

# ERGONOMICAL REDESIGNING OF THE PROCESS FLOW AND HUMAN RESOURCES TO IMPROVE CLIENTELE SATISFACTION AT EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME(ECHS) POLYCLINICS

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**Abstract:** Ex-Servicemen Contributory Health Scheme(ECHS) is similar to the Central Government Health Scheme(CGHS), meant for meeting the medical requirements of the retired uniformed Defence personnel from the Army, Navy, and Air Force. The scheme covers 67 Lakhs of the retired people as of now. The management of the scheme is controlled by Central Organization (Cent Org) at the apex, Regional Centres (RCs), and the Polyclinics as the service providers. The medical cover is provided by the Services medical facilities, empaneled civil facilities, and the Polyclinics. The study is to research the ergonomics in Human Resource Management in the functioning of Polyclinics, which has a direct bearing on cliental satisfaction. The Cent Org and RCs are to be managed by an active Defence population, an in-service arrangement, and the Polyclinics by the contractual employees. The allocation of vacancies for different types of Polyclinics, categorized based on the registered beneficiaries in the demarcated geographical area of responsibility, was done on an ad-hoc basis in the year 2003 when this was formed. It is felt that the delay in the revision of cadre vacancies of the ECHS is badly affecting the performance, especially in the level of satisfaction of the clientele. The need for support staff is also very essential. The study is planned to be carried out by way of conducting surveys. It will be a mixed method of research. The expected results are an improved satisfaction of the whole ambit of the treatment protocol in the ECHS Polyclinics; by augmenting certain critical staff, especially the non-medical category, at various departments. In addition, some of the HRM aspects in the total management of the scheme will also be studied. By augmenting the Human Resources at key places and by introducing certain good HRM practices, the satisfaction level of the clientele in Polyclinic can be enhanced.

**Keywords:** Ex-servicemen, Polyclinic, treatment, Defense, Medical

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## Introduction

The Ex-Servicemen Contributory Health Scheme (ECHS) system of medical management came into existence in the year 2003. The apex body managing the activities of ECHS Polyclinics is the Central Organization (Cent Org) under the Ministry of Defense. It has 28 Regional Centres (RCs) and 427 Polyclinics spread all over India. The age-old systems of medical protocols are under renewal and it is slowly getting into the digital platform [1]. The changes are also necessitated due to ever-changing and vibrant innovations/ modernizations in the field of medical science. The services provided to the Ex-service Men (ESM) presently are with a network of Polyclinics, Service Hospitals, Government Hospitals, and empaneled private hospitals [2, 3].

Measuring the overall satisfaction of the patients in any medical establishment involves various aspects starting from the gatekeeper, facilities in the waiting area, delay at reception, waiting to meet the doctor, consultation with the doctor, delay at the pharmacy, and general administrative aspects of infrastructure, hygiene& sanitation, parking, sign postings [4]. The existing medicine procurement protocol is reinventing the wheel year after year, which results in the wastage of precious time and manpower [5]. During the COVID period, a series of policy changes were made by the Ministry of Defense, to enable the beneficiaries in getting regular medicines. The changes were made by way of reimbursing the cost of the medicines by Polyclinics was found to be a step in the right direction. This initiation by the Ministry and Central Organization was well received by the ECHS beneficiaries. It was observed that this particular provision not only ensured cent percent availability of medicine but also avoided the difficulties faced by the aged veterans in undertaking the travel, waiting period, etc.

Towards enhancing the overall satisfaction in the medical protocol of the ECHS scheme, very many issues were observed, that were not beneficiary friendly. These pitfalls in the existing system were found to be in the process flow of the whole scheme, which if ergonomically modified or improved could result in enhancing the overall

satisfaction level of the clientele. In addition, incorporation of certain good HRM practices, which are presently lacking, could also improve the satisfaction level. This is the area where the study found that there is a need to improve the scaling of non-medical manpower in Polyclinics. The scheme in the present position is giving importance to the medical and para-medical resources only. The need for non-medical manpower combined with changes in the existing process flow will surely be on the positive side and will enhance the level of satisfaction.

### **Literature review**

The ECHS came into existence in the year 2003 [6]. Before this, the medical treatment for the retired Defense people was being availed through the Military Hospitals. It was then limited to very few treatment protocols only. The medical coverage then was provided through an allowance in terms of the Family Medical Allowance (FMA). The Central Government Medical Scheme in existence was through CGHS and the ECHS was also designed in similar lines but with certain differences. Primarily the CGHS was dealing with both serving and retired Central Government employees. When the scheme was planned for Defense, it was planned as an exclusive scheme for the retired.

Over a while, the systems and procedures have undergone many changes in the treatment protocol in ECHS medical care. It was always done piecemeal and no wholistic study was carried out to ensure the satisfaction of the clientele. When it comes to the manning of Polyclinics, it was decided to employ the people on a contractual basis [7]. The contractual employment was considered for an additional reason that, it would entail the retired defense people a second career. In the scaling of Polyclinics based on the registered members, it was classified into five categories [8]. They are: -

Type A with members above 20,000

Type B with members above 10,000

Type C with members above 5,000

Type D with members above 1500 and

Type E with members above 800 and remote areas.

The government scaling for all these types was accordingly done, primarily keeping the fact of medical officers, paramedical staff, and basic administrative requirements [9]. It was due to the reason that, treatment was the focus of the scheme. The annual input for the scheme was roughly 60,000 from all three services (retirees). After the initial sanction of the scheme in the year 2003, there was no effort done towards rescaling the manpower with the increased commitments of the Polyclinic, especially in matters of routine administration.

In clientele, as stated above has been increasing year after year. It is now estimated that the scheme has approximately 67 Lakh beneficiaries. Along with the staffing for medical, the administrative requirements also grew. The basic administrative necessities required to administer the Polyclinic were to have the following trades: -

Receptionist

Clerk

IT operators

Support services

Billing clerks etc.

Since there was no scaling to appoint these essential administrative trades in Polyclinics, the Managing Director ECHS was given powers to employ the crucial trades to this effect within the budgetary allocations [10]. But these additional sanctions on administrative manpower were far from satisfactory. This has resulted in delays in routine functions like the daily sick report. In addition, the areas of referrals, billing, unlisted procedures, and emergency medical claims. With increased clientele, there was a big waiting period for the beneficiaries to deal with daily sick reports, overloading with the Medical Officers and delays in the processing of various medical reimbursement claims. The additional administrative workload in the office administration due non the availability of admin staff also increased the dissatisfaction amongst the beneficiaries.

## Ergonomics in HRM

Ergonomics is defined as an applied science concerned with designing and arranging things people use so that the people and things interact most efficiently [11]. It can also be termed “human engineering”. It is the study of how people work in their environment. Workplace ergonomics is the science of designing the workplace, keeping in mind the capabilities and limitations of the worker.

Application of the aspects of HRM in the process of the ECHS functioning is what precisely the study is all about. In the functioning of Polyclinic, the process chain followed are: -

- The arrival of the beneficiary
- Activities in the waiting room
- Registration process
- Consultation with the Medical Officer Pharmacy and
- Out from there.

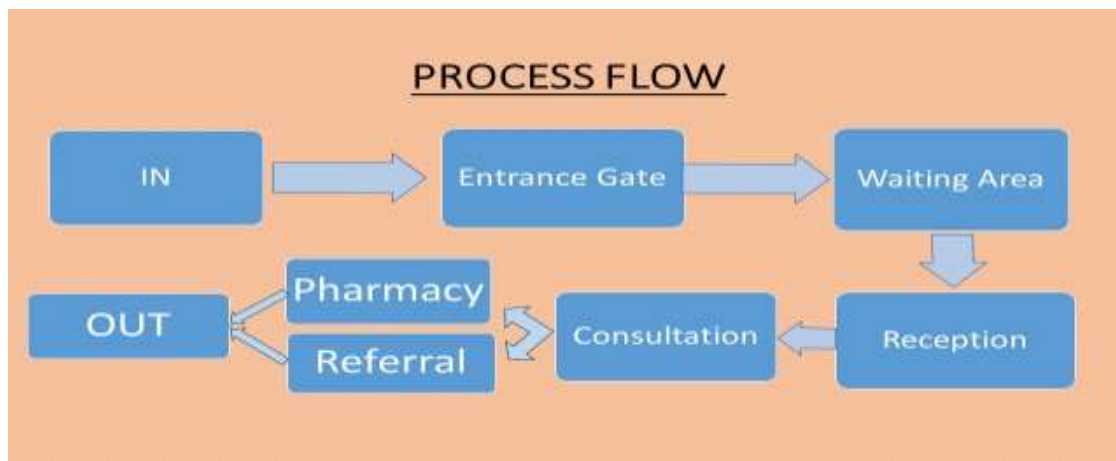
## Ergonomics in the Process flow

The typical process flow is as explained above. This method is a traditional way of dealing with the subject. When we look at it, it has the following drawbacks. They are: - Unaware of the system at the arrival point Waiting in the waiting area.

- Queuing at the Reception
- Delayed consultation with the Medical Officer
- Delay in Pharmacy towards the collection of medicines.

The following diagram depicts the ergonomically modified process flow: -

Figure 1 Process flow chart



Source: Compendium for Ex-servicemen Contributory Health Scheme (ECHS)

In addition to redesigning the process flow, if certain good HRM practices as given below are incorporated, it would give a better result in enhancing the satisfaction level.

Figure 2 HRM practices



Source: Compendium for Ex-servicemen Contributory Health Scheme

### Research design

In the scenario, when government sanctions are not forthcoming towards enhancing or scaling the manpower, a re-engineering of the existing process was studied. Well, the implementation needed additional manpower. To understand the concept, let us examine the concept of ergonomics and how it can be built into the process flow of the ECHS functioning.

Ergonomics in HRM has a direct bearing on the work output. Work efficiency in the existing scenario by designing the process will improve the efficiency and thereby the satisfaction of the clientele. The satisfaction at each intermediary level of process flow shall be a contributing factor towards the measurement of the overall satisfaction of the ECHS Clientele. The evaluation of patient satisfaction is a multi-faceted approach. This will take into consideration of the varied experiences of the patient in dealing with the complete medical requirements [12]. The level of satisfaction will depend on the desired and actuals. If there are no gaps, then the result of the study will give a positive indication. Satisfaction is a measure of how much one can get from what is required. Patient satisfaction is a crucial phenomenon that recognizes the patients' needs to improve healthcare systems. Patient responses to healthcare services are one way to obtain information about patient views regarding the perceived quality of healthcare and to establish robust patient engagement [13]. Patients who report higher satisfaction are more likely to benefit from their treatment [14].

### Physical Facilities

The availability of certain physical facilities can also be used to measure satisfaction. It again depends on the perceived requirements and their actual availability. These may not have a direct bearing on the treatment protocol but has an indirect bearing. These include the cleanliness and maintenance of the facility and the availability of the physical facility. Several studies have already attempted to ascertain the influence of physical services on quality delivery [15]. The appropriate healthcare staff and concerned hospital management staff must work to improve the physical environment of the hospital, such an environment will very well be helpful for the patients to recover on time and enjoy a healthy life even if they are under medical treatment for some of the other issues [16].

### **The Existing Process Flow**

In the existing process, a beneficiary who comes to the Polyclinic has to check with a fellow beneficiary to know what is the procedure of reporting sick and how one goes towards that. On being informed or coming to know the procedure deposit the ECHS smart card in the drop box at the reception and wait in the queue for the turn to come. The wait depends on the rush of that day. There are days when the wait is more than half an hour to one hour. On receipt of the token from the reception, the next waiting period starts. This is now for the consultation. It again depends on the rush. On average one medical officer is forced to meet 100 plus beneficiaries within 8 hours of the tour of duty.

Imagine a situation where the Medical Officer has to see 100 beneficiaries and the time available is 08 hours ie 480 minutes. During this period only the Medical Officer has to avail short breaks for a cup of tea and lunch. Back-to-back if the Medical Officer is to see the beneficiary, not more than 2 minutes is the time that the MO can give to one beneficiary. This is the point where the maximum dissatisfaction takes place. Similar to waiting to meet the Medical Officer, the waiting period in the pharmacy is equally long.

### **Modified Process Flow**

In the endeavor to simplify the existing system towards better satisfaction, a few things were introduced like

- Greet and treat at the gate
- Token on the entry will avoid the rush at registration
- Making the waiting period more useful and entertaining
- Deployment of the services by establishing the help desk
- Employing more doctors. A max ceiling of the number of patients More medicine counters at the pharmacy

Psychologically, if a beneficiary is received well at the entrance gate by a deputed representative of Polyclinic and the beneficiary is guided will enhance the satisfaction. Similarly deputing senior and experienced staff at the help desk will also be a great help to the veterans. The allocation of doctors to Polyclinic is done by the Cent Org. Hence before making any allocation of manpower, the average sick report data of that polyclinic has to be analyzed. Hence the modified process flow with augmentation of some manpower can very well enhance satisfaction. Along similar lines introduction of certain good HRM practices can also take satisfaction to a different level. The soft skills to be imbibed include

- Talking to them about their medical issues.
- Exchange of pleasantries at the reception
- Offer assistance through a help desk
- Change of system of reception
- Making the waiting area more comfortable and enjoyable Deputing more doctors depending on the average sick report.
- Making more counters at the reception and pharmacy

The whole process is remodeling the process flow ergonomically to suit the needs of the beneficiary. Implementation of these would not only make the veterans' life comfortable but also satisfying. The fact to be understood is, that the beneficiary when coming to Polyclinic has medical issues. So making a comfortable situation at Polyclinic with whatever is needed will enhance the satisfaction.

Imagine a situation, where the Medical officer is not able to find time to talk to the beneficiary, and how bad the effect is going to be. It is stated that in case if the Medical Officer can talk to the beneficiary, 50% of the medical issues will get solved. But this will need additional doctors. When it comes to areas other than medical treatment, fields like referrals, admission procedures, unlisted procedures, and reimbursement of the cost of medicine and claiming the reimbursements, the delay in each of these activities, will surely have an adverse effect. Towards improvements under these aspects of functioning, there is a need to augment the additional manpower. The human touch can handle the situations better especially when it comes to aged veterans.

As explained above, when the beneficiary arrives at the Polyclinics, imagine a situation, where one of the Polyclinic employees at the gate receives the beneficiary, enquires about the health situation, and provides the necessary guideline as to how to go about it. This preemptive single action will make the beneficiary so happy that the satisfaction level will shoot up. This can happen when the additional manpower for this purpose is provided to the Polyclinic. It will only require descent handling by way of certain soft skills.

At the registration counter, depending on the rush, there could be two or more counters. Here again, if the counters can be designated to super seniors/disabled etc., that would take care of handling the process of registration. After the registration, the beneficiaries are again made comfortable in the waiting areas of the deputed Medical Officers or at a central place. If the waiting for the Medical Officers is at a central area, then provision should be made for communication so that the beneficiary can know the turn to meet the Medical Officer.

The consultation with the Medical Officer has to be designed by fixing a ceiling. On average 70 consultations in 8 hours are tested to be a comfortable number for the doctors and the patients. The advantage of the doctor in this context is approximately 60 percent of the clientele come for regular medicine collection only. Hence there is not much consultation required except the time required to prescribe the list of medicines.

Having completed the consultation with the Medical Officer, the beneficiary has the tasks of collecting the medicines from the pharmacy or collecting the medicines and referrals for further investigations of the case at Military Hospitals/ civil empaneled medical facilities. If it is a collection of medicines alone, the waiting period at this location can be made comfortable with more counters and corresponding manpower to manage the same. If the beneficiary has to collect medicines and also the referrals for further investigations, there is again a waiting period for this, since it takes time for the system to generate the referrals and get the signatures of the concerned authority. In such a scenario, it will be better to organize the distribution of the referrals in a central place. It will be convenient for both the Polyclinic and the beneficiary.

### **HRM practices**

Towards sophistication of the process flow and also humanitarian requirements, the clientele of Polyclinics deserved to be treated well. That way, the patients in general do deserve sympathetic dealing. In the case of Polyclinics, the clientele is the ones who spend their youth safeguarding the country. Hence, they need to be looked after in their time of need. When we look at the evolution of the management theories, it can be seen that Defence forces or the practices of the defense forces are by and large being adopted by the corporate world. So, the defense forces are not new to any kind of management tactics to keep the clientele happy. The issues are limited funding and manpower. Within the existing manning some good HRM practices can be incorporated as a regular activity, which will surely have better satisfaction by the clientele. If not something extra, just nicely talking to the clientele by the staff of Polyclinic will boost the satisfaction level. The steps towards this could be

- Greet and treat
- Guiding the beneficiaries
- Increased time at the consultation where necessary
- Reducing delays
- Faster processing of procedural aspects of Polyclinic
- Dissemination of policies and procedures
- Enhancing the awareness etc.

All these activities will need people to do. That emphasizes the need for revision of the scaling for Polyclinic. The government sanctions or scales will take time. Then what is the alternative? It is quite possible if there are organizations or volunteers from the defense fraternity itself, who should be in a position to help with such peripheral activities. The volunteers can take on these tasks. But when it comes to procedures and protocols of the treatment, it will always be advisable to get these things done by the staff of Polyclinic. It will only indicate ownership and authority.

## Research Methodology

Towards enhancing the satisfaction level of the ECHS beneficiaries process flow is suggested to be ergonomically redesigned along with the introduction of certain good HRM practices. Of course, it needed additional manpower, an HR aspect. The effectiveness of these aspects was checked through surveys. The sample was selected from the population of the registered clientele of ECHS Polyclinic Lohegaon Pune.

The primary input to this study was through the survey conducted in this field. It was a stratified sampling and questions were posed to the beneficiaries on judging the satisfaction levels with a presumption that the suggested modifications/ changes in the process flow are already in place and functioning.

## Materials and Methods

Towards the study of beneficiary satisfaction, the survey questionnaire was given to a total of 250, ECHS beneficiaries of ECHS Polyclinic, South Pune Lohegaon. The questionnaire was distributed through WhatsApp groups and Google forms. Out of these, a total of 144 responses were received. The main reason for less response probably would due to the reason of unfamiliarity with the technology. The age group above 65 is not techno-savvy as of now.

The samples were stratified based on the defense hierarchy of Officers, Junior Commissioned Officers, and the Other Ranks. In the category of Officers, the Honorary Commissioned Officers were also included. The Junior Commissioned Officers include Naib Subedar, Subedar, and Subedar Majors and their equivalents in the Navy and Air Force.

The sample selected was such that, each of the strata had a representation of people aged above 65, 25 to 65 years, and below 25 years. Below 25 years are the samples who are the dependents' category. The response from the population above the age of 65 years was less in number. It may be due to a lack of awareness of the technology used for the collection of data. The survey conducted could have given more responses, if it was done physically to the beneficiaries. This could have allowed explaining the intended use of the survey.

The distribution of the survey questionnaire and responses received are shown in the table below

*Table-1. Distribution of survey questionnaire and response received*

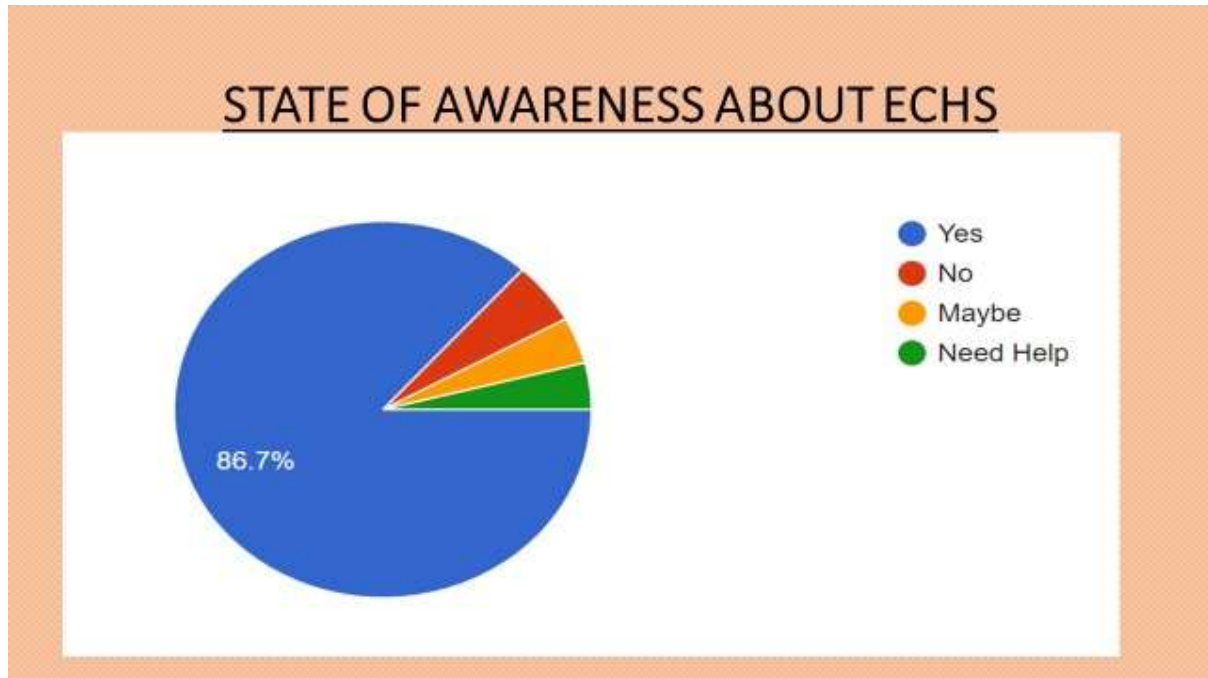
Category of respondents	Distribution of Questionnaire	Receipt of response
Officers	45	28
JCO's	80	39
Other Ranks	125	77

## Satisfaction Dimensions

The measure of satisfaction is a subjective matter. It varies from situation to situation [17,18]. It could be a measure of a particular activity to which the level of satisfaction, agreement, or disagreement can be measured. Quality and satisfaction in the field of Health services are broad terms. It influences both health status and satisfaction. It is crucial to understand quality from the patient's point of view. In the instant case, the study was primarily conducted to know how the overall satisfaction of the beneficiaries can be enhanced. The study was undertaken through a sample survey and under a presumed condition that the proposed changes are already in position and sought the reply from the participants on the after effect of implementation or proposed implementation.

## Survey Indicators

The sample survey had 20 questions. Few of them were general and others were specific to know, how the redesign of the process would elicit a better satisfaction level in the clientele. The responses received which are indicative of the fact that it has a direct bearing on the measurement of the satisfaction quotient are given below with an explanation. The question on awareness of the scheme was responded to as given below

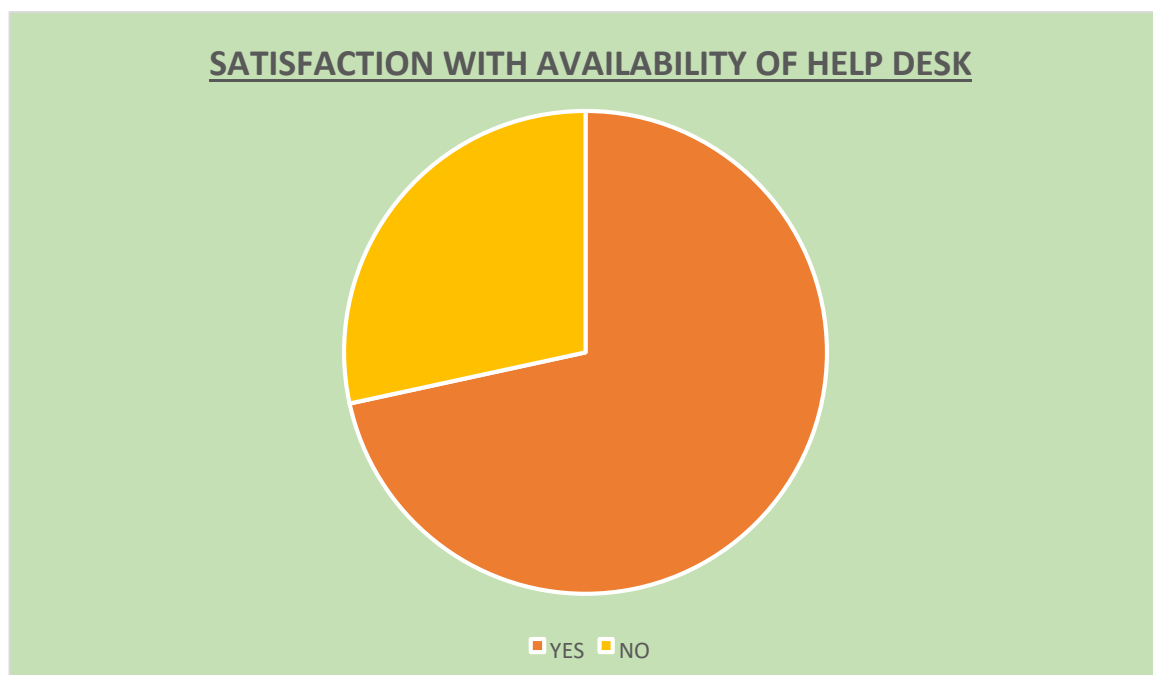


Though 86 percent of the sample responded to knowing the scheme. It is a good sign. But the issue generally being faced by the population is regarding the amendments, new provisions or changes in the scheme, etc. promulgated, there is no proper platform available for the beneficiary to know about it. As of date there 5 types of treatment protocols. The issue is not that people are not aware of it. But when it happens to the beneficiary, the beneficiary or the ward of the beneficiary gets into a wrong treatment protocol and is likely to be not able to avail of the so-called benefits available. To elaborate the same, in an emergency the beneficiary or ward goes to an empaneled medical facility. If the procedure/ the treatment protocol is not known, then they end up paying for the services thinking that the expenditure can be reimbursed. But the fact is any money spend for treatment in an emergency in an empaneled medical facility is not reimbursable. If this fact was known to the beneficiary or the ward, they would have informed the concerned accordingly and the treatment would have been processed under cashless mode. So, awareness of the scheme and keep updated is mandatory for the beneficiaries of ECHS Polyclinic.



On a question of the level of satisfaction under a presumed condition of someone welcoming the beneficiary at the entrance gate, 34 percent of the sample were very happy about it. The concept of greet and treat is a well-accepted fact in the corporate culture. The implementation of the same in the ECHS Polyclinic entails additional manpower with the basic knowledge of the systems or treatment protocols of the Polyclinic. Many times, it happens that, emergency patients especially cardio cases are brought to the Polyclinic. If the beneficiaries or the wards are aware that, Polyclinic can provide the first aid facility only, they probably would not waste the time and effort and take the patient directly to the empaneled facility. Hence having an experienced employee at the gate, itself to guide the population will be a good move in the right direction.

The availability of a help desk in Polyclinics and its utility was checked by the population and the response received are

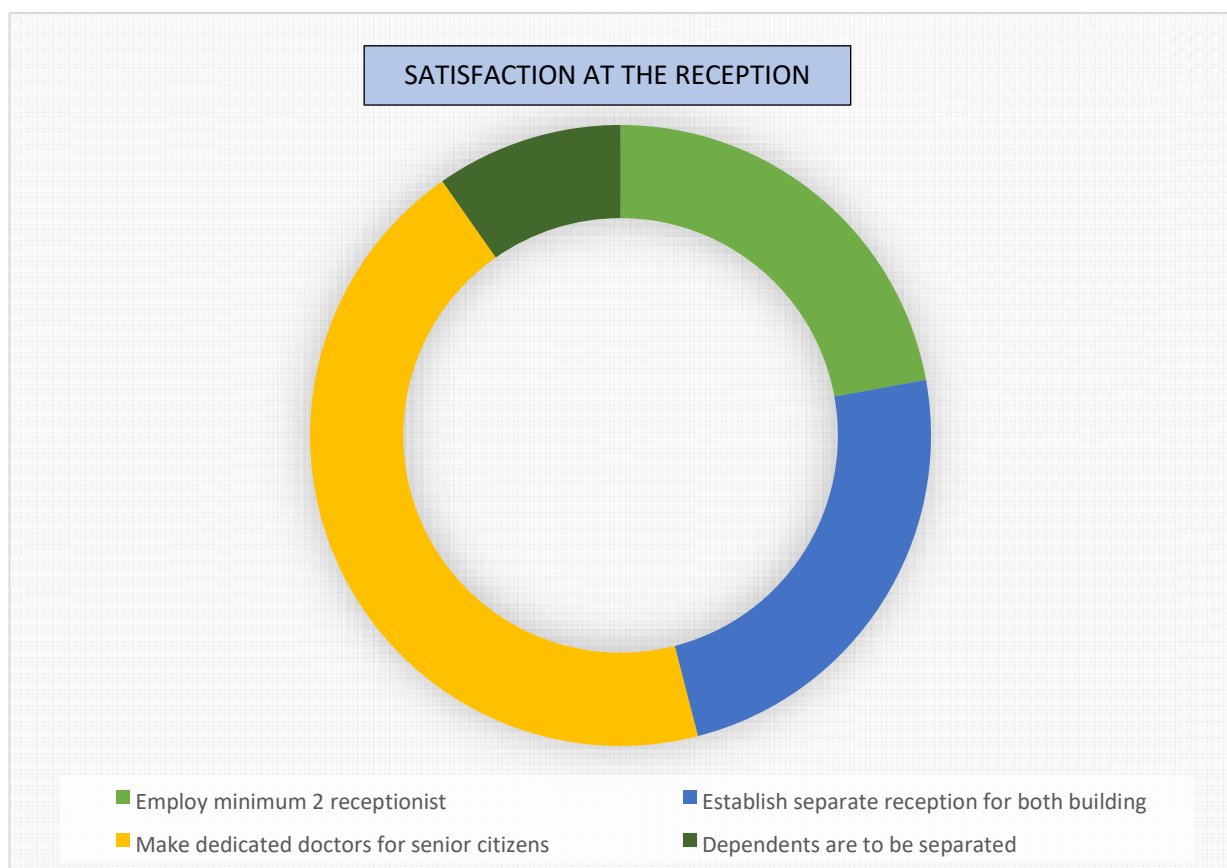


The Pie chart depicts 71 percent of the sample being happy with the provision of having a help desk in Polyclinic. This requirement can only be materialized when additional human resources are sanctioned and posted. The advantage of the help desk is that it will be the hub center of all information concerning not only the Polyclinic in specific but information about the scheme in totality. So, the beneficiaries will be able to discuss or consult the person with the help desk and find solutions to any connected issues of the Polyclinic. The activities at the help desk, if, augmented with the right kind of staff, will be able to resolve many issues which the beneficiaries are facing like reimbursement progress, 64 KB smart card, Submission of life certificate, etc., etc. This is possible to be functional only when manpower to this effect is sanctioned. Hence in a perceived condition, the beneficiaries are indicating a greater extent of satisfaction if such services are augmented.

That 48 percent feels that the manpower detailed to run the help desk provision should be dedicated manpower. Due to the non-scaling help desk being managed by the existing staff, the beneficiaries find that staff is not available majority of the time, say 29 percent. Since dedicated people are not available, it is found that the staff otherwise detailed are engaged with some other duties. It is also observed by the beneficiaries that the staff detailed are not knowledgeable.

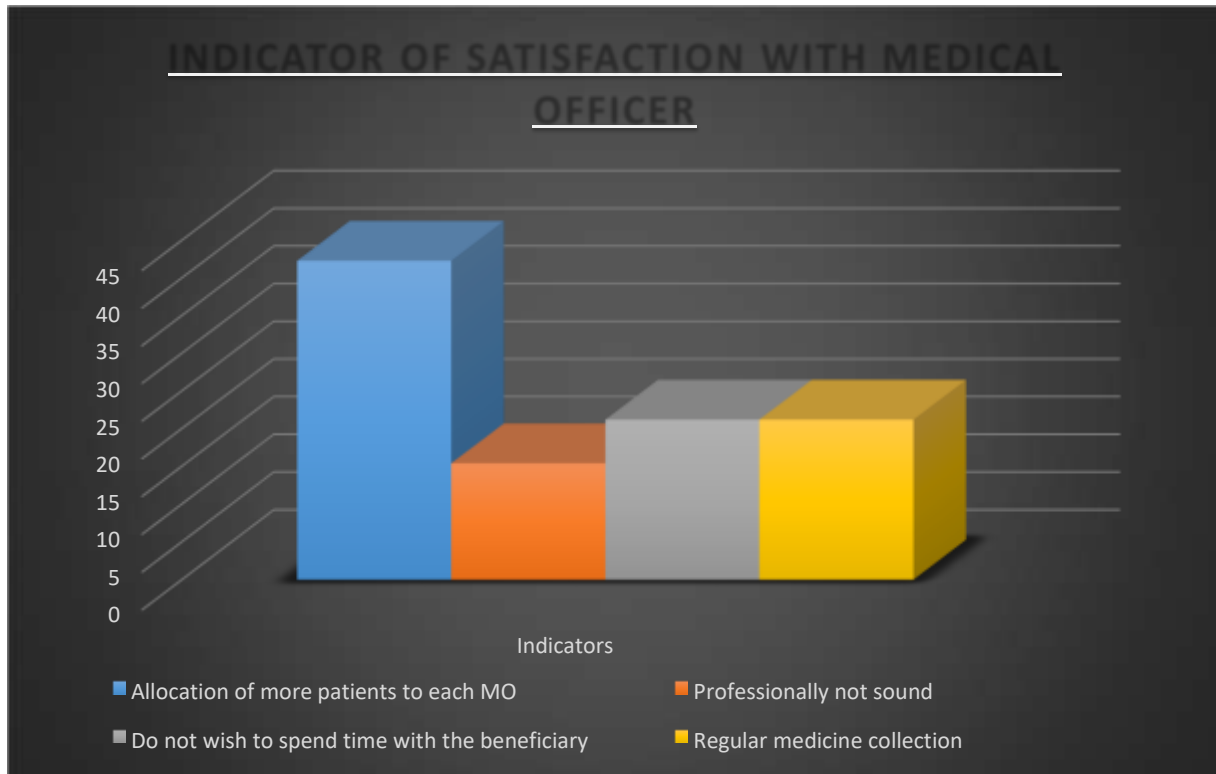
The whole issue revolves around the non-scaling of the vacancy resulting in inexperienced staff managing the show. The remedy is to have the revised scaling which should have laid down directions to appoint the experienced staff at the help desk.

As regards the functioning of the reception, it is found that beneficiaries have to wait for their turn for a longer period. The survey indicates that there is a dire need to employ 02 receptionists.



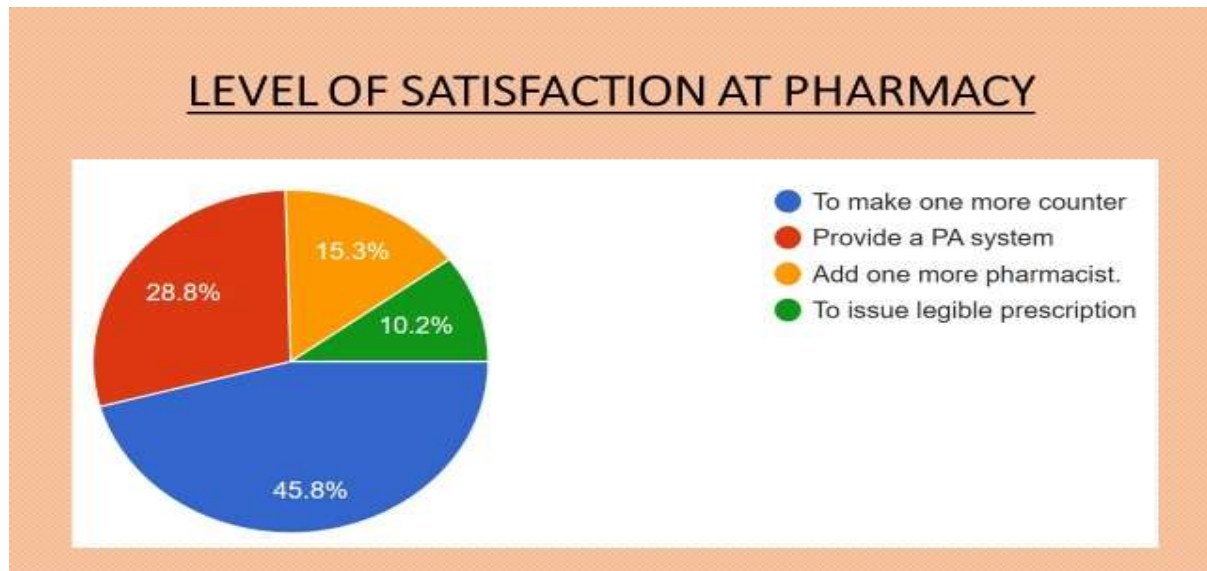
This will take care of the consultation rooms which are in two buildings. This issue is very specific to the Lohegaon Polyclinic. But generally, where ever there is more rush or all high-pressure Polyclinics are to have a minimum of 02 reception counters. The segregation of the counters then can be done category-wise or age-wise depending on the actual requirement.

When it comes to measuring the satisfaction level with the major player of the Polyclinic ie the Medical Officers, it is indicated as



42 percent feel that more patients are allotted to the Medical Officers. In a period of 8 hours, a minimum of 1hr is to be given to the Medical Officer for the break, lunch, etc. (the working hours are from 0800- 1600 hrs.). Hence the available time is 7 hours. In a comfortable situation, if a Medical Officer is allotted 70 patients, an average of 10 patients in 01 hours. This would be a very comfortable situation. 21 percent of the respondents say they are coming to Polyclinic only for medicine collection. As far as professional competency, 15 percent feel that the Medical Officers are not competent.

After completing the process of consultation with the doctor, the beneficiaries have two things to do. One is to collect the medicine and the other one is to collect the referral if given for any further investigations or consultation with the specialist. The basic issue is not the waiting time with the pharmacy. But due to more rush, the pharmacist will not be able to give instructions on the consumption of medicines. The clientele being old, there is a need to explain the dosages and precautions to the clientele. Hence in high-pressure Polyclinics, there should be two pharmacy counters. To establish the same, there is a need to have more pharmacists scaled for the Polyclinic.



The survey indicates the requirement for one more pharmacy counter. In addition to making the distribution easier, if a public announcing system is provided, it will be more convenient for the beneficiaries. In this response, the primary observation which has a direct bearing on satisfaction is the long waiting period at the pharmacy, which can be reduced by making one more medicine issue counter. This can again be done by additional sanctions from the higher formations and by enhancing the scaling of manpower.

The reimbursement/ billing department is one where the following processing are carried out:-

- Emergency hospital admission bill processing

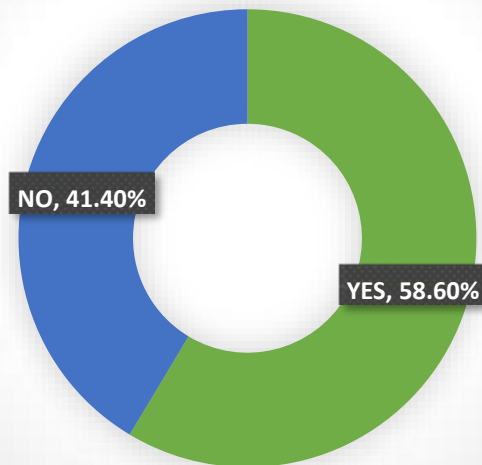
- Processing of reimbursement of non-available medicines

- Processing of reimbursement of ancillary medical equipment

- Prior approvals for undertaking treatments other than empaneled medical facilities and many more.

Unfortunately, there are no billing clerks in any of the Polyclinics. The transactions to the tune of crores plus take place in a Type D Polyclinic. But the processing is done by utilizing the existing staff. The importance and requirement were never felt earlier than what was felt by the Polyclinics during the pandemic period. It is more so for the last two years when the beneficiaries were permitted to buy the regular medicines and claim the reimbursement. Non-availability of a permanent vacancy and getting the work done temporarily through the non-specialized staff, has increased the pendency of claims. The satisfaction level with this department is depicted as

## SATISFACTION LEVEL OF REIMBURSEMENT



The survey indicates that 41 percent of the population is not satisfied. The main reasons for this state are

Non-availability of manpower (Clerk)

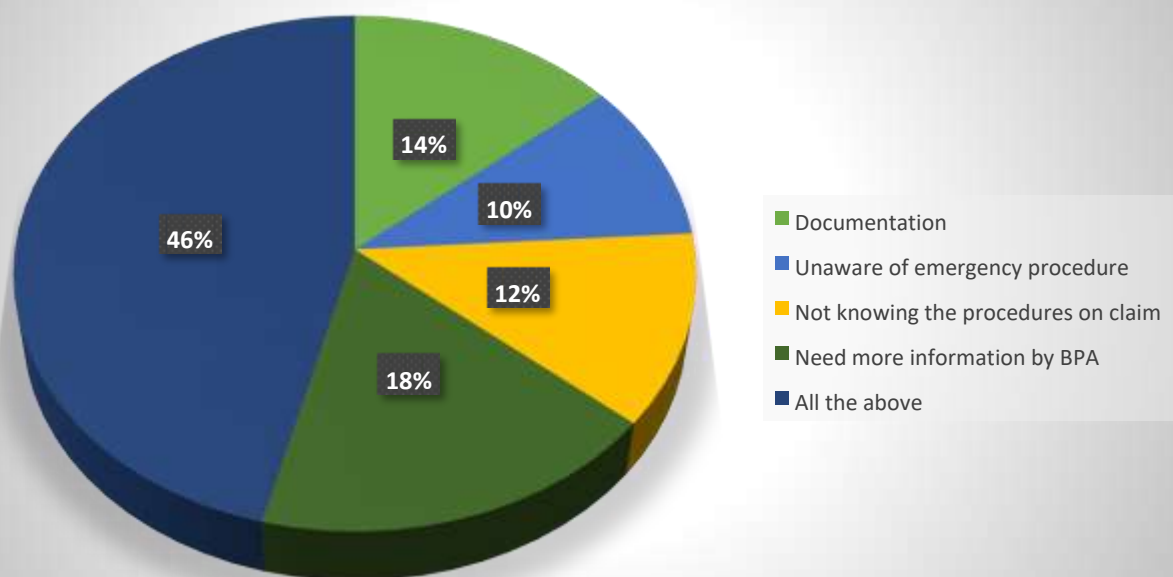
Work getting executed on a make-shift arrangement by other staff is not trained to deal with the billing

The staff being temporary is not aware of the latest policies on billing

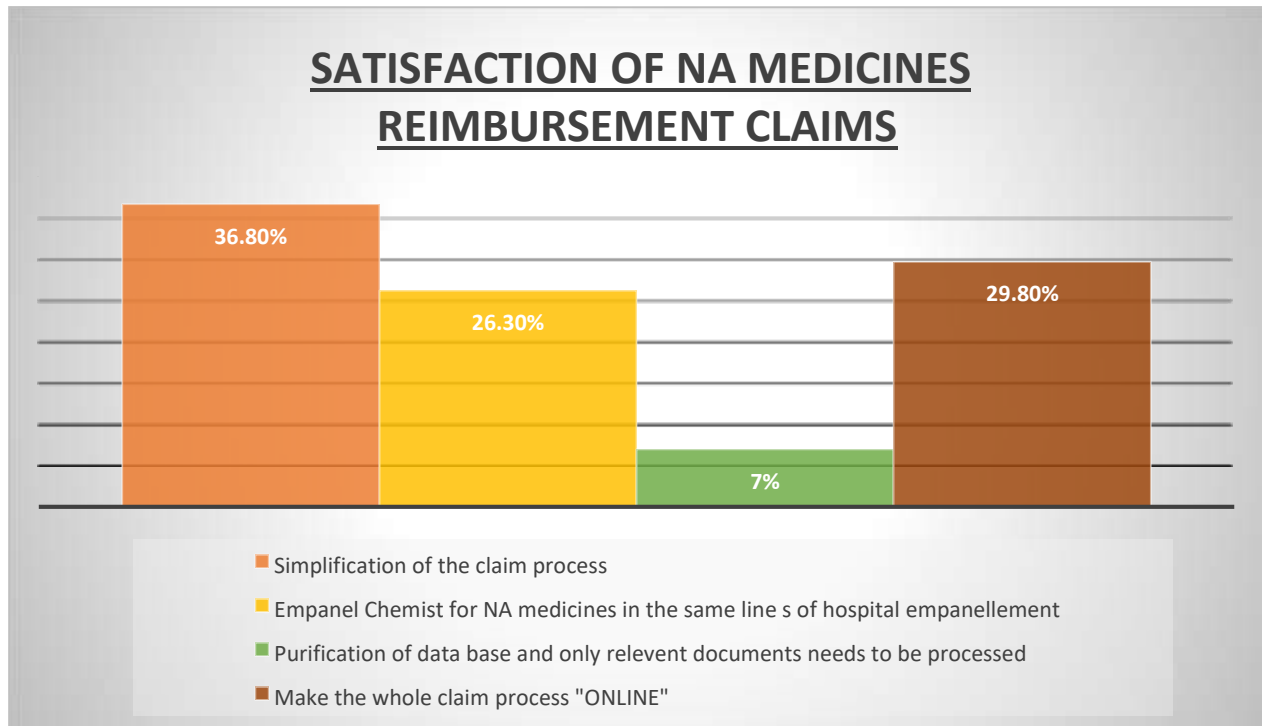
It needs to be seen that; many beneficiaries get stuck in the claim department. These are due to delays, the requirement of feeding additional information, etc. The less satisfaction is purely due to the nonavailability of the staff. This can only be done once the cadre vacancy is revised.

The other reasons indicated by the survey as reasons for low satisfaction are as depicted below which is self-explanatory.

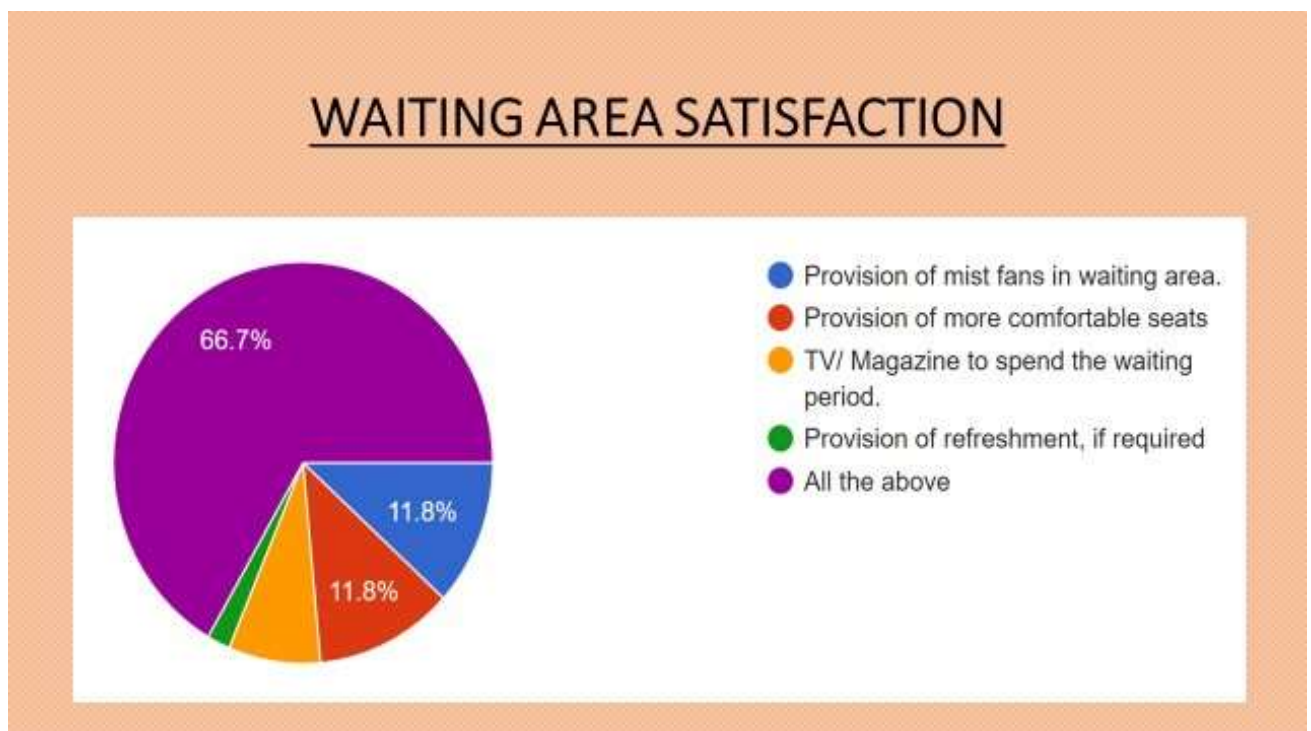
## LOW SATISFACTION ISSUES- REIMBURSEMENT



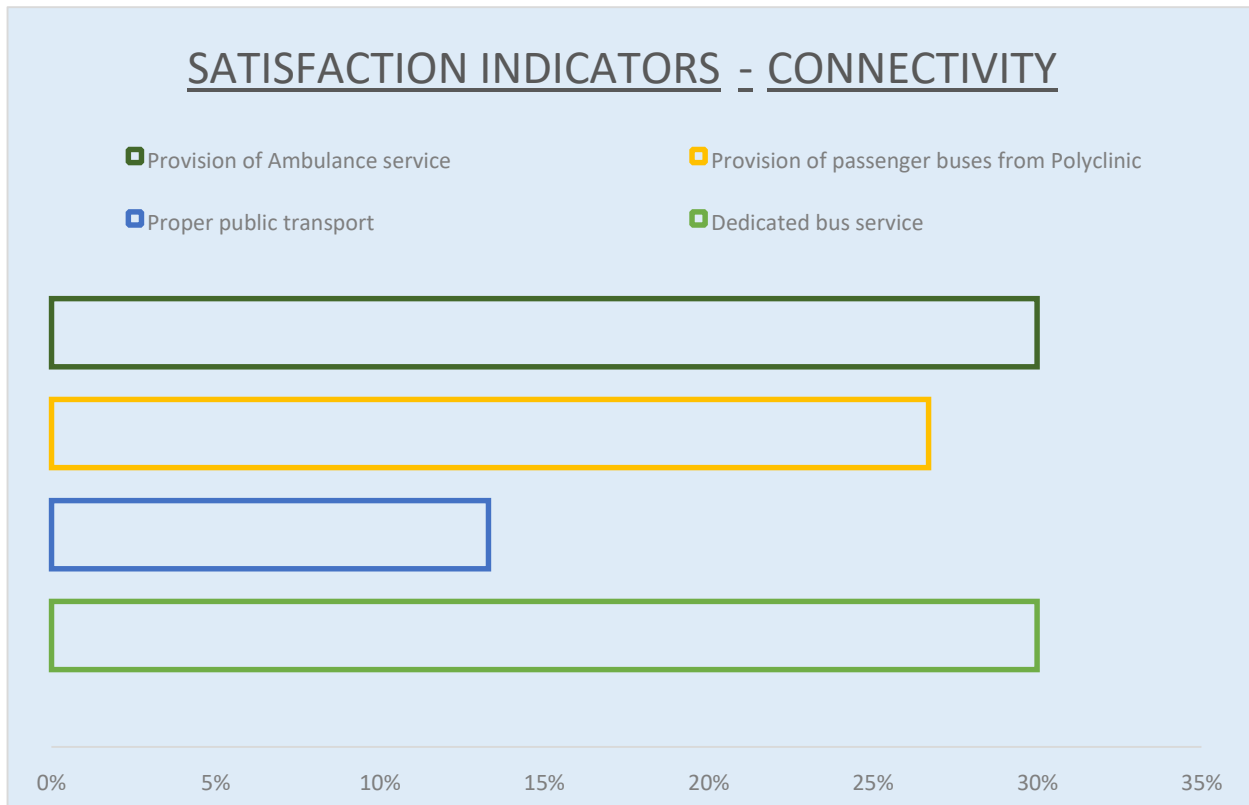
The survey has feedback on various reasons for low satisfaction as regards the reimbursement claim process of non-available medicines. The claims, post-COVID have taken the center seat when it comes to reimbursement. The survey suggests a simplification of the claim process, purification of the database, and making the reimbursement claims “online”. The computer literacy aspect amongst the aged veterans will be a cause of concern towards this. As suggested by 26 percent of the population, the best to avoid all these issues is to empanel a few chemists in the respective area and they then supply the medicine and the payment towards this will be directly cleared by the Polyclinic.



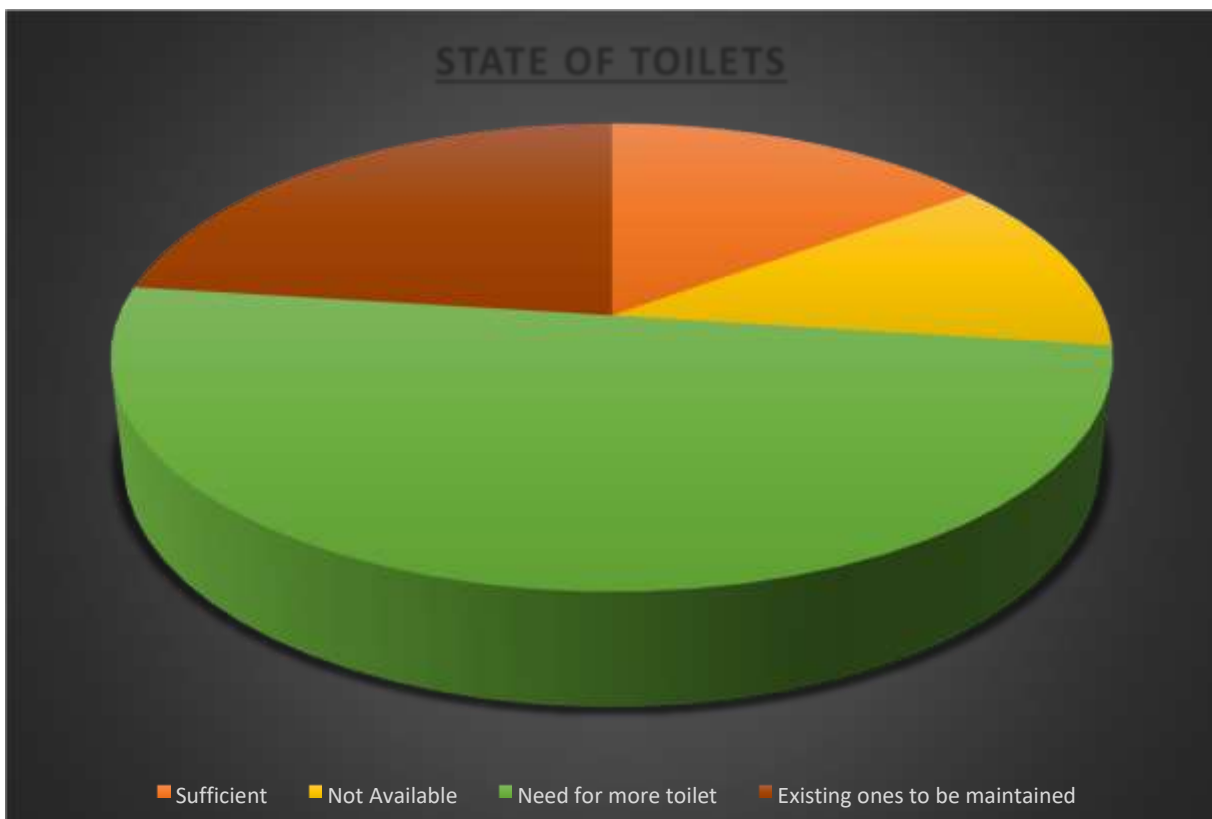
### The Waiting Area Facilities

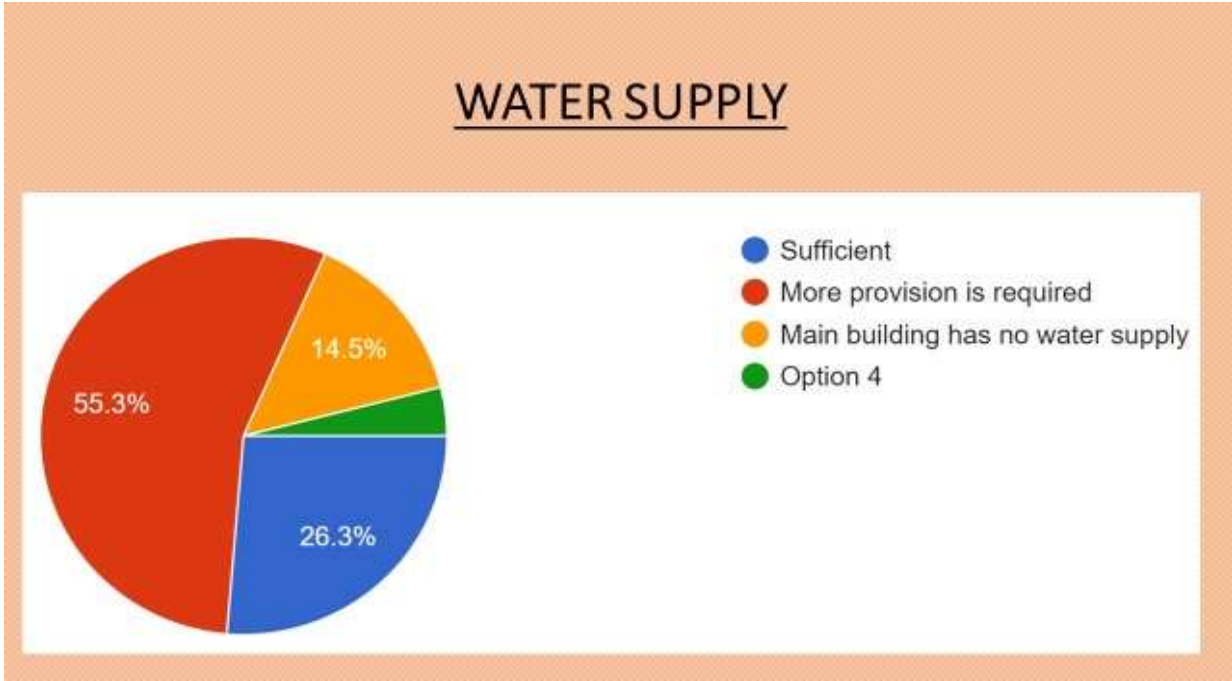


### Connectivity Concerns



### State of Toilets





Above all are indicators towards the general satisfaction of the Polyclinic. These common administrative facilities need to be maintained. Non-maintenance of all these facilities will lead to low satisfaction of the Polyclinic. Towards maintaining these there is a need for a conservancy staff or the work will have to be outsourced. In today's scenario, outsourcing is the best option, the provided government provides the appropriate funding.

**Analysis and Discussions**

The analysis indicates that, out of 144 samples represented in the survey, the age wise representation is given below;

*Table-2. Categorization in sample*

Category	Sample Collected	65 and above	25-65 above	Below 25 Years
Officers	28	08	15	05
JCOs	39	14	16	09
ORs	125	14	73	38

The core area of satisfaction is in ensuring the medicine availability. With the change in Policy on the subject that part is now totally taken care of. That is if the prescribed medicines are not available in the Polyclinic, the beneficiary can buy them from the market and the expenditure incurred will be reimbursed by the Polyclinic.

The remaining constituents or the factors contributing to the enhancement of satisfaction finally come to additional human resources that are required to be scaled for the Polyclinics. The factors which are causing delays and thereby reducing the level of satisfaction can be redesigned ergonomically and implemented. But wherever the requirement for additional manpower is felt, it is to be sanctioned by the Ministry of Defense.

## **CONCLUSION**

The aspect of Human Resource Management in any organization is so important that it is to be judiciously used. Generally, the environment is designed for human beings to show their best output. Ergonomics as mentioned in the definition is designing the workflow to have a direct bearing on the output. But in this study, the ergonomic re-designing has been done in the process flow of the sick report system of ECHS and studied how to improve the satisfaction of the clientele.

The survey was conducted to know the various aspects of the Polyclinic, which by way of augmenting or modifying to improve the satisfaction of the clientele was well accepted. Polyclinics are presently working in the traditional ways. Though there were changes made during the pandemic period, the system has to get into the digital platform towards easiness of doing business by the ECHS beneficiaries. The digital platforms can be explored further towards advancement in this field and away ahead by changing the traditional system of meeting doctors for treatment to e- consultations, e-prescription, and getting the medicines online.

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