



**GUIDELINES  
FOR ESTABLISHING  
GRIEVANCE REDRESSAL  
AND HEALTH  
HELP LINE**







# GUIDELINES FOR ESTABLISHING GRIEVANCE REDRESSAL AND HEALTH HELPLINE



MINISTRY OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF INDIA



## PREFACE

National Rural Health Mission which is now functional under overarching National Health Mission has brought visible changes in Public Health Delivery System. Free entitlements like JSY, JSSK, free drugs, free diagnostics, assured referrals and many more such initiatives led to increased footfalls in our health facilities. This also has led to rising expectations from the beneficiaries who are more aware of what they need and what should be available in terms of medical care.

We however lack an accountability framework which is citizen-centric and answerable to the patients and beneficiaries accessing public health services. NHM division of Ministry of Health and Family Welfare with technical support from NHSRC has come out with guidelines which can help the states in establishing and effectively operationalizing a client friendly, dedicated and transparent system for redressal of grievances.

Many States have taken steps in establishing grievance redressal systems viz, help desks, suggestion boxes, mobile based feedbacks etc. The guidelines look at the issue of grievance redressal comprehensively and have provisions for help desks for onsite assistance, web portal for registering grievances online; and also call-centres for redressal of grievances and providing information as health helpline. The call centres could also provide various other types of services as per the state/local need. The comprehensive approach taken by the present guideline with time bound actions and monitoring indicators is expected to ensure delivery of patient centric services and entitlements for public health institutions.

I compliment NHM Division, NHSRC, Experts and State Representatives in bringing out this guideline. I sincerely hope states will be able to utilize this and incorporate its features in their existing/proposed Grievance Redressal and Health Helpline.

  
(C.K. Mishra)





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## FOREWORD

Grievance Redressal System is an important mechanism to ensure delivery of entitled services and fulfilment of needs of public. It helps in identifying the gaps in health service delivery and thereby improving the quality of services. It also helps in initiating direct health interventions to address those gaps and problems faced by the patients/their attendants. This also provides a platform to the community to share their concerns and suggestions to make the public health care delivery system more responsive to their needs. It helps in creating a patient centric environment.

The people also need to know about availability of various types of health services, diagnostics, emergency and trauma care so that services can be availed. The present guidelines has both components, i.e. establishing system for registration and redressal of grievances as well as responding to the queries of the patients on various health problems or issues. These guidelines have been developed after incorporating learnings from different models of grievance redressal and health helpline being implemented by various States. The provisions in the guidelines will help in ensuring systematic and timely redressal of grievances. The single window approach will also ensure health advice and other state specific programme monitoring requirement through the same channel and system.

  
(Arun K Panda)

Healthy Village, Healthy Nation









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## ACKNOWLEDGEMENT

With changing time, people are now more aware and knowledgeable about their needs and entitlements. They are curious and want to actively participate in the processes and procedures that are linked directly to their lives and wellbeing.

In the past few years, there has been a move towards providing certain services such as JSY, JSSK, RBSK, Free Drugs, Free Diagnostics etc. as an entitlement. However, entitlements are meaningless without effective redressal system.

In the country, currently there is no system to comprehensively receive and redress the grievances of the service consumers within a defined timeframe. With this in background NHM division with support from NHSRC studied various existing models of grievance redressal and Health Helpline functional in the states. An expert group deliberated in detail on this agenda and current guidelines are an outcome of that effort. The guideline provides for a single window system which can be accessed through helpdesks, call centers or web portal and provides for grievance redressal, health helpline and information dissemination etc.

It is hoped States will use this guideline for establishing a single window system for ensuring timely redressal of grievances, satisfying client's queries on various health issues and problems. The guideline has flexibility to incorporate state's local needs through the same web portal or call center. It is advised that there should not be multiplicity of call centers for various vertical programmes and all existing models need to be synchronised and brought under a single window as envisaged in this guideline.

I congratulate the NHSRC, the experts and State Government officials who participated in deliberation and those who helped in preparing these comprehensive guidelines for use by various States Governments.

  
(Manoj Jhalani)





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# Abbreviations

|          |   |
|----------|---|
| AIDS     | Acquired Immuno Deficiency Syndrome             |
| ANM      | Auxiliary Nurse Midwifery                       |
| ASHA     | Accredited Social Health Activist               |
| ATR      | Action Taken Report                             |
| BMO      | Block Medical Officer                           |
| CC       | Call Centre                                     |
| CM       | Chief Minister                                  |
| CMO      | Chief Medical Officer                           |
| CO       | Counseling Officer                              |
| CRM      | Common Review Mission                           |
| DHS      | District Health Society                         |
| DNO-GR   | District Nodal Officer- Grievance Redressal     |
| DP       | District Panchayat                              |
| FNO- GR  | Facility Nodal Officer- Grievance Redressal     |
| FRU      | First Referral Unit                             |
| G.O.     | Government Order                                |
| GOI      | Government of India                             |
| GRS      | Grievance Redressal System                      |
| HA       | Health Advisor                                  |
| HIV      | Human Immunodeficiency Virus                    |
| Hon. HFW | Honorable Minister of Health and Family Welfare |
| HR       | Human Resource                                  |
| ID       | Identification                                  |

|         |   |
|---------|---|
| IEC     | Information, Education and Communication          |
| IPD     | In Door Patient                                   |
| JSSK    | Janani Shishu Suraksha Yojna                      |
| JSY     | Janani Suraksha Yojna                             |
| MD      | Mission Director                                  |
| MMU     | Mobile Medical Unit                               |
| MO      | Medical Officer                                   |
| MOI/C   | Medical Officer In-charge                         |
| MoU     | Memorandum of Understanding                       |
| NCD     | Non Communicable Diseases                         |
| NHM     | National Health System                            |
| NRHM    | National Rural Health Mission                     |
| OOPE    | Out of Pocket Expenditure                         |
| OPD     | Out Door Patient                                  |
| PIP     | Program Implementation Plan                       |
| PR      | Public Relations                                  |
| PRI     | Panchayati Raj Institution                        |
| PS      | Principle Secretary                               |
| RBSK    | Rashtriya Bal Suraksha Karyakram                  |
| RKS     | Rogi Kalyan Samiti                                |
| SDH     | Sub-District Hospital                             |
| SHS     | State Health Society                              |
| SHSRC   | State Health Systems Resource Centre              |
| SMS     | Short Messaging Services                          |
| SNO- GR | State Nodal Officer- Grievance Redressal          |
| SOE     | Statement of Expenditure                          |
| ToR     | Terms of Reference                                |
| UC      | Utilization Certificate                           |
| UK      | United Kingdom                                    |
| VHSNC   | Village Health Sanitation and Nutrition Committee |





# Executive Summary

The National Rural Health Mission (NRHM) launched in 2005, subsequently subsumed under the overarching National Health Mission, envisaged an accountability framework and introduced many entitlements based interventions such as Janani Shishu Suraksha Karyakram (JSSK) and basket of assured free services. Public health services now face rising expectations from the beneficiaries who have become more aware of what they need and what is available in terms of medical care. This has necessitated setting up of effective grievance redressal mechanisms to address clients' concerns and enforce the NHM entitlements including provision of free drugs, free diagnostics etc.

The guideline for establishment of GRS and Health Help line would guide the states in establishing GRS and Health Help line or bring in uniform standards where they are already established. The following features are part of the GRS and Health Help line system;

- a. Grievance redressal through help desks, call centre and web portal.
- b. Simple and user friendly, one time, single window system to register the grievance.
- c. A system to track, investigate, resolve and document the complaint.
- d. Follow up and reporting mechanism.
- e. Time bound redressal of grievances.
- f. Mechanism to give feedback to complainant.
- g. Confidentiality of complainants' details.
- h. Integrated Health Help line offered through call centre and web portal.

This system will be implemented through three components i.e. Help Desk, Call Centre and Web portal. All three components will register the grievances, inform the concerned authority and give the feedback to the complainant. While the Helpdesk will be implemented at the facility level, the health help line will be implemented through centralized call centre. Web portal & software will be designed at national level and nodal officers of States will have access rights. State Health Society (SHS) will be the nodal body responsible for implementing the grievance redressal system in the state. Facility in charge will be responsible for resolution of grievances.

Timely redressal of grievance is imperative for satisfaction of clients. Addressing the grievances in real time i.e. at the time when it actually arises will be a priority and referred immediately to the nodal officer for immediate resolution. Time limits are defined at each administrative level and respective nodal person is made accountable for the resolution.

States can establish the GR system and Call Centre by selecting an appropriate agency through competitive bidding. Some of the states, which have already implemented the 104 Health Help line can integrate these call centre with the GR and health Help Line. Any other grievance redressal system in the state can also be integrated with GR Health portal to have a uniform and single directory for health related grievances and its timely redressal.



# Introduction

## CHAPTER 1

NRHM, now subsumed as a Sub Mission of the overarching National Health Mission introduced many notable interventions targeted to improve the services i.e. improved infrastructure, additional HR, flexible funding and provided direct benefits to community i.e. conditional cash transfer scheme (JSY), entitlement based interventions (JSSK and assured free services for many communicable diseases), free drugs and diagnostics contributing substantially to reduce the OOPE. Owing to multipronged and targeted approach, over the years, there have been significant improvements in accessibility bringing quality and affordability of healthcare in public systems. Public health facilities are now facing rising expectations from the beneficiaries who are more aware of what they need and what is available in terms of medical care. This has necessitated setting up of effective grievance redressal mechanisms to enforce the NHM service guarantees including JSSK, RBSK, provision of free drugs, free diagnostics etc. and also to improve the quality of services being rendered.

Developed countries have recognized the importance of patient satisfaction for the quality service delivery and have put emphasis on effectively redressing patient grievances. Countries like UK, United States and Australia has constituted regulatory bodies and health complaint systems to receive, resolve and give the feedback on the grievances of the complainant. India is yet to effectively operationalize a client friendly, dedicated and transparent system for redressal of grievances.

Many of the systems in place have not been able to satisfy the needs of patients, beneficiaries or clients through resolution of their complaints in a decisive and time bound manner.

Prompt and effective redressal of complaints has considerable benefits for health organizations, including better quality health care. This is also required to sustain the increase in footfalls in public health system eventually leading to delivery of high quality of patient care. The main beneficiary of a good health-care system is clearly the patient. Patient satisfaction is regarded as an outcome of care in itself, and it is one of the major contributors toward better patient compliance, leading presumably to better clinical outcomes. Information derived from the patient's experience is critical for ensuring quality of services. This will help in addressing the concerns of health professionals regarding enabling environment required for providing quality service delivery.

The NRHM envisaged an accountability framework through a three pronged process of community based monitoring, external surveys and stringent internal monitoring. NHM also supported the creation of institutional structures and mechanisms to improve accountability such as through the Rogi Kalyan Samitis, VHSNCs, online complaint registration through 104 call centres etc. Rogi Kalyan Samitis (RKS) are facility level community based committees and are expected to monitor the performance of the health facilities on health outcomes. VHSNC is a village level platform for community monitoring. Quality Assurance Units constituted at state, district and facility level are dedicated solely to improve the quality of care provided at the facility and includes exit interviews and feedback from the patients. Almost all the interventions/ initiatives under NHM envisages setting up of grievance redressal mechanism which is basically meant to measure and monitor effective service delivery.

## What is Grievance

*“Any complaint expressing dissatisfaction with any aspect of the operations, activities or behaviour of public health systems or its providers, regardless of whether remedial action is requested”*

The first challenge for any grievance redressal system would be to understand the nature of complaints. It is important to identify and segregate complaints that are directed at systemic issues and among those that are related to denial of care in some way such as; timely services, quality of care, length of stay, OOPEs, attitude of the service provider and the cost of care etc. The greatest numbers of complaints lodged against health workers are related to attitude, quality and non-availability of doctors or drugs and poor communication. Patients, like other customers, want to receive the services with convenience, care and at a reasonable cost. They also expect that they should be treated quickly, courteously and correctly.

Table 1, has given common categories of grievances for reference.

**Table 1: Category wise grievances which could be reported from a facility**

| Grievance\Complaint                          | Due to   |
|--|--|
| Non-availability of Services                 | Non-availability of staff, equipment, reagents, ward arrangement, ambulance services, operation theatres, pharmacy and blood banks etc.  |
| Denial to entitlements\ benefit schemes etc. | Non-availability of drugs, diagnostic test, cash benefits, transport facilities etc.   |
| Inadequate Infrastructure                    | Inadequate\non-availability of basic amenities for patients and their attendants like sitting arrangements, water, toilets, electricity.   |
| Poor Quality of Services                     | Sub-standard care provided by doctors, nurses and support staff - their skill, experience, warmth, responsiveness, communication and courtesy, regular cleanliness and replacement of linen. |

|                            |   |
|----------------------------|---|
| Sub-standard Clinical Care | The experience of the patient with clinical processes (treatment processes and outcomes of care) in the hospital. |
| Administrative Procedures  | Admission process, test reports, discharge process, grievance redressal.  |
| Corruption/bribe           | Any staff asking for any monetary/non-monetary benefit.   |

## The Critical Elements for Effective GR

A complainant expect that the grievance redressal system does immediate investigation and follow up, till it is resolved and also to provide an assurance that the problem will not reoccur. Effective handling of complaints has been known to reduce friction between providers and consumers which in turn helps in improving quality of health care services. Patient complaints can provide important feedback concerning the delivery of healthcare services and can be a useful tool in the improvements of healthcare quality.







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### *Essential Features of GRS*

- *Positive approach demonstrating sincerity and concern.*
  - *Simple and user friendly system to register the grievance, A system to track, investigate, resolve and document the complaint.*
  - *Follow up and reporting mechanism.*
  - *Time bound redressal of grievances.*
  - *Mechanism to give feedback to complainant.*
  - *Confidentiality of complainants' details.*
  - *One time registration for a grievance i.e. one grievance, one registration to prevent duplicity.*
-

Most importantly there should be a single window system for the patient to register his/her complaints and get his/her grievance redressed. This will require integration of grievance redressal and health advice systems.

## Objectives of the Guidelines

-  To have a robust, efficient and effective grievance redressal system dedicated to improvement of health care services and satisfaction of the clients
-  To form a health system which is more responsive to the health needs of the community
-  To provide a platform for the beneficiaries to communicate their grievances to the appropriate authorities
-  To reduce the delay in the provision of care by prompt response to grievances
-  To encourage the public and users to offer suggestions to improve the functioning of the hospitals
-  To analyse the grievances and suggest appropriate changes in the functioning of the Government health institutions and to monitor the improvement in the performance of the institutions

## Health Help Line through Tele-consultation

Establishing additional services like Health Help Line with Grievance redressal will act as a support to existing health care system providing required information which can be dispensed through a phone call or online services. Through this service, information on house hold

measures for prevention from diseases, first aid, availability of health services in the vicinity, counseling and advice on psychological conditions will be provided to people to improve primary health care. This will also provide information on emergency services available at health facilities. This can also help the frontline workers like ANM, ASHA etc. in delivering better services.



# Process of Grievance Redressal and Health Help Line

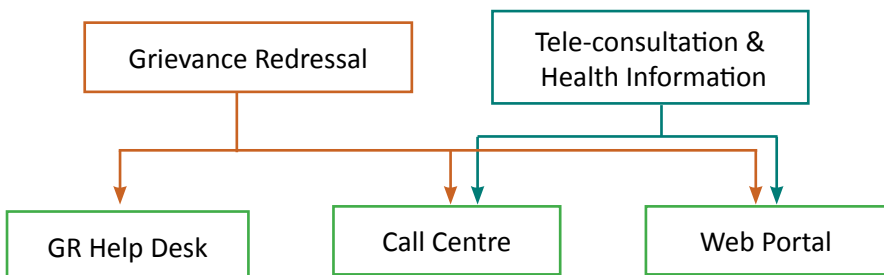


## CHAPTER 2

Grievance redressal process and Health help line for Tele-consultation will be implemented through common channels that will be used to register the grievances as well as to provide the tele-consultation/health advice/health information and also other services, if required by the State. This system will be implemented through three components i.e.

1. GR Help Desk
2. Call Centre
3. Web Portal

**Figure 1: Grievance Redressal and Tele-consultation & Health Information with Implementing Arms**



All these mechanisms allows registration of the grievances, inform the concerned authority and give the feedback to the complainant. In addition, call centre and web portal will also provide tele-consultation or health information.

## A. Process of Grievance Redressal

### I. Registering the Grievances

- 1. In person:** A patient or attendant having any grievance against the health facility can approach the Grievance redressal help desk established at high load facilities i.e. Medical Colleges, District hospital and other selected facilities and get his/her grievance registered. A registration number will be issued for the reported grievance and estimated time to revert back will also be communicated.
- 2. Through a call:** Grievance can be registered 24x7 by calling a toll free number. Registration ID will be issued for every single grievances and grievance will reach automatically to the concerned level of authority for resolution.
- 3. Online:** Grievances can be registered online at the GR web portal by filling the online form. After submitting the form online, registration number will be issued for tracking the status of complaints.

In all these three modes of registration, entry will be made online directly in the web portal using the format given at Annexure 3.

### II. Process of GR

- As soon as grievance is registered either in-person/through a call/online, complainant will get SMS informing successful registration of grievance and registration number for tracking the status of grievance.
- Every grievance reported will be registered in the GR web portal immediately and all concerned official(s) will receive the SMS about the registered grievance.
- GR help desk and GR Call centre will assess the grievance i.e. if require immediate support/ of emergency nature, will communicate immediately to the concerned authority to resolve it in real time.

- Authorities/nodal officers at appropriate level (State/District/Block/Facility) will check the web portal daily and will be responsible for resolving the grievances as early as possible and within a stipulated time limit of 7 days.
- Resolved grievances shall be updated on web portal by the concerned authority at different levels and immediately complainant will receive an automated SMS on the updated status.

## **IMPORTANT**

- 1. The proposed GR system is exclusively for the services availed in public health facilities. Grievances of health staff and those from private health facilities is not covered by this mechanism.*
- 2. Any case of medical negligence reported to GR system with or without proven fault of health care provider, will be forwarded to the respective state department for further perusal and disposal. Feedback will be given to the complainant.*

## **III. Resolution of Registered Grievances**

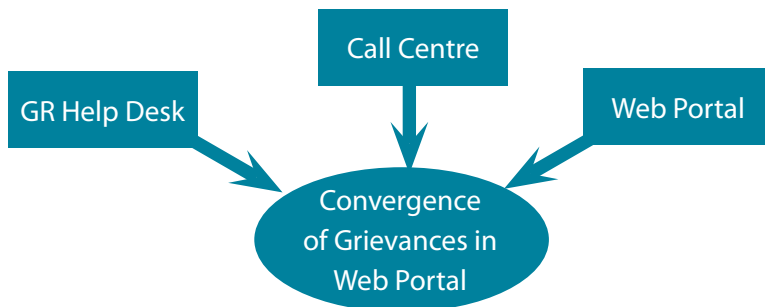
**Real time/immediate Redressal:** Grievances related to treatment facilities i.e. availability of staff, services, drugs & diagnostics, entitlements etc. lose its importance for the complainant if not looked into immediately and resolved at the time of generation. Communicating such grievances to right authority and liaison to resolve it in real time are critical in making the system effective and robust. Establishing this kind of mechanism will require high level of accountability on part of personnel handling grievances and the stakeholders at all levels of administration.

For real time resolution, call centre operator after triaging the grievances for its type and level of redressal, will forward it to the concerned authority. Similarly, GR help desk operator will register it and facilitate its resolution on real time basis with the help of GR nodal officer of the health institution.

**Time bound Resolution:** Many times it is not possible to resolve the grievances immediately especially those requiring multiple steps, has incomplete information and involving multiple channels to resolve. These kind of grievances require in-depth investigation of the matter and interaction with the complainant. However, it should not be kept pending for a long time. Hence at the time of reporting, approximate time to inform about the status of grievance will be communicated to the complainant.

After registration all the grievances will get pooled in the web portal (figure 2) and get segregated according to district, block and facility and automatically will reach the concerned authority through SMS and real time status gets displayed at the GR web portal.

**Figure 2: Pooling of Grievances in the Web Portal**

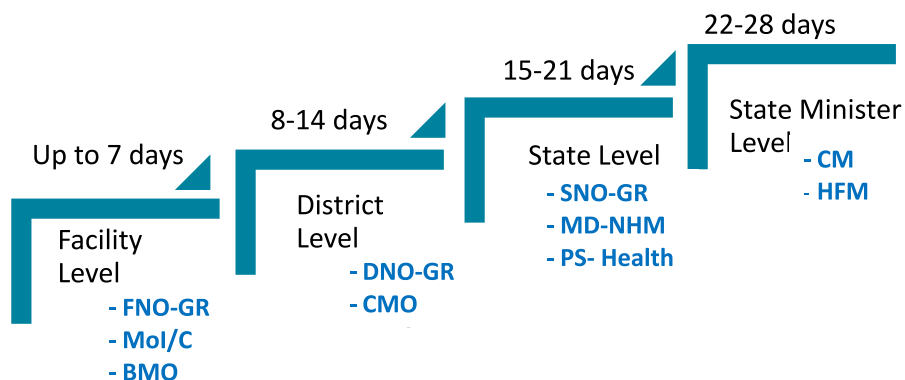


In case if web portal has not been established in a state and GR Help Desk and /or Call Centre are functional, same format i.e. Annexure 3 will be used in the form in hard copy or soft copy in the computer.

To ensure the accountability, nodal persons have been identified at facility level, block, district and state level to resolve the grievances in a time bound manner i.e. within 7 days at every level (see details in Chapter 4). Every nodal officer will have an individual ID and password to check the grievances reported for their facility/block/district/state. In general, Facility will be first level/authority to resolve the grievances. There will be 7 days of time to resolve the grievance at their level and update the status in the web portal. If not resolved within 7 days' grievance will automatically get escalated to district level for the resolution. Similarly, if remain unresolved at district level, it will automatically get escalated to state level after next 7 days i.e. 14 days from the date of registration of grievance and so on (Figure 3). Whenever any grievance gets resolved or escalate to next higher level, the concerned complainant will get an auto generated SMS regarding current status of the reported grievance.

At the end of the 21 days, all the unresolved grievances will reach up to the State Minister level for review and further consideration.

**Figure 3: Escalation of Grievances from Facility to State Minister level with Time Limits and Nodal Persons**



## B. Tele-consultation/Health Advice/Health Information

### Components of Tele-consultation/Health Advice/Health Information:

- 1. Call centre based GR & health Helpline/Tele-consultation:**  
Any person in the state can avail the tele-services by calling this toll free number for preventive health measures, medical advice on common illnesses, counseling services by trained counsellors and information regarding nearby health facilities and services provided.
- 2. Health Helpline:** On the web portal, information for the preventive health measures, medical advice on common illnesses and information regarding nearby health facilities and available services will be provided.

### Process of services for Health Help Line and GR Web Portal

- Anyone can call on the toll free number from their phone of any service provider.
- Caller will be greeted by the call operator and will ask for the required details and the reason for calling.
- Operator will provide the information/advice and in case caller is not satisfied with the provided information/advice, he/she will connect the call to the concerned person/expert in the call centre.
- In cases requiring emergency referral support, call centre coordinates with transport system and the referral facility for ensuring proper arrangements for receiving the patient.
- A SMS will also be sent to the caller specifying the conversation ID.
- Persons having internet access can go online and click the related icon on the GR and health advice portal for required information.

# Implementing Grievance Redressal and Health Help Line



## CHAPTER 3

GR Help Desk, Call Centre and Web Portal need to be integrated for ensuring a comprehensive outcome. Implementing this system in phase wise manner/component wise may delay its implementation and can affect integration and effective functioning. Hence it is imperative to make a comprehensive plan at state level consisting of all three components with all details of implementation, required infrastructure and selection of facilities and agencies for its implementation. Prerequisites and essential elements required to implement these three components are discussed in detail below:

### A. Setting up Grievance Redressal (GR) Help Desk:

Facility level GR help desk will operate 24x7 with full-time HR who will be responsible for registering and assisting in resolving the grievances, preventing disputes and maintaining cordial environment in the facility. The personnel at desk will work as facilitators and will utilize their advocacy and public relation (PR) capacities in addressing all possible local grievances within a defined time period.

#### Purpose of GR Help Desk:

1. To address the grievance immediately at the place of generation.
2. It will act as an interface between the patients and health care providers to listen, register and track the grievances for their resolution.

3. Make the health care institutions more responsive to the needs and expectations of the patients.
4. Improve the quality of services delivered.
5. Improve the overall service provider-patient relationship.

## Role and Responsibilities of GR Help Desk

- Receive the complaints either orally or in writing from the patients (Annexure 3) or from the complaint/suggestion box.
- Register all the grievances in the GR web portal (Annexure 3) and facilitate resolution of all the grievances reported.
- Ensure immediate assistance for complaints related to denial of services or entitlements by referring these complaints to the nodal officer.
- Facilitate resolution of grievances by the Nodal Officer in real time i.e. strive to resolve 60-70 % grievances immediately at local level at the time of reporting.
- Inform the complainant about the status of grievance reported- whether resolved or unresolved and if resolved, details of relief provided by appropriate mechanism.
- Do regular follow up with the nodal officer for unresolved grievances.
- Display the rights of patients (**Annex 1**) in a prominent place adjacent to the GR desk.
- Conduct exit interviews randomly from about 02 clients (OPD/ IPD) per day to gauge the patient's satisfaction (**Annexure 2a & b**). This will be compiled, analyzed and submitted to the MOI/C for needful corrective action.
- Overall responsibility to maintain the conducive environment in the facility by proactively pointing infrastructural and patients' amenities related gaps to the MOI/C for improving the services.



- Maintain confidentiality of the complainant.
- Be caring and empathetic to complainant.

The desk will be managed and run by a selected organisation and will function under the umbrella of RKS of the facility.

## Criteria for Selecting the Facilities for GR Help Desk

Following institutions may be notified for establishment of GR help desk;

- a. All medical colleges/teaching institutions and district hospitals.
- b. Any institution meeting all the following criteria:
  - i. Health institutions with delivery load >6000/year.
  - ii. All institutions with more than 100 beds.
  - iii. Bed occupancy more than 60%.

In order to put the system in place, the state government needs to issue a G.O. to this effect. The order would specify the not-for-profit organisations selected (based on GOI criteria) as well as institutions where GRS is intended to be established.

## Key Steps in Rolling out GR Help Desk at the Facility

- a. A G.O. notifying the launch of GR system at selected public health facilities by way of engaging organisation/not-for-profit agency.
- b. Notifying the institutions where GR help desk would be established.
- c. Estimating expenditure & timely release of funds.
- d. Inviting expression of interest from organisation/not-for-profit agency as per ToR for taking up implementation of GR system.
- e. Issue notification on district wise selection of organisation/not-for-profit agency.
- f. MoU to be signed between SHS and selected organisation.

- g. Organizing orientation of organisation/not-for-profit agency.
- h. Organizing orientation of service providers.
- i. Paper advertisement & other IEC on GR System.
- j. Ensuring periodic review & follow up.

## Selection of Organisation/Agency

Following criteria will help in selecting organisation:

- a. The main area of work of organisation or agency should be relevant to health care.
- b. Organisations showing clean and transparent financial records for the funds received from any source for the last 3 years, particularly submitting timely UCs, SOEs and audited records.
- c. Should not have any negative reports against them/blacklisted by any Government system at any level.
- d. Should have board members with background in health/social science area.
- e. The organisation if selected for the entire state should have a minimum turn over as specified by the state per year. The criteria for selection of organisation based on turnover can be relaxed by the state if selection is done district-wise.

## Role and Responsibility of Facility Selected for Establishing GR Desk

- a. Will assess the number of GR desks required to be established based on the number of services provided, utilization of services like, bed occupancy rate, no. of surgeries conducted, OPD load, minimum staff performance etc.
- b. Will identify the location to put the GR desk in the facility i.e. an easily visible and approachable area.

- c. Provide the basic amenities like electricity, telephone, water and other amenities to the GR desk.
- d. Will issue a notification regarding functioning of the GR help desk to make the facility staff aware about it and for extending their support and cooperation to the GR personnel.
- e. Will allow the GR help desk personnel to participate in internal meetings of the hospital and in RKS meetings for grievance redressal.

## Role and Responsibility of Selected Organisation

The role played by the GRS agency is that of a facilitator and not to create an intimidating atmosphere for the health providers. The health professionals should not view the agency as an outsider or 3rd party but as a partner who will work with the institution for improvement in quality of service provision.

1. After the organisation is selected for undertaking the work by the state as per defined criteria, it will enter into an MoU for 3 years or as specified by the state. The organisation would then place HR in the notified institutions. Local linkages/PR relationships will be facilitated through nodal person- GR (details in Chapter 3) in the institutions.
2. The organisation, upon entering into the MoU, will set up GR Help desk at the place provided in the facility.
3. Agency will employ the staff as per the required qualification and skill criteria to ensure the stated objective.
4. Will provide the services round the clock i.e. 24x7.
5. Will coordinate with the SHS and submit the reports quarterly.
6. Will maintain all the records generated as per the terms of the MoU.

## HR at GR Help Desk:

The grievance redressal desk in the institutions will have the following HR:

- Medical Colleges – minimum 4 members and maximum up to 12 depending upon the number of OPD, delivery case load, beds and bed occupancy rate.
- District Hospitals – 4 members
- Other Institutions – 1 member

### Shift Pattern for the GR Help Desk Personnel

| S. No. | Designation               | 7:00-15:00 | 10:00-18:00 | 15:00-23:00 | 23:00-07:00 | Total |
|--------|---------------------------|------------|-------------|-------------|-------------|-------|
| 1.     | GR Help Desk Co-ordinator | –          | 01          | –           | –           | 01    |
| 2.     | GR Help Desk Operator     | 01         | 0           | 01          | 01          | 03    |

In district hospital and medical colleges, GR help desk will be functional round the clock. One GR desk will require 4 personnel- three operators in each shift and one coordinator. Number of GR desk can be increased depending upon the number of beds. For hospitals more than 100 beds, additional desks can be established depending upon delivery case load, OPD, number of beds and bed occupancy rate but should not exceed above 04 desks in a facility. To start with, one help desk can be made functional and later on increased depending upon the load and how widely disbursed area of a medical college or tertiary care hospital is. First help desk should be located near OPD registration area/emergency registration. Facilities with more than one GR help desk will identify strategic locations to locate the desk guided by easy access, visibility and patient flow.

### Required Educational Qualification/Eligibility of HR:

- GR help desk Co-ordinator should at least be a graduate with minimum 2 years' experience and desk operator, can be a fresh graduate. Computer skills would be essential for both.

- Should be well versed with the health systems, areas of clinical services and various health programs.
- Good communication skills to maintain a good liasoning with both the health care providers and patients with an ultimate aim to build confidence in each other as well as to reduce the grievances and bring improvement in quality service delivery.

## Roles & Responsibilities of GR Help Desk Staff

**GR Help Desk Co-ordinator:** Main focus will be on co-ordinating with the Nodal Officer/staff of the facilities and the complainant for the resolution of grievances especially the ones requiring immediate attention. He/she would maintain a record of the action taken on the gaps identified and improvements suggested to the Nodal Officer, prepare and share the internal reports with the facility Nodal Officer. He/she will be supported by Help desk operators and facility staff.

**GR Help Desk Operator:** Stationed at GR help desk located at selected institutions for registering the grievances in GR web portal and assisting the facility nodal officer for resolving the grievances in real time. He/she will receive the complaints either orally or in writing from the patients or from the complaint/suggestion box or complaints referred from call centre/web portal. He/she will refer unresolved cases, track them for timely redress and make available these details to the complainant.

After every change of shift, the name(s) of the personnel holding the Helpdesk should be updated in the web portal.

## Performance indicators for GR Help Desk

- Number of grievances registered per month.
- Number of grievances resolved per month.
- Number of grievances resolved on the same day (aggregate for the month).

- Number of OPD & IPD exit forms filled per month.
- Monthly report submitted in the RKS meeting and to the District Collector and CMO.

## B. Setting up Call Centre

A 24x7 toll free GR health help line will be established to receive, register and address the grievances, health related queries and feedback from community. It will be established at state level. Any person can call the toll free number by using phone of any service provider in the state and can register his/her grievance or have health related advice/tele-consultation or feedback for the services availed in the public health institutions.

*Call centre will act as an information and advice for referral centres and various health and medical conditions. It will not be a treatment centre or an alternative to doctor's consultation/examination where facility for physical examination is available.*

### The services that shall be offered by the call centre

#### **1. To serve as a grievance registering system:**

- a. Receiving complaints and feedback regarding deficiencies in service provided in government institutions.
- b. Register all the grievances reported in the GR web portal using an in-built form for registering the grievances **(Annexure 3)** on 24x7 basis.
- c. In case of grievance of emergency nature, contact the concerned nodal officer for resolution in real time by establishing linkages with the heads of all the health facilities on 24x7 basis.
- d. Receive citizen's views and suggestions with regard to improvements in the Service Delivery, Quality of Care, Safety, Courtesy and other aspects and will be sent to the concerned departments for appropriate action.

**2. To provide health advice:**

- a. 24x7 health information for guiding the people on health related matters like first aid, nutrition, disease prevention.
- b. Medical advice including emergency medical advice. If medical advice necessitates prescription of drugs, it should only be within the list of over the counter drugs notified by the state.
- c. Information on health care services, health care facilities and diagnostic centres with the help of integrated computerized geographical mapping and data base.
- d. Information about blood banks, blood storage centres and availability of blood.

**3. To provide counseling services:**

Counseling regarding general well-being as well as people with psychological problems e.g. adolescent health issues, Suicide prevention, Family Welfare, Nutrition and HIV/AIDS.

**4. To provide support to field health staff:**

Support to ANMs and ASHAs for management of emergency conditions and clarification on treatment protocol over the phone by doctors sitting in the call centre<sup>1</sup>.

**4. Miscellaneous services:**

- a. Information on health programs and health related welfare schemes being implemented in the state (e.g. JSY, JSSK, MMUs etc.).
- b. Complaints regarding female feticide and infanticide.
- c. Linkages with National Ambulance Service and Emergency Transport.
- d. Health related information during epidemics and disasters.
- e. Linkages with ASHA grievance redressal system.

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<sup>1</sup> As permitted by GOI/State Guidelines

Call Center will also maintain the directory of In-charge of all the facilities and other stakeholders for emergency referrals, health care service availability and reporting of grievances.

## Priority Services available at night:

Following are the listed services which will be ensured at night after 10 PM, when only critical and emergency services will remain operational by the call centre:

1. Contacting the nodal persons for redressal of real time emergency grievances.
2. Emergency medical advice.
3. Information on emergency health care services, health care facilities and diagnostic centres available including private.
4. Information about blood banks, blood storage centres and availability of blood.
5. Emergency counseling services on psychological problems e.g. adolescent health issues, suicide prevention.
6. Complaints regarding female feticide and infanticide.
7. Information on National Ambulance Service and Emergency Transport.
8. Emergency health related information during epidemics and disasters.

## Selection of Agencies:

For setting up and operating the call centre at state level, expression of interest will be invited and an agency will be selected through competitive bidding. Selected agency will undertake MoU with the State Health Society- SHS. First contract should be for minimum of 3 years



or as specified by the state. Selected agency will have the following responsibilities:

- a. Will hire the human resource as per the qualification criteria and number mentioned in the contract.
- b. Will provide 24x7 uninterrupted services.
- c. Will strictly abide by the clauses in the contract and provide the services as mentioned in the contract. In case of non-compliance, SHS will have the right to withdraw the contract.
- d. Will manage and support the implementation of GR web portal in the state.
- e. Will do the analysis and submit the reports periodically.

Call center based system will act both as GR helpline as well as health response system within the jurisdiction of the state. **For technical specifications for call centre, please refer the “Concept note on Setting up the Call Centre” developed by GoI for establishing the call centre.**

Some of the states have already implemented the 104 Health Help line and other call centres. States need to converge all these services to a single call centre for citizens to approach a single easy to remember call centre number preferably 104. However, call centre for ambulance should be separate to prevent the call crowding. In some states, common grievance redressal help line has been established to receive grievances for all the departments in the states. Grievances reported in these help lines could be portable to the National Health Portal.

**Call Centre- Service Quality and Performance Monitoring:** Call centre will be regularly reviewed under the following criteria at state level:

#### A. Functioning:

1. Average calls received per day and per month.
2. % of calls attended by Call Operator, Medical Officer (MO) and Counseling Officer (CO).

3. Total average handling time (AHT) of call operator, MO and CO at the centre (suggested AHT is 3 min).
4. % dropped, missed, silent, abandoned, valid incomplete, noise/ disturbance calls of the total calls/month.
5. % of escalation calls received by the shift supervisors out of the total calls received per day.

## B. Quality

Quality of services will be assessed for the soft skills and content of information shared with the caller. Assessment will be done on the following parameters:

6. Content of medical algorithms and disease summaries.
7. Call opening and greeting.
8. Probing
9. Advice provided
10. Transfer protocol
11. Soft skills
12. Call type selections
13. Call closing

## C. Performance

14. Number of calls received for reporting grievances.
15. % of calls where a grievances registered.
16. % of calls service wise- health information, counseling etc.
17. Monthly report submitted to State.

## C. GR Web Portal

Software for the GR web portal will be developed and hosted centrally at national level and ID credentials will be shared with the states to feed

the information for further implementation. This process will ensure the uniformity of system across the country and will ensure faster implementation. The system will also permit for inclusion of features specific to state needs.

**GR Web portal will act as:**

- A platform to register the grievances.
- Repository for all the grievances reported in the health department.
- A platform to review and provide feedback to the grievances reported.
- A platform to give feedback on resolution of grievances.
- Repository for all IEC clips, pamphlets etc. on health advice and information.

**Services to be provided through Web portal:**

- a. Grievance: Registration, Tracking & Monitoring and Redressal.
- b. Awareness & Information: Text, Audio & Videos. Awareness & information should be in Text mode or audio & video mode. Expanding the scope of web portal for other services is a decision of the State.
- c. Registration of ASHA grievances.
- d. Information on Health care institutions and diagnostic centres.
- e. Disaster/Epidemic Breakout: To Register the outbreak for faster action, health information etc.
- f. Feedbacks & Suggestions.
- g. Online Reporting, Tracking and Monitoring for internal users (Authorities, Call Centre employees, Helpdesk Employees etc.). Access will require Login Credentials. Customized report format with ageing (of complaints) features.

Anonymous complaints will not get registered on web portal as personal identification is an essential component for registration of complaints. During detailed investigation for fair redressal of grievance, complainant may have to be contacted for important information/clarification required.

In GR web portal, total number of complaints registered and resolved will be in public domain and continuously displayed on the first page of the portal for the state.

### **Process of grievance registration on web portal**

- Go online and open the web portal.
- Click on the link provided to register the complaint.
- Fill the form and submit.
- Registration number will be issued for the complaint.
- On successful submission of grievance an automated message will be sent on the registered mobile number.

### **Process for checking the redressal of grievances on web portal**

- To check the status of grievance reported, open the web portal and go to the option to check/track the grievance status. Enter the registration number and view complaint status.
- Whenever redressal to the reported grievance is provided, the same will be updated on the web portal, and an automatic SMS will be send to the complainant about the redressal of grievance.
- On such grievances where a decision has been taken by appropriate authority, complainant can provide the feedback whether he/she is satisfied/dissatisfied, with the relief provided.
- In case complainant is dissatisfied, web portal will ask if complainant want to re-report the grievance. In case 'yes' option is selected, same grievance will be reported again to the level from where relief was provided last.

## **Process of accessing the portal for reported grievances and their redressal**

In the states, all the stakeholders of the selected facilities for GR help desk, BMOs, district authorities and state level authorities will be registered in the web portal by the technical agency and issue them individual ID and password. Respective state will facilitate the process of getting the directory of all the stakeholders involved and facilitate the technical agency for registration and providing ID & password. Registered stakeholders will have the access to check the reported grievances for their facility/block/district/state and permission to update the resolution provided within the defined time line for that level so that complainant and other concerned parties can access it. For the personal registering grievances for the people i.e. GR help desk personnel and Call centre operator, an individual/facility/institutional ID and password will be issued for registering the grievances and check status on the resolved and unresolved grievances. This will help them to monitor their own performance for the number of grievances reported and to check the status of redressal and further follow up.

Web portal will have the minimum following functionalities/features:

- 1. Simple & Light:** More text & Less graphics.
- 2. Free Open Source Platform**
3. Web portal band width should be high speed and cost effective.
- 4. Database:** RDBMS
- 5. Multiple Indian Language support.**
- 6. SMS Alerts:** SMS alerts and automated e-mails are state specific based on language & Hierarchy.
- 7. Web port Flow should be from top to bottom instead of left to right.**

- 8. Captcha Code to protect from spam.**
- 9. Compatible with all the leading Browsers.**
- 10. Simplified and limited featured web portal for Android or Smart phones.**
- 11. Automation:** A notification (SMS/Email) to the respective person if mandatory fields are being filled by the complainant.
- 12. Sequential Navigation:** To guide where to go and where you are.
- 13. Search facility**
- 14. People with special abilities:** Web portal to be made accessible to people with special abilities for which WCAG (Web Content Accessibility Guidelines) guidelines to be met.
- 15. Health Tips and Dos and Don'ts.**
16. Frequently Asked Questions
17. Escalation matrix will be followed by state specific and the database of the Nodal officers to be shared.
- 18. Application type:** A drop down box pre-populated with the offered services. This will allow the public to appropriate option before registering.
19. Provision to upload Images having a limited size: The Provision for uploading the images will be decided by the state.
20. Until final disposal complaint will be open or alive.
21. If the caller is not satisfied, they can again register the complaint.

**Web portal should be designed on the following underlying governing principles:**

1. Reusable modules
2. Extensibility
3. Maintainability
4. Scalability
5. Multiple levels of data security

To achieve the above, the application software need to be structured as follows:

- Multi-tier architecture with sub tiers.
- Logical separation of tiers based on functionality.
- Clear separation of roles and responsibilities for each tier.
- Flexibility to accommodate future enhancements.

The multi-tiered architecture will consist of:

- Browser-based user interface using HTTP.
- Authentication through user login.
- Web application with secure database.
- Live reports facility.
- Minimized cost: re-development and maintenance without compromising quality.

Web portal has the required fields to capture the requisite information to register a grievance by public (Annexure 3). It consists of general and contact information of the complainant and detailed description of complaint. Some of the fields are mandatory to fill to check for authenticity of the complainant and to give the feedback.

Web portal shall also have the following fields to capture Epidemic Breakout in the state:

- i. Location of incident: A text box to capture complete address of incident.
- ii. Type of Outbreak.
- iii. No. of People Affected.
- iv. Details of Nearest Medical Institute.
- v. Check box should be provided if any medical help arrived in ***Epidemic outbreak.***

### **ASHA grievance redressal system**

A five member ASHA grievance redressal committee is established at district level to address the grievances of ASHAs. Any ASHA can call on the specified phone number circulated and report her grievance verbally and grievances will be resolved in 21 days by the committee. Later she has to register her complaint in writing and have to receive a signed receipt. She can also call GR call centre or can go online on the GR and Health advice web portal and register her complaint. Grievances reported will be communicated to the district level ASHA grievance redressal committee.

Nodal person of ASHA Grievance Redressal Committee will check the GR and Health advice web portal daily and will resolve the grievances as per the time line specified for each level in the web portal and unresolved grievances will get scaled to higher level after stipulated time limit.

### **Maintenance of records and Audit Mechanism**

Selected organisation/agency will have to maintain the records for such periods of time as per the terms of the MoU or any subsequent development (e.g. Litigation).

Audit (Physical or Financial) mechanism will be as applicable to funds received from NHM, Gol.



# Implementing Bodies - Role & Responsibilities



## CHAPTER 4

Implementation of Grievance Redressal and Health Help Line requires involvement and support from state as well as district and facility level health functionaries. Societies/Bodies have been identified at each level who will be responsible to initiate, establish and monitor the Grievance redressal and Tele-consultation.

Apart from implementing GRS and Health Help Line, aim of the nodal authorities should be to resolve the grievances immediately or as early as possible within the defined time period of 7 days at each administrative level. To make the system work in effective manner, accountability will be with one official to resolve the grievances at each of the administrative levels. They will be solely responsible to check the reported grievances in the GR web portal, resolve the grievances within 7 days, take up the unresolved grievances to higher level for its resolution and update the status in the web portal. Various bodies and persons who could be identified as nodal body/person at various levels and their responsibilities are discussed in detail below:

**State Level Nodal Body:** State Health Society (SHS) will be the nodal body responsible for implementing the Grievance Redressal and Health Help Line in the state. In order to have impartial system of grievance redressal, responsibility of implementation and monitoring the GRS could be imparted to the third party/body like SHSRC or Panchayati Raj Institution with appropriate devolution of powers.

The nodal body will report to SHS. The same structure would be responsible for implementation of additional services offered (e.g. Health Help line/Tele-consultation) through the system created for implementation of GRS.

**State Nodal Officer** for GR nominated by the Mission Director, NHM will be the authority accountable for implementing the GRS, check the reported/escalated grievances daily in the GR web portal, will ensure timely resolution and updation of resolved grievances. Directorate of Health Services (DHS) and MD-NHM will also have the access to check for the reported grievances, resolved and pending grievances.

**Role and responsibilities of State Level Nodal Officer:**

- Will issue the GO for implementing and establishing the GR and Health Help Line in the state.
- Will project the fund required in the PIP and ensure timely release.
- Will complete the process for selection of agencies and/organisation for operating the GR Call Centre and GR desk in the state.
- Will be responsible for ensuring all data i.e. officials directory and name of the facilities, health information etc. are entered/updated in the web portal for escalation of grievances or proper functioning of portal.
- Select the facilities on the basis of defined criteria for establishing facility based GR desk and get it approved from the nodal body.
- Prepare the ToR for the agencies selected for GR Help Desk and Call Centre.
- Monitor the functioning of GR desk and Call Centre on regular basis; at least one GR desk per month.
- Review the grievances reported/escalated up to state on daily basis.

- Facilitate resolution of grievances including those requiring interdepartmental coordination within the stipulated time of 7 days.
- Ensure updation of information regarding grievances resolved for the state in the GR web portal regularly.
- Check the quality of relief provided by district for the reported grievances on random basis.
- Awareness generation campaign and IEC on the GR and Health Help Line.

After 15 days of reporting, any unresolved grievance will escalate to the state level (Principal Secretary/Mission Director) for consideration and needful action. Thereafter (after 21 days) it will escalate to the Health Minister and/Chief Minister level if remain unresolved, for their review and further intervention.

**Mission Director, NHM** will be the supervising authority for rolling out the grievance redressal system in the state. MD will facilitate the issuance of G.O. notifying the launch of GR system in the State and ensure the budgeting of this activity in the current PIP. MD will undertake the monthly review on following:

- Allocation of funds.
- Awareness generation campaign and IEC on the GRS.
- Periodic review of organisation/agency selected for GR desk and call centre.
- Implementation of GR web portal in the State.
- Ensuring feedback from districts (ATR on grievances).
- Notification of institutions for establishing GR Help Desk.
- Quarterly review of grievances.

**District Level Nodal body:** District Health Society/District Panchayat (DP) will be the body responsible for implementing GRS at district level. This body will facilitate establishment of GR help desk in the notified facilities, preparation of District level directory of health officials and health facilities clearly defining the assured services provided by the facilities to feed information on web portal.

**District Nodal Officer:** At district level, CMO will notify the District Nodal Officer for implementation of GRS. Nodal Officer will be the authority accountable for implementing GRS and resolving the grievances within 7 days of reporting.

## **Role and Responsibilities of District Level Nodal Body:**

- Issue the necessary GO notifying the selected institutes and the organisation/agency selected for implementation of GR Help Desk.
- Formulate the terms for MoU to be done with selected organisation/agency.
- Awareness generation campaign and IEC on the GRS.
- Resolve the grievances within stipulated time of 7 days and update the information in the GR web portal.
- Review the grievances reported in the monthly meeting.
- Communicate the grievances requiring intervention of CMO.
- Prepare and regularly update the district officials' directory with name of the facilities, health information, contact information of MoI/C etc. to get entered/updated in the web portal for escalation of grievances/ proper functioning of portal and for health services information through Tele-consultation.
- Support the organisation/agency in discharging of its functions.

- Monitor the work of organisation/agency implementing the GR system in the facilities.
- Monitor the quality of relief provided by the facilities in the district for the reported grievances in the GR web portal.
- Share the minutes of meeting with the CMO and State.
- After receiving the G.O. for implementation of GR system, MoU will be signed between selected agencies and the authority which has floated the tender.
- Timely release of payment to the selected will be the responsibility of this Authority.
- However, such release should be considered based on quarterly report submitted by DHS particularly on regular functionality of Help Desk, performance review and clients' feedback in getting the grievances resolved.

**Facility Level Nodal Body:** Rogi Kalyan Samiti (RKS) will be the body accountable for implementing the grievance redressal system in selected health facility and its effective functioning. A nodal officer will be nominated from the facility to implement the GRS and check the reported grievances for the facility, resolve the grievance at the time of generation and closure of the grievances in the web portal. Nodal officer could be Medical officer/hospital manager/any staff of the health facility.

For other facilities where GR desk is not established, head of the institution will be the authority accountable for resolving the grievances within stipulated time and putting the relief provided in the web portal. He/She will also be the appellate authority at institutional level.

Every nodal officer/Mol/C/In-charge of the selected health facilities will receive a SMS upon registration of each grievance for their facility and a reminder SMS two days before the end of stipulated time for unresolved grievances.

At facility level where GR desk is established, Health facility In-charge/ Mol/C/Nodal Officer for GR with support of RKS will do the following activities:

### **Role and Responsibilities:**

- Provide space to organisation/agency for setting up the GR Help Desk with basic amenities like water, electricity & phone connection and other support items.
- Awareness generation campaign and IEC on the GRS.
- Daily review of grievances & timely resolution.
- Resolve all the grievances generated in the facility within 7 days from the date of generation.
- Communicate the grievances requiring block/district level support to the BCMO/CMO within stipulated time and follow up for corrective actions.
- Submission of monthly status report and ATR for review in the monthly meeting and RKS meetings.
- Share minutes of the meeting of RKS with district in-charge.
- Monitor the services given by GR desk.

Rogi Kalyan Samiti will have very crucial role to play in monitoring as well as addressing the grievances requiring convergence/assistance from other allied departments for improving the quality of services to be provided. RKS will extend support as well as monitor the functioning of GR Desk as per the performance indicators, approvals for corrective actions which has financial implications like provision of drinking water, cleanliness etc. in the facility.

In the RKS meeting, review of grievances reported will be done and areas requiring approval and involvement of RKS will be identified. Time line for actions to be completed will be defined and follow up for the implementation will be done.

## **Capacity building of Staff**

All the selected staff for the GR desk and GR call centre will be given induction training for their orientation as per their work responsibilities. Selected organisation/agency will be responsible to conduct the induction training and all other training.

## **Monitoring and Supervision**

Health Administrators at all the levels will be accountable for effective and efficient functioning of GR call centre and desk. Annexure 4 and 5 are the supportive supervision tools which will be used during the monitoring visits of these centres by a team of experts coordinated by PRIs.



# Annexures

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## ANNEXURE 1: Rights of Patients

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### **Box. 1 The Patient's Rights:**

- Receive considerate and respectful care.
- Expect reasonable safety in the healthcare system's practices and environment.
- Expect reasonable access to care and continuity of care.
- Know what rules and regulations apply to your conduct as a patient.
- Receive every consideration of personal privacy.
- Be free from all forms of abuse or harassment.
- Be informed about your right to, and the procedures for reporting abusive, neglectful or exploitative practices.
- Be free from the use of restraints or seclusion of any form that are not medically necessary.
- Know the identity of physicians, nurses and others involved in the patient's care.
- Be given information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis in terms patient may be reasonably expected to understand.
- Receive information necessary to give informed consent prior to the start of any procedure and/or treatment.
- Receive a complete explanation of the need for a transfer – or the alternatives – to another facility or organization before being transferred.
- To receive, upon request prior to treatment, a reasonable estimate of charges for medical care.

- Receive a copy of a reasonably clear and understandable itemized bill and, upon request, have the charges explained.
- Know if your medical treatment is for purposes of experimental research, and to give consent or refuse to participate in experimental research.
- Receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- Impartial access to medical treatment or accommodations regardless of race, national origin, religion, sexual orientation, type of disability, or source of payment.
- Make informed decisions regarding your medical care and to participate in the development and implementation of your plan of care.
- Be involved in care planning and treatment and be able to request or refuse any treatment, except as otherwise provided by law.
- Have confidentiality regarding your treatment and with respect to your medical records.
- Access information contained in your medical records within a reasonable time frame, in accordance with state/federal laws and regulations.
- Be informed about the healthcare system's complaint processes and who you can contact to file a complaint. To also know that you can express a complaint regarding your care or any violation of your rights and that your doing so will not adversely affect the quality of care provided.
- Participate in the consideration of ethical issues related to your care by having the right to access the hospital Ethics Committee.

## ANNEXURE 2a: Patient Feedback Form-OPD

### Patient Satisfaction Forms & Steps for its Implementation OPD Patient Feedback

Dear Client,

You have spent your valuable time in connection with your/relative's/ friend's treatment. You are requested to share your opinion about the quality of services, which you experienced, while visiting the hospital. The information provided by you would be kept confidential and would only be used for improving the services.

**Please tick the appropriate box and drop the questionnaire in the Suggestion box**

| S. No. | Attributes  | Poor<br>1 | Fair<br>2 | Good<br>3 | Very Good<br>4 | Excellent<br>5 |
|--------|---|-----------|-----------|-----------|----------------|----------------|
| 1.     | Availability of sufficient information in Hospital (Directional & location signages, Registration counter, Laboratory, Radiology Department, Dispensary, etc) |           |           |           |                |                |
| 2.     | Waiting time at the registration counter  |           |           |           |                |                |
| 3.     | Behaviour and attitude of Hospital Staff  |           |           |           |                |                |
| 4.     | Amenities in waiting area (chairs, fans, drinking water and cleanliness of bathrooms & toilets)   |           |           |           |                |                |
| 5.     | Attitude & communication of Doctors   |           |           |           |                |                |

| S. No. | Attributes   | Poor<br>1 | Fair<br>2 | Good<br>3 | Very Good<br>4 | Excellent<br>5 |
|--------|--|-----------|-----------|-----------|----------------|----------------|
| 6.     | Time spent on consulting, examination and counseling                           |           |           |           |                |                |
| 7.     | Availability of Lab and radiology investigation facilities within the hospital |           |           |           |                |                |
| 8.     | Promptness at Medicine distribution counter                                    |           |           |           |                |                |
| 9.     | Availability of prescribed drugs at the hospital dispensary                    |           |           |           |                |                |
| 10.    | Your overall satisfaction during the visit to the hospital                     |           |           |           |                |                |

1. What improvement would you like to see in the hospital?

2. What made you come to this hospital for treatment?

3. Would you like to return to this hospital next time for treatment?

4. Your valuable suggestions

Date \_\_\_\_\_ Clinic \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

## ANNEXURE 2a: Patient Feedback Form-IPD

### Inpatient Feedback

Dear Client,

You have spent your valuable time in connection with your/relative's/ friend's treatment. You are requested to share your opinion about the quality of services, which you experienced, while staying in the hospital. The information provided by you would be kept confidential and would only be used for improving the services.

**Please tick the appropriate box and drop the questionnaire in the Suggestion box**

| S. No. | Attributes   | Poor<br>1 | Fair<br>2 | Good<br>3 | Very Good<br>4 | Excellent<br>5 |
|--------|--|-----------|-----------|-----------|----------------|----------------|
| 1.     | Availability of sufficient information at Registration/ Admission counter (Directional & location signages, Registration counter, Laboratory, Radiology Department, Dispensary, etc) |           |           |           |                |                |
| 2.     | Waiting time at the registration/admission counter   |           |           |           |                |                |
| 3.     | Behaviour and attitude of Hospital Staff at the registration/admission counter   |           |           |           |                |                |
| 4.     | Your feedback on discharge process   |           |           |           |                |                |
| 5.     | Cleanliness of the ward  |           |           |           |                |                |
| 6.     | Cleanliness of bathrooms & toilets   |           |           |           |                |                |
| 7.     | Cleanliness of bed sheets, pillow-covers etc.  |           |           |           |                |                |
| 8.     | Cleanliness of surroundings and campus drains  |           |           |           |                |                |

| S. No. | Attributes   | Poor<br>1 | Fair<br>2 | Good<br>3 | Very Good<br>4 | Excellent<br>5 |
|--------|--|-----------|-----------|-----------|----------------|----------------|
| 9.     | Regularity of Doctor's attention                                 |           |           |           |                |                |
| 10.    | Attitude and communication of Doctors                            |           |           |           |                |                |
| 11.    | Time spent for examination of patient and counseling             |           |           |           |                |                |
| 12.    | Promptness in response by Nurses in the ward                     |           |           |           |                |                |
| 13.    | Round the clock availability of nurses in the ward               |           |           |           |                |                |
| 14.    | Attitude and communication of nurses                             |           |           |           |                |                |
| 15.    | Availability, attitude & promptness of Ward boys/girls           |           |           |           |                |                |
| 16.    | All prescribed drugs were made available from hospital supply    |           |           |           |                |                |
| 17.    | Your perception of doctor's knowledge                            |           |           |           |                |                |
| 18.    | Diagnostics services were provided within the hospital           |           |           |           |                |                |
| 19.    | Timeliness of supply of the diet and its quality                 |           |           |           |                |                |
| 20.    | Your over-all satisfaction during the treatment as an in-patient |           |           |           |                |                |

1. What improvement would you like to see in the hospital?

2. What made you come to this hospital for treatment?

3. Would you like to return to this hospital next time for treatment?

4. Your valuable suggestions

Date \_\_\_\_\_ Ward \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Admission \_\_\_\_\_

---

### ANNEXURE 3: Registration Format for GR Help Desk, Call Centre & Web Portal

---

Reference No.: \_\_\_\_\_ Date: \_\_\_\_\_

Details of Complainant:

1. Name\*: \_\_\_\_\_

2. Father/Husband name\*: \_\_\_\_\_

3. Phone no.\* \_\_\_\_\_

4. Email ID: \_\_\_\_\_

5. Contact address\*: \_\_\_\_\_

6. Block\*: \_\_\_\_\_

7. District\*: \_\_\_\_\_

8. State: \_\_\_\_\_

9. Rural/Urban : \_\_\_\_\_

Grievance Redressal:

| District | Block | Rural/<br>Urban | Village/<br>Area | Name of Facility |
|----------|-------|-----------------|------------------|------------------|
|          |       |                 |                  |                  |
|          |       |                 |                  |                  |

## Grievance Details:

| Grievance Category  | Grievance Issue  |
|---|--|
| <ul style="list-style-type: none"> <li>• Personal</li> <li>• Public</li> <li>• Service related</li> </ul> | <ol style="list-style-type: none"> <li>a. Infra structure</li> <li>b. Quality of services</li> <li>c. Process of Clinical Care</li> <li>d. Administrative procedures</li> <li>e. Benefit of schemes</li> <li>f. Corruption/bribe</li> <li>g. Safety indicators</li> <li>h. Social responsibility</li> <li>i. Breach of Law or Rules/Encroachment</li> <li>j. Compliance of court order</li> <li>k. Suggestions/ideas for reforms/development</li> <li>l. Miscellaneous/others</li> </ol> |

Description of Grievance:

Relief required:

| Have the same grievance lodged earlier? Y/N | If yes, Reference Number |
|---|--------------------------|
|   |                          |



For Office use only:

| Status of Grievance:  | Explanation |
|-----------------------|-------------|
| a. Resolved           |             |
| b. Unresolved         |             |
| c. Partially resolved |             |
| d. Rejected           |             |
| e. Abeyance           |             |

| Name of GR Helpdesk personnel | Signature |
|-------------------------------|-----------|
|                               |           |

## ANNEXURE 4: Monitoring Tool for Health Help Line Call Centre

|   |  |
|---|--|
| Name of the agency in contract for Call Centre  |  |
| Number of working stations (against the sanctioned):  |  |
| Type of services being rendered   | <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> </ol> |
| Total Number of HR:   |  |
| <ol style="list-style-type: none"> <li>1. Number of operators</li> <li>2. Number of counselors</li> <li>3. Number of doctors</li> <li>4. Number of supervisors</li> <li>5. Number of Technician-hardware</li> <li>6. Number of Technician-software</li> <li>7. Others, specify</li> </ol> |  |
| Total number of calls received in the last month  |  |
| Total calls received from start to till date  |  |
| Average number of calls per day   |  |
| Total Average Handling Time   |  |
| Average number of calls per day shift   |  |
| Average number of calls/seat/day  |  |
| Average number of calls per night shift   |  |

|   |  |
|---|--|
| Total number of answered calls                            |  |
| Total number of abandoned calls                           |  |
| Total number of dropped calls                             |  |
| Number of calls service area wise                         |  |
| 1.  |  |
| 2.  |  |
| 3.  |  |
| 4.  |  |
| 5.  |  |
| 6.  |  |
| 7.  |  |
| 8.  |  |
| Number of complaints received in the last month           |  |
| Work area for which maximum grievances received           |  |
| Number of real time grievances resolved in the last month |  |
| Total number of grievances received till now              |  |
| Number of grievances received category wise               |  |
| a. Infra structure  |  |
| b. Quality of services                                    |  |
| c. Process of Clinical Care                               |  |
| d. Administrative procedures                              |  |
| e. Benefit of schemes                                     |  |
| f. Corruption/bribe                                       |  |
| g. Safety indicators                                      |  |
| h. Social responsibility                                  |  |
| i. Breach of Law or Rules/Encroachment                    |  |

|   |  |
|---|--|
| j. Compliance of court order  |  |
| k. Suggestions/ideas for reforms/development                        |  |
| l. Miscellaneous/others   |  |
| Total number of grievances resolved till now                        |  |
| Number of grievances resolved category wise                         |  |
| a. Infra structure  |  |
| b. Quality of services  |  |
| c. Process of Clinical Care   |  |
| d. Administrative procedures  |  |
| e. Benefit of schemes   |  |
| f. Corruption/bribe   |  |
| g. Safety indicators  |  |
| h. Social responsibility  |  |
| i. Breach of Law or Rules/Encroachment                              |  |
| j. Compliance of court order  |  |
| k. Suggestions/ideas for reforms/development                        |  |
| l. Miscellaneous/others   |  |
| Maintained database of all grievances/suggestions/feedback received |  |
| <b>Overall observation:</b>   |  |
| a. Capacity regarding handling the complaints                       |  |
| b. Liaisoning with concerned staffs for redressal of complaints     |  |
| c. IEC of Health help line  |  |

## ANNEXURE 5: Monitoring Tool for GR Help Desk

|   |  |
|---|--|
| Name of the facility  |  |
| Name of the district  |  |
| Total number of calls received in the last month  |  |
| Date of visit   |  |
| Number of persons working at GR Helpdesk<br>(against the sanctioned)  |  |
| Name of the organization/agency in contract for<br>GR system  |  |
| Number of grievances received in the last month   |  |
| Work area for which maximum grievances received   |  |
| Number of grievances resolved in the last month   |  |
| Total number of grievances received till now  |  |
| Number of grievances received category wise   |  |
| <ul style="list-style-type: none"> <li>a. Infra structure</li> <li>b. Quality of services</li> <li>c. Process of Clinical Care</li> <li>d. Administrative procedures</li> <li>e. Benefit of schemes</li> <li>f. Corruption/bribe</li> <li>g. Safety indicators</li> <li>h. Social responsibility</li> <li>i. Breach of Law or Rules/Encroachment</li> <li>j. Compliance of court order</li> <li>k. Suggestions/ideas for reforms/<br/>development</li> <li>l. Miscellaneous/others</li> </ul> |  |

|  |  |
|--|--|
| Total number of real time grievances resolved till now   |  |
| Number of grievances resolved category wise  |  |
| <ul style="list-style-type: none"> <li>a. Infra structure</li> <li>b. Quality of services</li> <li>c. Process of Clinical Care</li> <li>d. Administrative procedures</li> <li>e. Benefit of schemes</li> <li>f. Corruption/bribe</li> <li>g. Safety indicators</li> <li>h. Social responsibility</li> <li>i. Breach of Law or Rules/Encroachment</li> <li>j. Compliance of court order</li> <li>k. Suggestions/ideas for reforms/development</li> <li>l. Miscellaneous/others</li> </ul> |  |
| Availability of suggestion/feedback box in the facility  |  |
| Frequency of opening of suggestion/feedback box  |  |
| Availability of feedback forms with the GR helpdesk  |  |
| Number of feedback forms filled till date  |  |
| Maintained database of all complaints/ suggestions/ feedback received  |  |
| <b>Overall observation:</b>  |  |
| <ul style="list-style-type: none"> <li>a. Approachability of GR helpdesk</li> <li>b. Capacity regarding handling the complaints</li> <li>c. Liaisoning with facility staffs for local redressal of complaints</li> <li>d. IEC of GR system</li> </ul>  |  |





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