

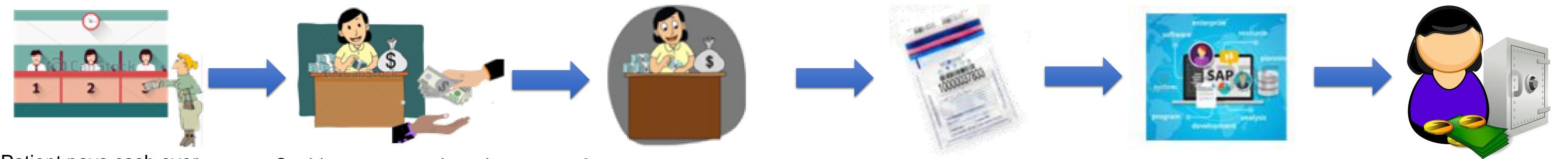


Sally Oh, Lee Hui Quan, Lee Yar Sze, Karen Yeo, Siti Haida Ghani, Linda Tan, Magdalene Tan, Douglas Chew, Rajesvari Ayyakannu, Eunice Seah, Janice Lim, Evelyn Phua, Ng Ai Shing

> Finance, Business Office, Admissions, Pharmacy KK Women's and Children's Hospital

End-to-End Cash Management Solution

Obsolete Manual Way of Cash Deposit Process



Patient pays cash over the counter

Cashier counts cash and gives change from the float Cashier closed counter and calculates cash collection for the day

Cashier places cash and float in security envelope Cashier enters total cash collection for the day into billing system

Cashier deposits security envelope with a staff

Current cash handling activities are largely a manual and labor-intensive process and hence the associate costs relating to cash management (cash counting, float management, cash depositing, cash reconciliation and balancing, and Cash-In-Transit (CIT) services) is increasingly high. High cash float introduces costs and risks for counting errors and internal pilferage/theft. Manual collection and physical handling of cash over the counter exposes risks of counting errors and counterfeit notes/coins. Currently cashiers are spending a considerable amount of time counting, balancing their cash drawers, reconcile physical cash collections against point-of-sale data, investigate discrepancies & prepare deposits. Total time spend in Cash Management is estimated to 21,795 hours/year.

Strategy

Digital/E-Payment Initiatives

- More Payment Options
 - Digital & Online Bill Payment via DBS Internet, Mobile Banking & DBS PayLah!
 - Contactless payment (Paywave, NETSPay, QR Code)
 - Kiosk & Mobile Payment
- Install UPOS.
- Collaboration with banks and NETS to promote card payment.
- Hospital-wide distribution of collaterals such as wobblers to encourage non-cash payment.
- Clinics & Specialty Centers to go Cashless.

KK Women's and Children's Hospit

Improve & Streamline Cash Management Process

- Direct all cash payment to designated location installed with cash machines.
- Leverage on automation such as cash recyclers to handle all manual cash management process.
 - Eliminate physical cash handling.
 - Reduce reliance of Cash-in-Transit services
 - Increase visibility & accuracy of cash balances and staff security.
 - Improve efficiency and accountability.

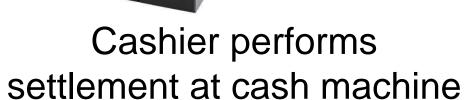
End-to-End Cash Management Process



POS system sends information to cash machine to notify patient on the amount collected. Patient pays cash to cash machine and receive the change. Information on amount received is send back to POS system









Cashier unloads the cash cassette



Cashier brings the cassette to backend central cash recycling machine and unload the cash via docking



Acts as a central collection for CIT provider which they will unload the cash and send for processing and crediting to hospital corporate account/

Benefits & Impact

Reduce \$\$

- Less reliance and cost avoidance of CIT provider.
- Manpower costs associated with backend cash handling can be effectively reduced/eliminated when these functions are automated.

Improve Efficiency & Acct.

Discrepancies can be timely identified & resolved.

Eliminate human error when handling cash.

Generate wide variety of reports and offer detailed reporting.

Improve Security

- Improves identification of potential counterfeit notes and function as secure storage units/vaults for cash.
- Its secure vault comes with in-build restricted access with password and installed alarm.

Reduces risk of counting errors, miscalculations, reporting

High Accuracy of Cash Balances

Staff

Productivity

- mistakes. Automating the manual cash handling activities allows for a
- reduction in labour and redeployment of back-office staff. Staff to focus on other more important activities such as serving patients

Potential Return of Investment & Savings

Return of Investment (ROI) & Cost Benefit Analysis

Return of Investment (over 5 years) – 138%

Cost Benefit Analysis – NPV positive on 2nd year

Note:

ROI and Cost Benefit Analysis are computed after taking into consideration that all SOCs and Specialty Centers go Cashless. It includes Healthpass Funding of 50%, CIT cost savings of \$48,000 and manpower cost savings of 2,717 man-hours.

Cost for Cash in Transit



50% Reduction



\$48,000 savings/year