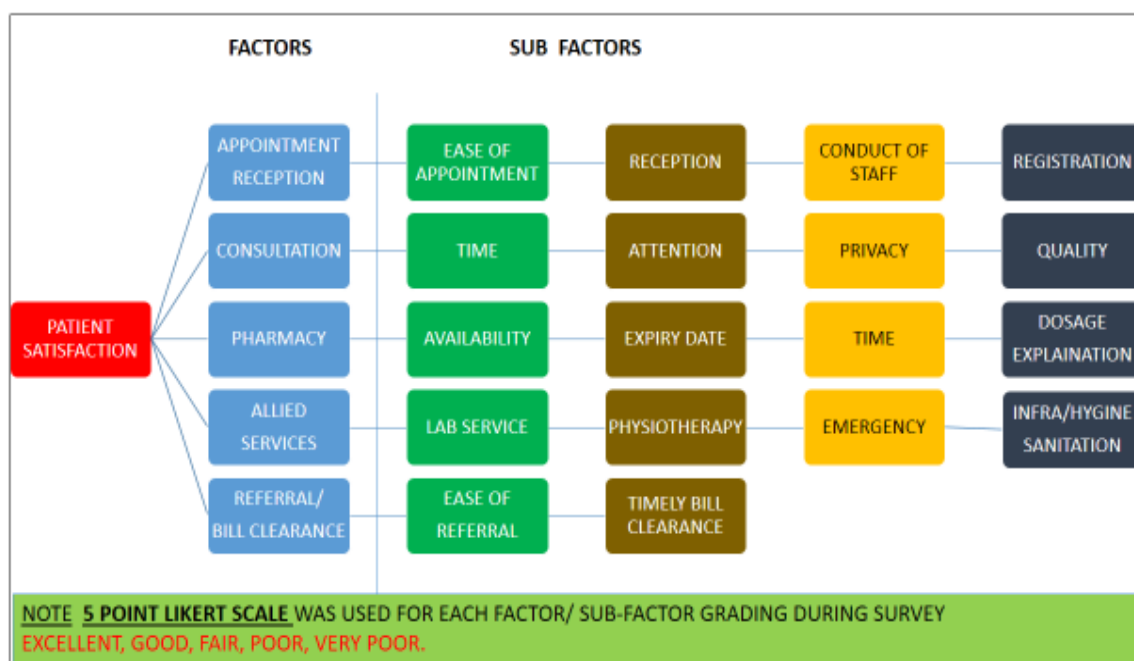
4.4 **Rationale.** After twenty years of its introduction, whether the scheme is successful in meeting the medical needs and expectations of ESM, can only be gauged by a patient satisfaction survey.

4.5 **Literature Review.** Literature review was carried out with all available resources to include online research repositories like PubMed, Research gate etc, and library of IIHMR, Delhi as well as Government data on ECHS. After short listing from approx. 30 search results following relevant studies were identified for the in depth analysis and methodology adopted. A summary of the Literature review findings is given below in form of table.

<u>SUB</u>	<u>JOURNAL/ YEAR</u>	<u>METHODOLOGY</u>	<u>SAMPLE SIZE</u>	<u>RESULTS</u>
Towards patient-centered health services in India - a scale to measure patient perceptions of quality. By Rao KD(1), Peters DH, Sandeen - Roche K.	International Journal of Quality Health Care. 2006 Dec	Cross Sectional Study of OPD patients	1869 OPD Patients in public health centers in U.P.(India)	Doctor behavior, medicine availability, hospital infrastructure, staff behavior, and medical information influence patient satisfaction in decreasing order. Variety of health setups- same scale
Outpatient satisfaction and quality of health care in North Indian medical institute. Puri N(1), Gupta A, Aggarwal AK, Kaushal V.	International Journal of Health Care Quality Assurance. 2012	Cross Sectional Study of OPD patients	120 OPD patients	Patient satisfaction, client conveyance facilities, prescription quality , doctor-patient interaction etc.(87% Satisfaction) Not using a Likart scale, Med & Surgical wards only, Ltd sample size.
What Factors Affect Patient Satisfaction in Public Sector Hospitals Abid Hussain 1 , Muhammad Safdar Sial 2 and others 3	International Journal of Environment Research & Public Health Care, Mar 2019	Cross Sectional Study of OPD patients	554 OPD patients	Patient satisfaction, laboratory services, pharmacy services, doctor-patient communication, and physical services. Ltd sample from one geographical location only
Client satisfaction in ECHS Polyclinic: An Experience from India Naveen Phuyal, Ashok Jindal, YSM, Sandip Mukherji.	MJSBH Vol 14 Issue 2 Dec 2015	Cross Sectional Study of OPD patients	400 (obtained by estimation o proportion) Patients who had at least 3 vis.	Signage, Parking, Registration, Waiting Area, Experience while waiting, Time with Dr., Lab and Pharmacy Services,83 % -good /excellent. Likart scale 1-4, Study setting not given, Sub heads of factors not considered

4.6 **Evolution of Study Tool.** Patient Satisfaction at Polyclinic was assessed through a cross sectional survey conducted with a semi structured questionnaire. The form used for survey is enclosed as Annexure I. The important aspects for study are highlighted below:-

(a) **Factors for Satisfaction.** Keeping in mind the Literature review and the peculiarities of the ECHS following main factors and sub factors were identified for the study. They were graded by the participants on a five point Likart Scale for the purpose of Patient satisfaction.



(b) **Sample Size.** The sample size was calculated as under:-

$$N = Z^2 p (1-P)/W^2$$

With 95 % confidence level and +/-5% margin of error

$$p = 50 \%$$

$$N = 1.96 \times 1.96 \times 0.5 \times 0.5 / 0.0025$$

$$N = 384.5 = 385$$

Note - To ensure adequate availability of samples 450 survey forms were filled and after rejecting incomplete / duplicate forms, 400 samples were taken for analysis and results.

(c) **Conduct of Survey.** The forms were filled by Armed Forces Veterans and dependents coming to ECHS near the reception area, while going back from the Polyclinic. Assistance in terms of language and understanding of questions was provided to them.

4.7 **Research Methodology.**

4.7.1 **Research Type.** The study has been based on quantitative cross-sectional survey to measure the satisfaction level.

4.7.2 **Study Design.** The study was an Observational and Analytical study to measure the patient satisfaction level.

4.7.3 **Study Setting.** ECHS Polyclinic, Base Hospital, Delhi Cantt.

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

4.7.5 **Study Tools.** Questionnaire attached at Annexure I & physical informal interviews with patients and Medical Staff at ECHS Polyclinic

4.7.6 **Sample Size.** A sample size of 400 respondents were selected from those dependent on the facility & utilizing the services provided.

4.7.7 **Sampling Method.** Random convenient Sampling Technique.

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

4.7.9 **Selection Criteria.**

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

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

4.7.10 **Study Variables.** Age, Rank, Gender & employment status (OOPE).

4.7.11 **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 & Very Poor & rated accordingly by the respondents. **5 POINT LIKERT SCALE** was used for each factor / sub-factor grading during survey.

4.7.12 **Ethical Considerations.**

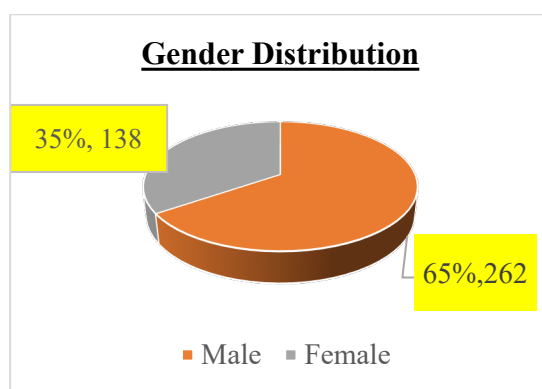
- (a) The study sample are free of any kind of biases or personal identity of participants.
- (b) All the credentials collected will be kept confidential & will be used for the subject study purpose only.
- (c) Informed consent taken from all participants.
- (d) The study was purely voluntary. The participants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

CHAPTER V: DATA COLLECTION & ANALYSIS

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

5.1.1 **Count of Gender.** Out of the total sample size of the study, 65% (262) were male & 35% (138) were female patients/dependants.

Gender	Freq
Female	138
Male	262
Grand Total	400

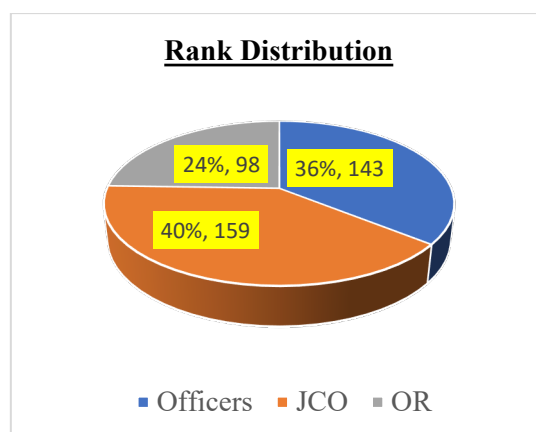


Deductions

1. Maximum persons visiting the polyclinic are males (65%) & females are (35%).
2. Males generally visit polyclinic alone, while females are generally accompanied by males of the family.

5.1.2 **Rank Distribution.** Out of the total sample size of the study, 36% (143) were Officers, 40% (159) were JCOs & 24% (98) were other ranks.

Rank	Freq
Officers	143
JCOs	159
ORs	98
Grand Total	400

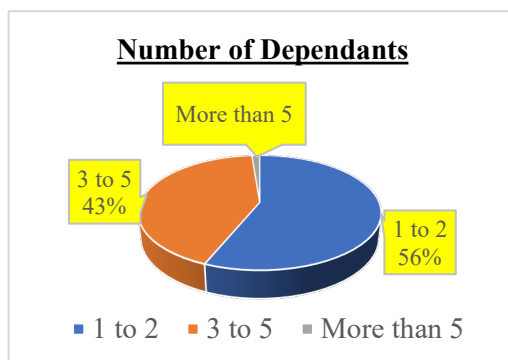


Deductions

1. Maximum persons visiting the polyclinic are JCOs (40%) & Officers are (36%).
2. OR/Jawans are the least category of persons visiting the polyclinic only 24%. (Maximum number of serving persons are Jawans).

5.1.3 **Count of Number of Dependants.** 56% of the respondents have less than 2 dependants, 43% have 3 to 5 dependants & balance 1% have more than 5 dependants.

Depen- dants	Freq
1 to 2	225
3 to 5	170
More than 5	05
Grand Total	400

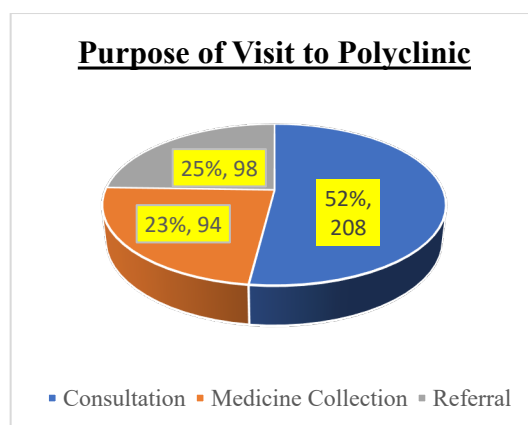


Deductions

1. Maximum number of persons have 1-2 dependants (56%).
2. Very few persons (1%) have >5 dependants.
3. Average number of dependants -2.6 (Approx 3) per veteran.

5.1.4 **Purpose of Visit to the ECHS.** 52% of the respondents visited the ECHS facility for consultation, 25% for referral & 23% for medicine collection.

Purpose of Visit	Freq
Consultation	208
Medicine Collection	94
Referral	98
Grand Total	400



Deductions

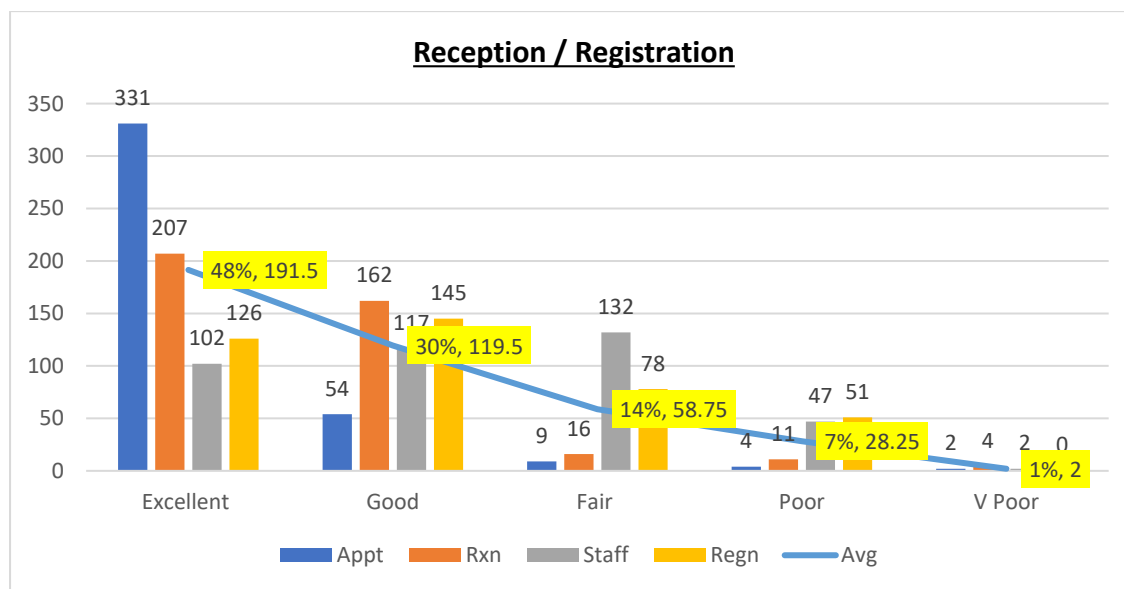
1. Max persons visit the polyclinic for consultation (52%).
2. Very few (23%) come for medicine collection (Disease burden).
3. A large No 25% people come with the aim of getting referral.

5.1.5 **Patient Satisfaction Data.** Data related to patient satisfaction is given factor wise:-

- (a) Reception and Registration.
- (b) Consultation.
- (c) Allied Services.
- (d) Pharmacy.
- (e) Referral / Claims.

5.2 Registration and Reception.

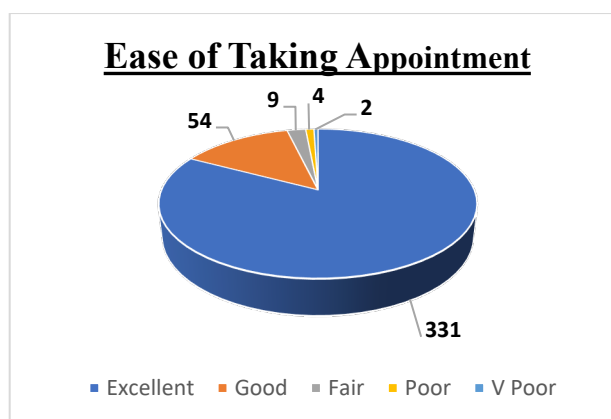
The satisfaction level as per the sub-category wise and total along with percentage is given in the bar graph below:-



5.2.1 Ease of taking Appointment.

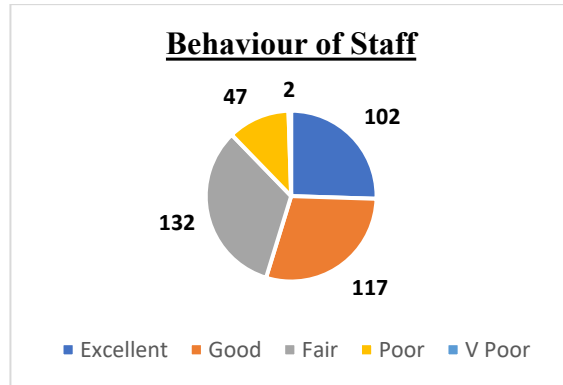
96% of the respondents were highly satisfied with the registration process, 2% were fairly satisfied & only 2% rated the process unsatisfactory.

Appt	Freq
Excellent	331
Good	54
Fair	09
Poor	04
V Poor	02
Grand Total	400



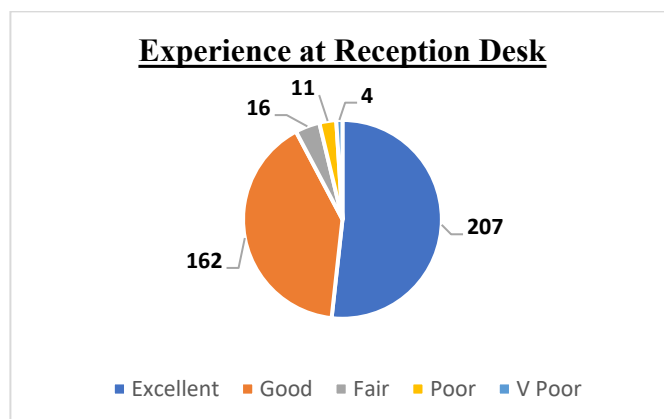
5.2.2 **Behaviour of the Staff.** 55% of respondents were very happy with the behaviour of the staff, 33% were satisfied & only 12% were unhappy.

Behaviour	Freq
Excellent	102
Good	117
Fair	132
Poor	47
V Poor	02
Grand Total	400



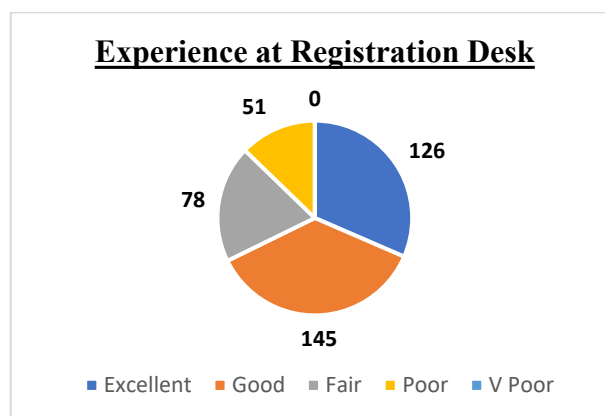
5.2.3 **Experience at the Reception Desk.** 92% of respondents were very happy with the professional competence of the staff, 4% were fairly happy & balance 4% were unhappy.

Reception Desk	Freq
Excellent	207
Good	162
Fair	16
Poor	11
V Poor	04
Grand Total	400

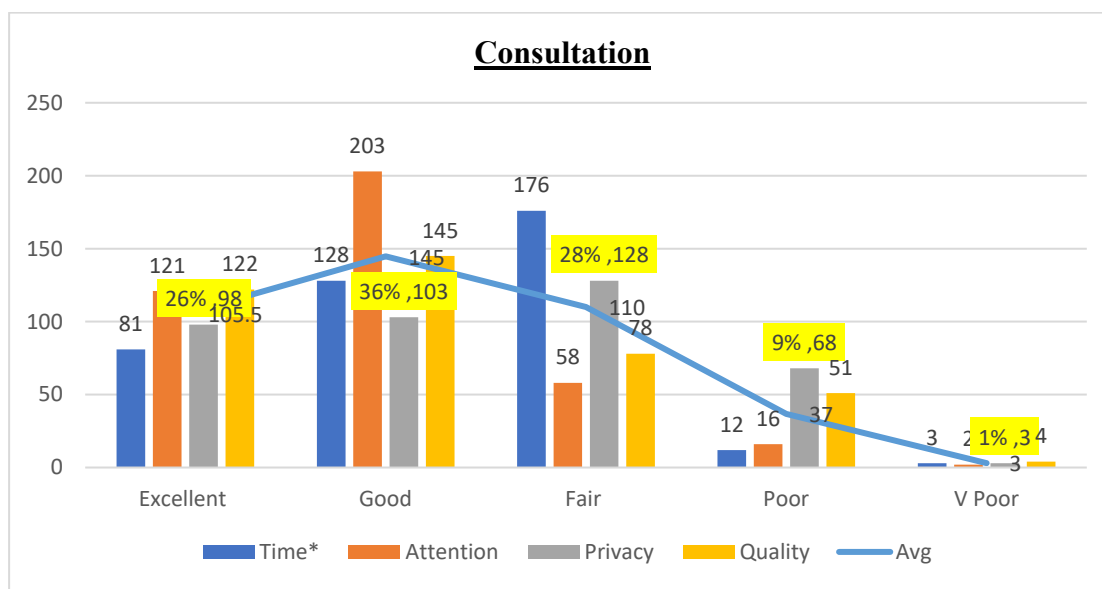


5.2.4 **Experience at the Registration Desk.** 68% of the respondents were highly satisfied with the registration process, 20% were fairly satisfied & only 12% rated the process unsatisfactory.

Registration Desk	Freq
Excellent	126
Good	145
Fair	78
Poor	51
V Poor	00
Grand Total	400

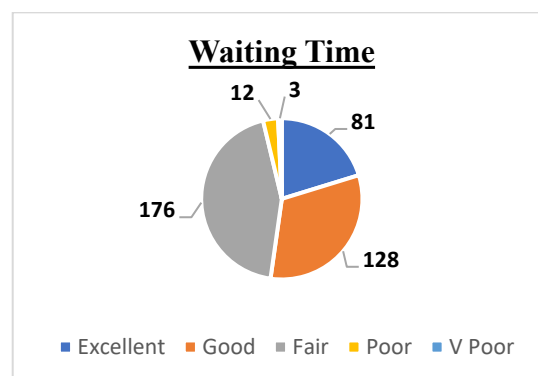


5.3 **Consultation.** The satisfaction level as per the sub category wise and total along with percentage is given in the bar graph below:-



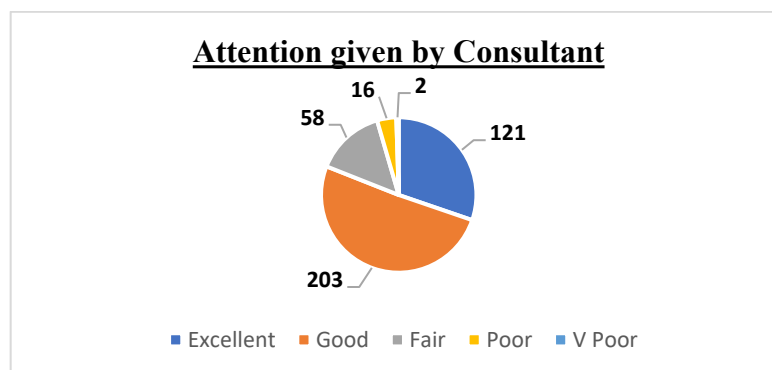
5.3.1 **Waiting Time.** 209 respondents out of 400 (52%) were attended to by the staff in a reasonable timeframe. A total of 15 (4%) respondents were not happy with the long waiting time.

Waiting Time	Freq
Excellent	81
Good	128
Fair	176
Poor	12
V Poor	03
Grand Total	400



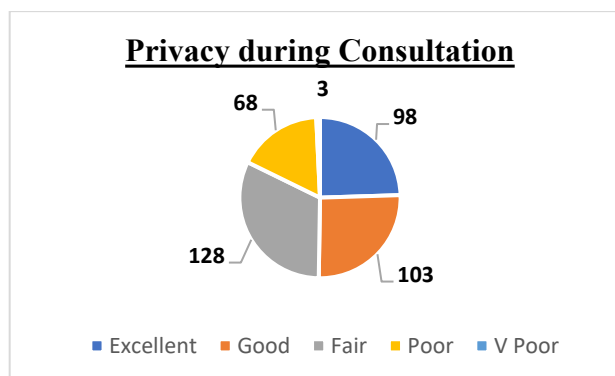
5.3.2 **Attention given by Consultant.** 81% respondents were given adequate time by the consultant. 4% were not satisfied with the time utilized during consultation by the attending physician.

Attention	Freq
Excellent	121
Good	203
Fair	58
Poor	16
V Poor	02
Grand Total	400



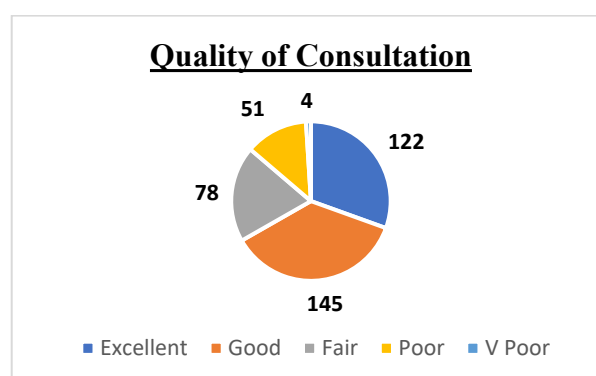
5.3.3 **Privacy during Consultation.** 50% respondents said that privacy was maintained during consultation. However, 18% felt that no privacy was maintained.

Privacy	Freq
Excellent	98
Good	103
Fair	128
Poor	68
V Poor	03
Grand Total	400

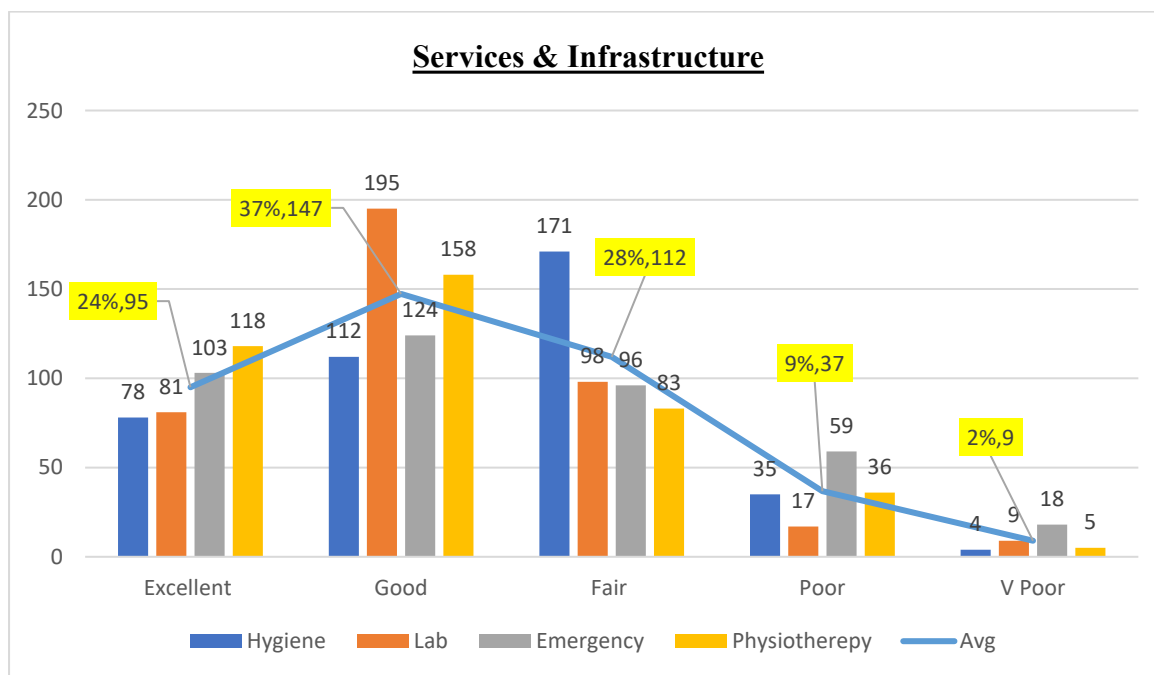


5.3.4 **Quality of Consultation.** 67% respondents said that they were highly satisfied with the consulting physician, 19% were fairly satisfied & the balance 14% respondents were unsatisfied.

Quality	Freq
Excellent	122
Good	145
Fair	78
Poor	51
V Poor	04
Grand Total	400

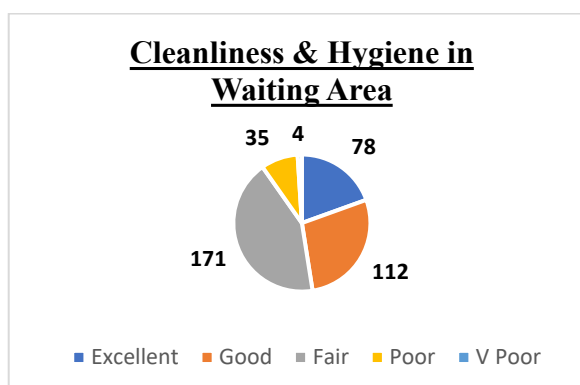


5.4 **Services & Infrastructure.** The data was collected with respect to services available & other allied activities at the ECHS Polyclinic at Base Hospital, Delhi Cantt. The satisfaction level as per sub-category wise and total along with percentage is given in bar graph below:-



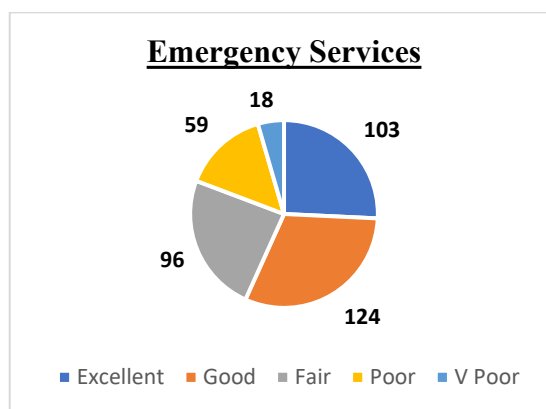
5.4.1 **Cleanliness & Hygiene in the Waiting Area.** 47% of the respondents in the sample population were very happy with the cleanliness & hygiene maintained in the facility, 43% were fairly happy & 10% were unhappy about the aspect.

Hygiene	Freq
Excellent	78
Good	112
Fair	171
Poor	35
V Poor	04
Grand Total	400



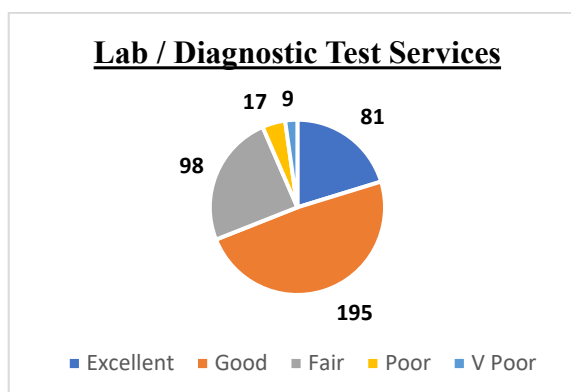
5.4.2 **Availability of Emergency Services.** 57% of the respondents in the sample population were happy with emergency services in the facility, 24% were fairly happy & 19% were unhappy about the aspect. This aspect needs to be improved.

Emergency Services	Freq
Excellent	103
Good	124
Fair	96
Poor	59
V Poor	18
Grand Total	400



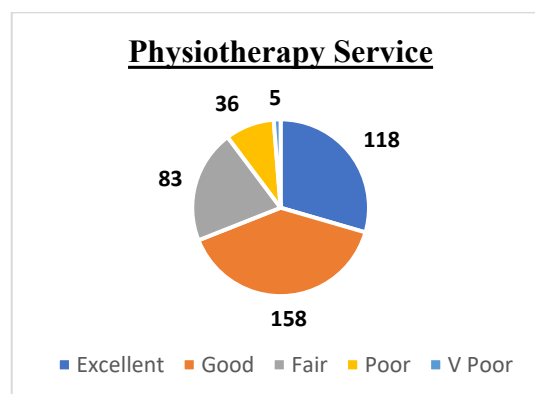
5.4.3 **Availability of Diagnostic Test Services at the BHDC.** 69% of the respondents in the sample population were satisfied with the diagnostic services at the Base Hospital, 25% were fairly satisfied & 6% were unsatisfied about the aspect.

Diagnostic	Freq
Excellent	81
Good	195
Fair	98
Poor	17
V Poor	09
Grand Total	400

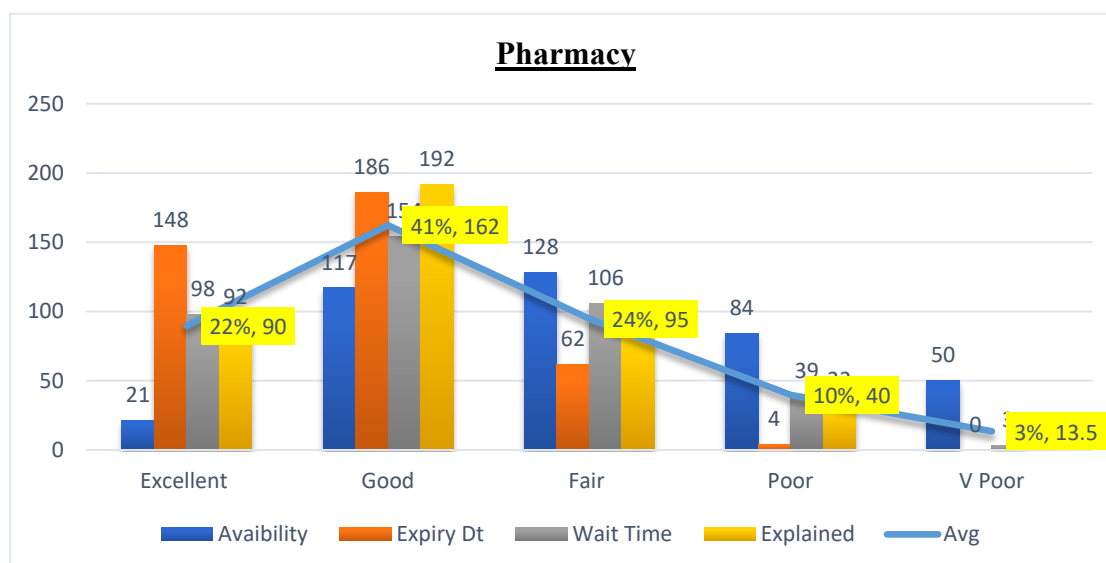


5.4.4 **Availability of Physiotherapy Service.** 69% of the respondents felt that adequate Physiotherapist Service was available whereas, only 10% felt that more physiotherapy service should be made available.

Physiotherapy	Freq
Excellent	118
Good	158
Fair	83
Poor	36
V Poor	05
Grand Total	400

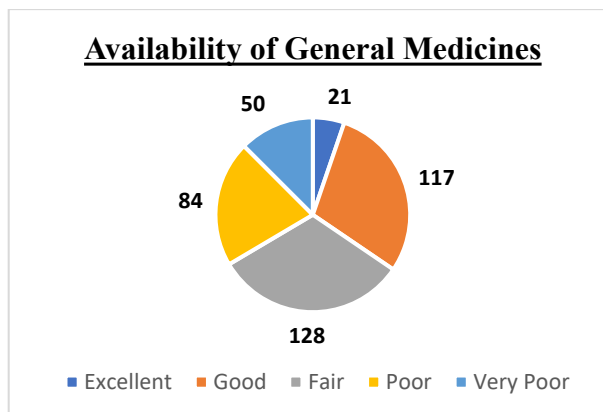


5.5 **Pharmacy.** The satisfaction level as per sub-category wise and total along with percentage is given in bar graph below:-



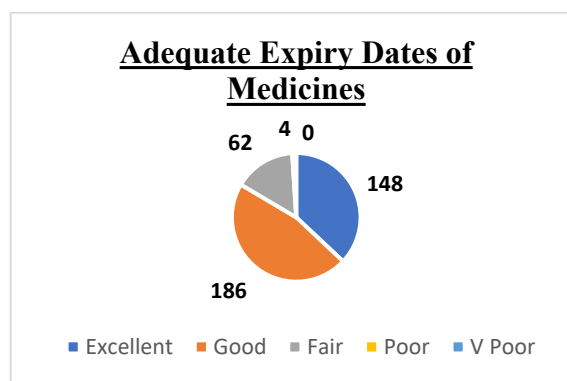
5.5.1 **Availability of General Medicines.** 35% people in the study were satisfied, 32% were fairly satisfied & 33% were unsatisfied on the medicines available in the pharmacy.

Availability of Medicine	Freq
Excellent	21
Good	117
Fair	128
Poor	84
V Poor	50
Grand Total	400



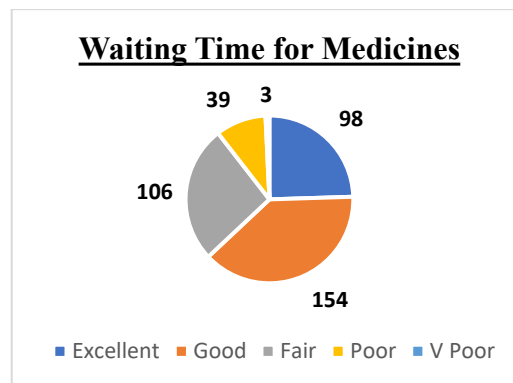
5.5.2 **Adequate Expiry Dates of Medicines.** 84% people in the study were happy, 15% were fairly happy & 1% were unsatisfied on the medicine expiry date available in the pharmacy.

Expiry Date	Freq
Excellent	148
Good	186
Fair	62
Poor	04
V Poor	00
Grand Total	400



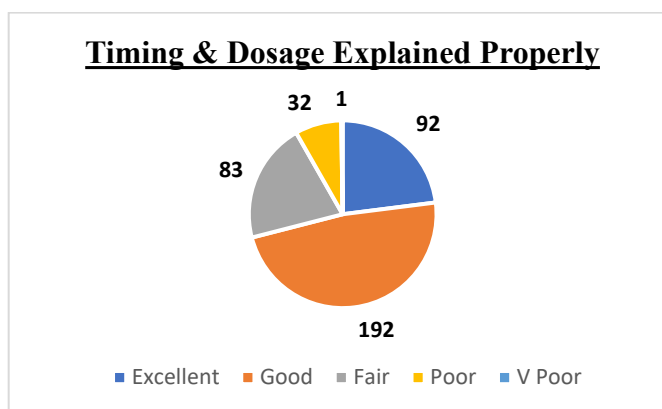
5.5.3 Waiting Time for Medicines. 63% respondents in the study were happy, 27% were satisfied & 10% were unsatisfied due to excess waiting time at the pharmacy.

Waiting Time	Freq
Excellent	98
Good	154
Fair	106
Poor	39
V Poor	03
Grand Total	400

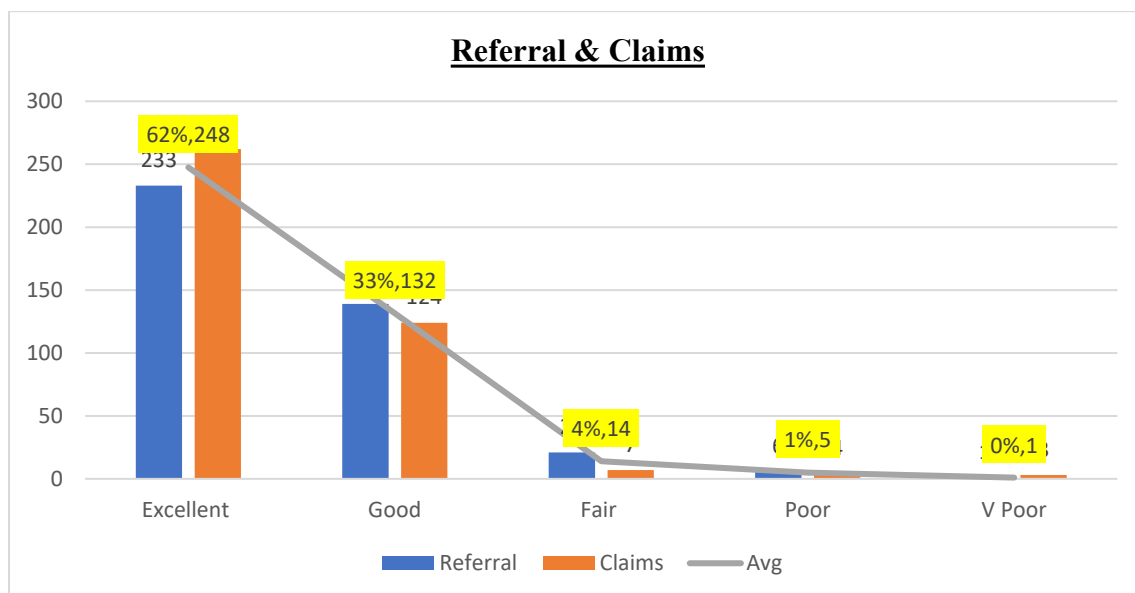


5.5.4 Timing & Dosage Explained Properly. 71% respondents in the study were happy, 21% were satisfied & 9% were unsatisfied due to inadequate explanation of dosage & timing when the medicine is to be taken.

Timing & Dosage	Freq
Excellent	92
Good	192
Fair	83
Poor	32
V Poor	01
Grand Total	400

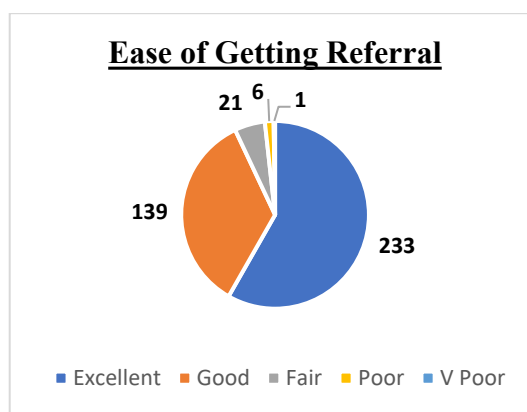


5.6 **Referral and Claims.** The satisfaction level as per sub-category wise and total along with percentage is given in bar graph below:-



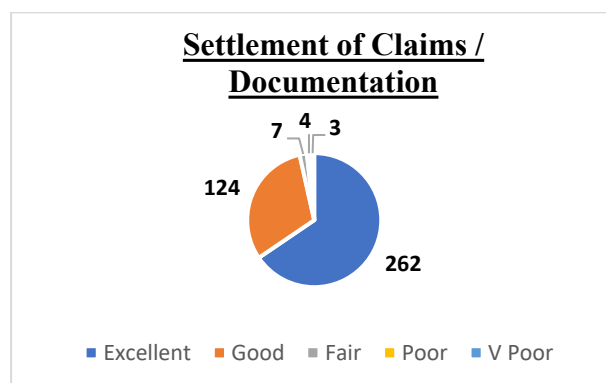
5.6.1 **Ease of Getting a Referral.** 93% of the sample in the study were satisfied, 5% were fairly satisfied & balance 2% were unsatisfied on the ease of referral whenever and wherever required by the ECHS facility.

Ease of Referral	Freq
Excellent	233
Good	139
Fair	21
Poor	06
V Poor	01
Grand Total	400



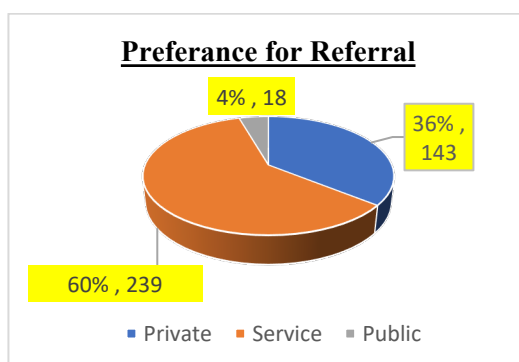
5.6.2 **Settlement of Claims / Documentation.** 97% of the respondents in the study were satisfied, only 01% were unsatisfied & balance 02% were fairly satisfied on the settlement of claims / documentation by the ECHS facility.

Claims / Documentation	Freq
Excellent	262
Good	124
Fair	07
Poor	04
V Poor	03
Grand Total	400



5.6.3 **Preference of Hospitals for Referral.** The preference for referral among visitors for Civil, Service or Private healthcare facility are as under:-

Preference for Referral	Freq
Private	143
Service	239
Public	18
Grand Total	400

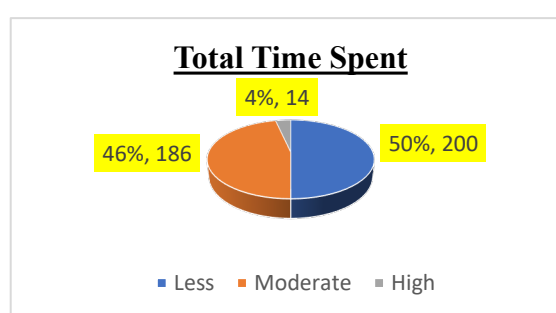


Summary

1. Majority of persons prefer Service (60%). Primary reason is proximity to BH & RR.
2. Public hospital are least preferred.
3. The preference may vary from polyclinic to polyclinic.

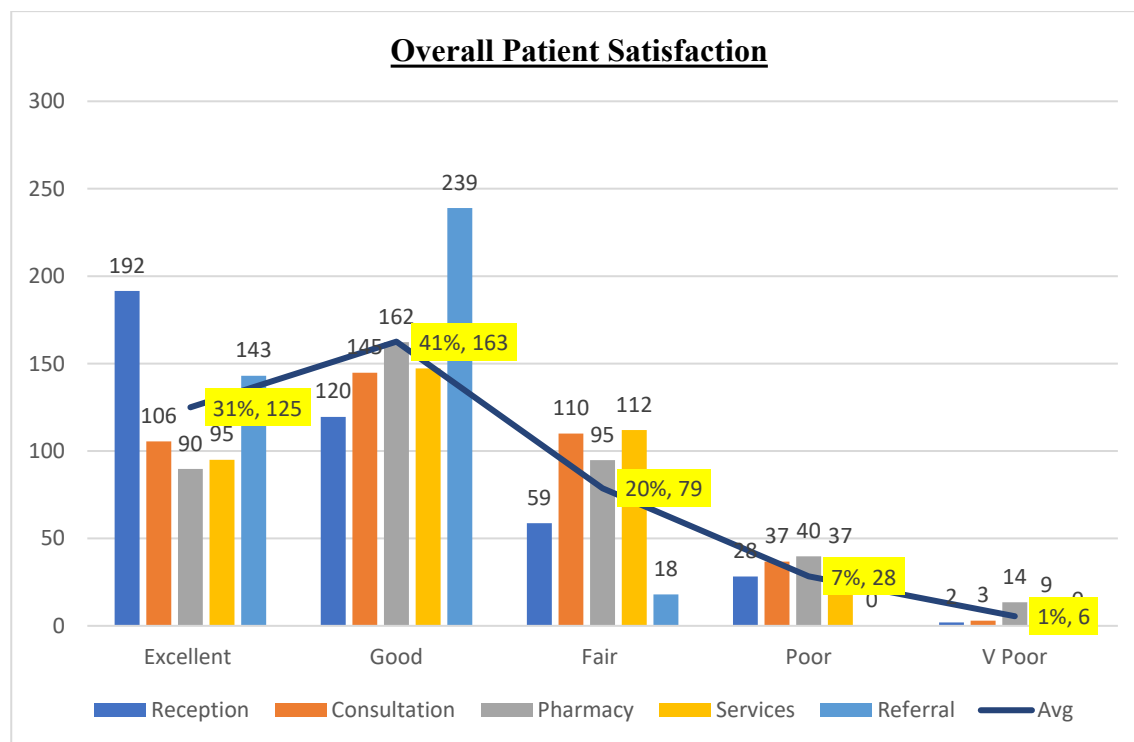
5.7 **Approximate Time Spent in the ECHS Polyclinic during a Visit.** Rank wise time spent is given below, less is less than one hour, moderate is more than one hour but less than two hours, while high is more than two hours.

	Offrs	JCOs	ORs	Total
Less	73	68	59	200
Moderate	69	84	33	186
High	01	07	06	14
Total				400



5.8 **Overall Satisfaction.**

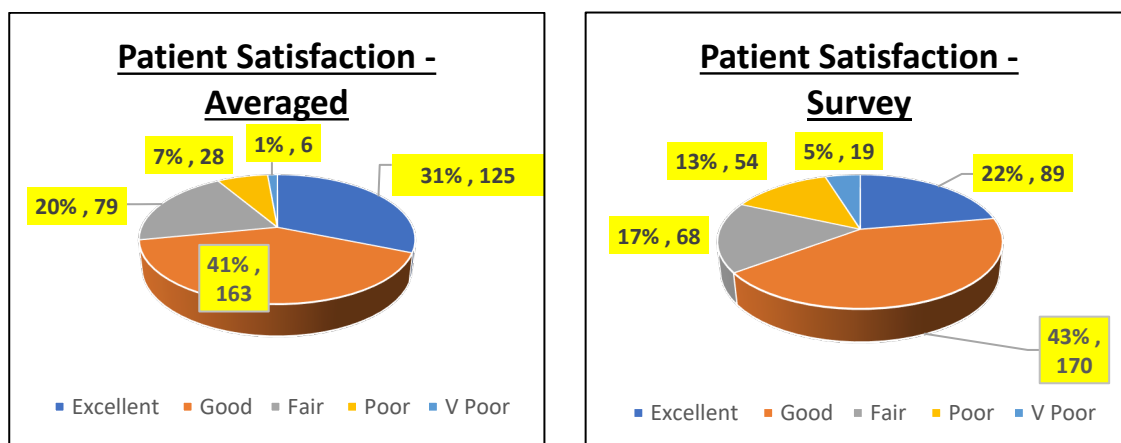
The overall satisfaction along with the factor wise satisfaction level is shown below:-



Deductions:-

1. **72%** have graded the overall services as **Excellent / Good**.
2. **Least** satisfaction is wrt **Pharmacy** services **13 %** rated **Poor / V Poor**.
3. **Mode** of **overall Satisfaction** level is **Good** with **163 out of 400** rating it as **Good**.
4. **Maximum** frequency is for “**Referral - Good**” with **239/400**.
5. **Factor** with **Highest** Satisfaction - **Referral**.
6. **Sub Factor** with **Highest** Satisfaction - **Appt.**
7. **Factor / Sub Factor** with **Lowest** Satisfaction - **Pharmacy / Medicine Availability**.
8. **Factor** with **Maximum** No of **Excellent & Good** Grading - **Referral & Claim (95%)**.
9. **Sub Factor** with **Maximum** number of **Excellent & Good** Grades – **Claims**.

5.9 **Relation between Averaged and Surveyed Overall Satisfaction Level.** The overall satisfaction rating was part of the survey i.e. asked as from the patients directly as well as calculated by averaging the satisfaction of individual factors as well. A correlation analysis of these indicated that there was a strong correlation (0.96) between them i.e. the factors and sub factors identified for survey were correct. The same is shown below:-



CORRELATION COEFFICIENT

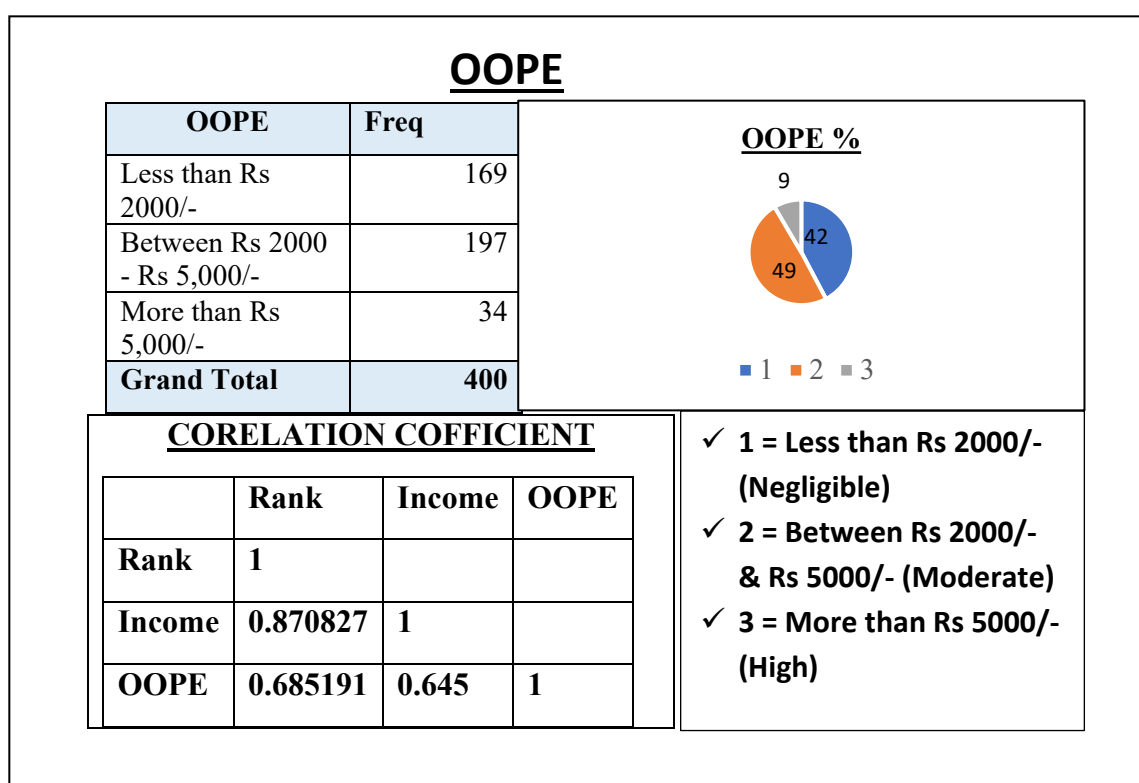
	AVG	Svy
AVG	1	
Svy	0.932544	1

Deductions.

1. Very Strong +ve Correlation (0.93) between Averaged & Surveyed satisfaction.
2. Factors selected for Survey were correct*.
3. Services > Referral > Pharmacy > Reception is order of relation with overall satisfaction.
4. Strong inter-se correlation between Pharmacy, Consultation & Services.

5.10 **Out of Pocket Expenditure.** The data related to OOPE was also collected from the patients during Survey along with their ranks. The OOPE was classified and a correlation analysis of the same was undertaken and it was found that:-

- (a) Pension is major component of Income for ESM (0.87).
- (b) OOPE is +ve related to Income (0.65).
- (c) OOPE is +ve related to Rank (0.69).
- (d) Medicines are major component of OOPE (78%).
- (e) **OOPE is low among ESM due to ECHS System.**



5.11 **Relation between Factors and Overall Satisfaction.** A Multivariate correlation between various factors and overall satisfaction showed that:-

	<u>Reception</u>	<u>Consultation</u>	<u>Pharmacy</u>	<u>Services</u>	<u>Referral</u>	<u>Overall Sat</u>
Reception	1					
Consultation	0.733748	1				
Pharmacy	0.665954	0.994566	1			
Services	0.647175	0.966136	0.977686	1		
Referral	0.766133	0.788673	0.778973	0.868743	1	
Overall Sat	0.635366	0.877548	0.886358	0.96105	0.934518	1

5.12 **Summary.**

(a) **Overall Satisfaction.** **72.8%** of the ECHS patients who visited Base Hospital, Delhi Cantt ECHS Polyclinic in month of **Mar - Jun 2024** were fully satisfied (**Excellent / Good**) with functioning of Polyclinic.

(b) **Highest Satisfaction ‘Factor’.** As per patients, factor with which they were most satisfied, i.e. Highest satisfaction was regarding **Referral & Claims** (>90%).

(c) **Highest Satisfaction ‘Sub Factor’.** As per survey Sub Factor having highest satisfaction was related to **Appointment (Reception)** having automatic card reader and token dispensing facility.

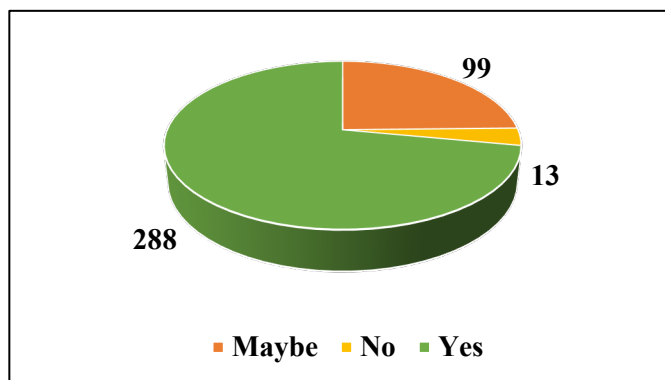
(d) **Lowest Satisfaction ‘Factor’.** The Factor for which lowest satisfaction was recorded was **Consultation** by Medical Officer.

(e) **Lowest Satisfaction ‘Sub Factor’.** The Sub Factor with lowest satisfaction was **Privacy during consultation** as more than two patients were present in the room during consultation.

(f) **Time Taken.** Approximate time taken for one visit to the polyclinic was from **15 minutes to two hours**. Waiting time to see the doctor was found to be reasonable which was dependent on the time of the day and availability of doctors.

5.13 **Would you recommend this Polyclinic to Others?** Only 3% sample responded in negative to the question, 25% answered as maybe and 72% had positive opinion of recommending the polyclinic to others.

Row Labels	Will you recommend this polyclinic to others?
Maybe	99
No	13
Yes	288
Grand Total	400



CHAPTER VI: CONCLUSIONS & RECOMMENDATIONS

6.1 **Conclusion.** The ECHS scheme was brought in with effect from 01 Apr 2003 for the Ex-servicemen and their dependents who were entitled for treatment in service hospital as well as in those civil / private hospitals which are specifically empanelled with the ECHS. The scheme aimed for quality medical care for AFVs through a mix of Polyclinics, Service Hospitals and Empanelled private hospitals. A survey for Satisfaction level of the patients / beneficiaries of ECHS and the various issues connected was required as it would throw insight into the working of this scheme and how the ex-servicemen perceive these schemes. As per survey conducted during the study most of the AFVs are satisfied with the scheme and are having very low OOPE, hence the scheme has met the objective with which it was implemented by the Government.

(a) **General.** The army personnel retire early in their life, especially those not from the officer cadre. Therefore, the number of dependants on them are more, however, old beneficiaries have lesser number of dependants. In the survey, it was found out that, maximum number of persons have 1 - 2 dependents (56 % respondents), very few persons (1 %) have > 05 dependents, 43% have 3-5 dependents and average number of dependents is 2.6 (Approx. 03) per veteran. 52% respondents visit the polyclinic for consultation, almost equal number 24% each visit for referral & medicine collection.

(b) **Registration Process.** Almost three fourth of the respondents were highly satisfied with registration process & 8% were dissatisfied. The professionalism as well as courteousness was also rated highly by the respondents.

(c) **Consultation Process.** 52% of the sample population felt that the waiting time was reasonable, however, 48% felt that waiting time was long/very long. Almost 81% were happy with the time spent with the consultant. The professionalism of the consultant & overall experience with him / her were also highly rated by the respondents. Privacy needs improvement during the interaction with the physician.

(d) **Allied Services.** High ratio of the respondents were happy with the cleanliness maintained in the ECHS Polyclinic as well the Health Related Information made available. The diagnostic services available at the BHDC were also highly appreciated by almost 69% respondents. However, the Emergency Services available at the Polyclinic were rated poorly by almost half the respondents.

(e) **Pharmacy.** Almost two third of the respondents were unhappy with the medicines available at the facility & when it comes to waiting time at pharmacy 10% respondents unsatisfied.

(f) **Referral Procedure.** The ease of referral was generally rated very high when done physically, however, suggestion wrt online referral was given by the respondents. This aspect needs to be significantly improved by improvement in the process as well as educating the dependents about the process of online referrals as almost one fourth of the dependents approach the facility for referral only. Almost two third number of respondents preferred service hospitals, one third private hospitals & only 4% public hospitals.

(g) **OOPE.** 9% respondents spent more than Rs 5,000/- per month on OOPE & 42% spent less than Rs 2,000/-. OOPE of balance respondents varied from Rs 2,000/- to Rs 5,000/-. The OOPE was mainly used for medical related issues. All OOPE related to diagnostic services & medicines is reimbursed to the respondents meeting certain conditions such as non-availability of these facilities at the Polyclinic or the BHDC.

(h) **Time spent at the Polyclinic during each Visit.** Half of the respondents spent 01 to 02 hours or more during each visit to the polyclinic which needs to be reduced. 50% visitors spent less than 01 hour or less during the visit.

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

6.2 **Recommendations.**

- (a) **Diagnostic Services.** Adequate diagnostic services should be available at the polyclinic. This will reduce the referral as well as enhance diagnostic accuracy. As of now, the beneficiaries have to visit the BHDC after consultation for availing these facilities. Also, the results are not available immediately, hence the beneficiary has to visit the facility again for consultation, once the diagnostic results are available.
- (b) **Pharmacy.** The pharmacy needs to be stocked adequately to meet the demand of the beneficiaries so as to improve their overall satisfaction levels. Critical medicine availability & their costs are an area of concern that needs improvement. This will lead to better management of funds & avoid OOPE as these medicines are costly.
- (c) **Referrals.** The referral procedures need to be streamlined, especially the online referrals through education of beneficiaries as well as smoothening the process.
- (d) **Home Delivery of Medicines.** This is another area which can be improved especially for aged beneficiaries.
- (e) **Waiting Time.** Waiting time needs to be reduced to improve the overall experience of the dependents by bringing efficiency. However, this Polyclinic is over-subscribed many times over than its handling capability due to the concentration of ESMs in the area. Another solution is to increase the number of polyclinics in the Delhi NCR region.
- (f) **Payment to Empaneled Hospitals.** Due to non-availability of funds in time, many times, the payment is delayed to the empaneled hospitals for the services provided to the beneficiaries which needs to be avoided. Adequate funds should be made available in time & the payments must be done in shortest possible time frame to avoid embarrassment to the beneficiaries.

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ANNEXTURE - I

03/21/24, 12:12 PM Patient Satisfaction Survey at ECHS Polyclinic, BHDC

https://docs.google.com/forms/d/1qqBYnobwIvZvyu3dqT7ceE_vZAzX9lCpgHbFB4KwTHI/edit 1/12

SURVEY QUESTIONNAIRE

SURVEY FOR PATIENT SATISFACTION AT ECHS POLYCLINIC, BASE HOSPITAL, DELHI CANTT

Title of the Research - A Study on the patient satisfaction level at ECHS Polyclinic, Base Hospital, Delhi Cantt.

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

Informed Consent: Internship cum 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 reputed health organizations. Participation in the study is voluntary. You may choose not to participate & if at any point you decide to withdraw & discontinue, you can. There are no right or wrong answers. The purpose of the Survey has been verbally explained to the respondent. All the information collected will be kept confidential & shall only be utilized for academic/ research & service improvement. The respondent is free to abstain from answering any question if he/she so desire.

Please provide your written consent for participation in the survey.

Ser No: _____ **Name:** _____ **Consent – ☐ Yes / ☐ No**

(Approximate time required to fill this form is 10 Minutes).

SURVEY - PATIENT SATISFACTION AT ECHS POLYCLINIC

Section 1 (Personal Information)

1. Gender of the Respondent : ☐ Male ☐ Female
2. Rank : ☐ Officer ☐ JCO ☐ Other Rank
3. Number of Dependents : ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8
4. Purpose of Visit : _____(Ailment)
5. Average No of visits in a month : _____
6. Mob Number (Optional) : ☐☐☐☐☐☐☐☐☐☐☐☐
7. Email ID : _____

Section 2 (Reception and Registration)

Excellent / Good / Fair / Poor / V Poor

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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. Behaviour of staff in Polyclinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Experience at the Reception desk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3 (Consultation)

Excellent / Good / Fair / Poor / V Poor

- | | | | | | |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. Waiting time to see the Doctor* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Attention given by Doctor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Privacy during consultation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Quality of consultation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 4 (Services and Allied Activities)

Excellent / Good / Fair / Poor / V Poor

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 9. Cleanliness and hygiene at the waiting area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Lab / Diagnostic test services | <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"/> |
| 12. Physiotherapy Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 5 (Medicines)

Excellent / Good / Fair / Poor / V Poor

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 13. Availability of general medicines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Adequate Expiry dates of medicines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Waiting time for medicines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Timing and dosage explained properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 6 (Referral)**Excellent / Good / Fair / Poor / V Poor**

17. Ease of getting referral whenever required ☐ ☐ ☐ ☐ ☐
18. Settlement of claims / documentation ☐ ☐ ☐ ☐ ☐
19. Where would you prefer to be referred (rank in order of preference)?
☐ Private Hospital ☐ Service Hospital ☐ Government Hospital
20. **Overall Satisfaction** ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ V Poor

Section 7 (Out of Pocket Expenditure)

21. Monthly Basic Pension : _____
22. Total Income : _____
23. Personal costs incurred on monthly basis on healthcare :
☐ Less than Rs 2,000/-
☐ Between Rs 2,000/- to 5,000/-
☐ More than Rs 5,000/-

S. No	Broad Distribution of Expenditure (Not reimbursed by ECHS)			
	Medical Related (Medicines, Fees, Lab Reports etc)	Non-Medical Conveyance, (Food & Nutrition)	Ambulance	Others (Insurance etc)
(a)				
(b)				
(c)				
Total				

Section 8 (Time Management)

24. 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)

25. Will you recommend this polyclinic to others? ☐ Yes ☐ May be ☐ No ☐ No

Comments

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

- (a) Related to number of Doctors :
- (b) Related to Lab / Diagnostics services:
- (c) Related to Medicine Availability :
- (d) Home Delivery of Medicines :
- (e) Any Other Comments :

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