



Singapore Healthcare Management 2018

Making Hard Work Count: Improving the Tracking and Charging of Inter-Departmental Referrals (Blue Letters) Seen by Department of Psychological Medicine



Changi
General Hospital
SingHealth

Dr Tan Sheng Neng, Psychological Medicine
Miriam Soh & Chloe Huo, Inpatient Operations
Changi General Hospital

Background

Blue letters (BL) are used by doctors to refer patients across disciplines.
With the rise of chronic diseases and increasing need for multi-specialty care for patients, blue letters play a big part in ensuring appropriate medical care for patients.

Problem

Prior to the project, blue letters were charged by Patient Service Associates (PSA) at respective wards.

This resulted in blue letters spread extensively across different wards, which made it more challenging to monitor documentation and tracking of blue letters.

There was an observed discrepancy of ~25% of Psychiatric blue letters not being consistently charged, which amounted to areas of waste:

Impact of not charging BL

Patients	Inpatient Operations	Billing Office	Finance	Doctors
<ul style="list-style-type: none"> Impact on patient experience Inaccuracy in Patient billing - use of Medisave and Medishield Life possibly affected 	<ul style="list-style-type: none"> Unnecessary time and resources utilized on back-end work to reconcile charging gap 	<ul style="list-style-type: none"> Reopen/ close bill Possible CCPS resubmission Incur resubmission fees 	<ul style="list-style-type: none"> Inaccuracies in Finance Reports and statistics e.g. Cross Month Workload Report 	<ul style="list-style-type: none"> Loss of revenue Inaccuracy in staff workload

Inaccurate Measure of Staff Workload
Inaccurate Patient Billing
Increase in administrative follow up efforts
Loss of Hospital Revenue

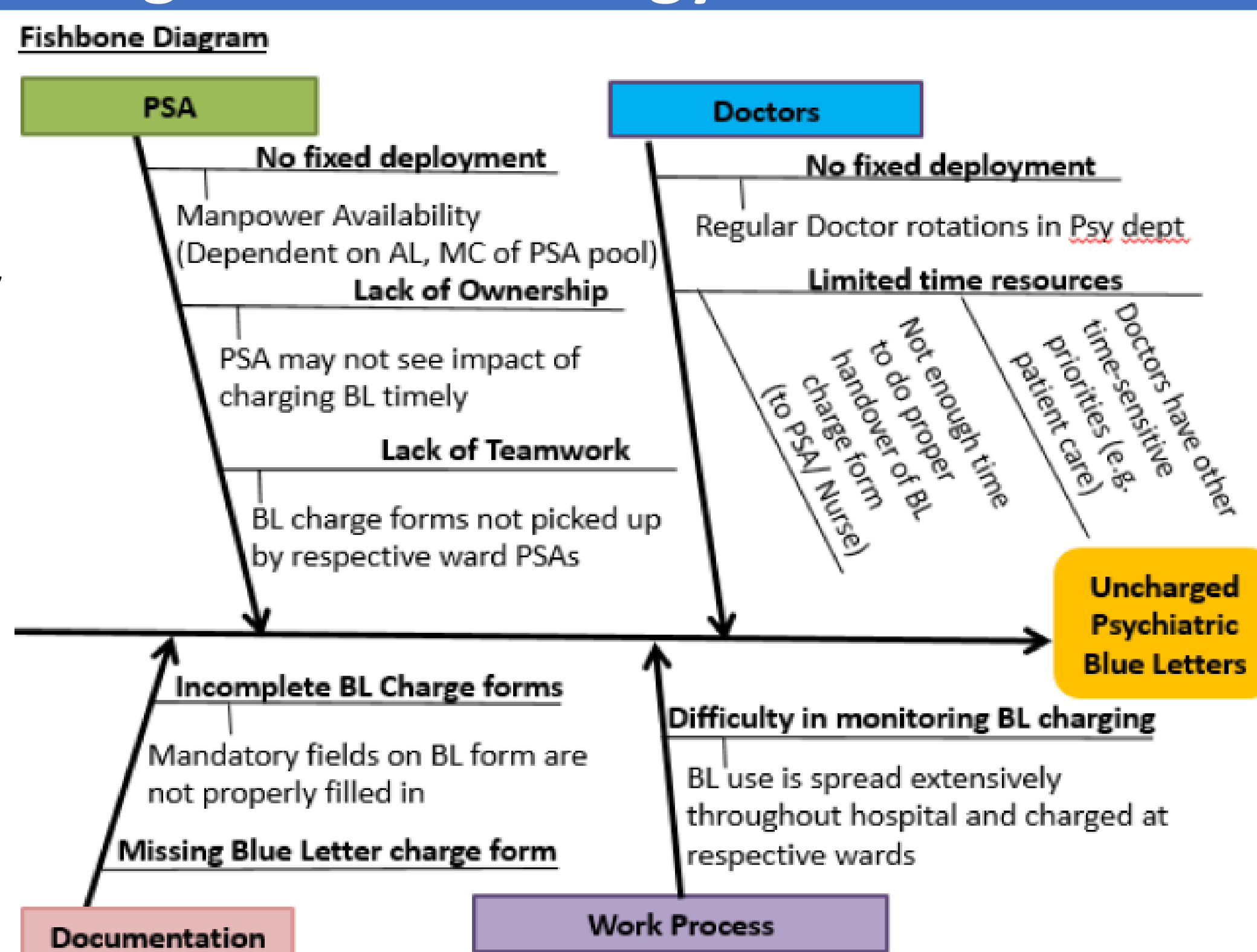
Objective

As a means to improve operational efficiency, Psychological Medicine and Inpatient Ops embarked on a project which aims to:

-Improve accuracy of Psychiatric Blue Letter charging by 20%.

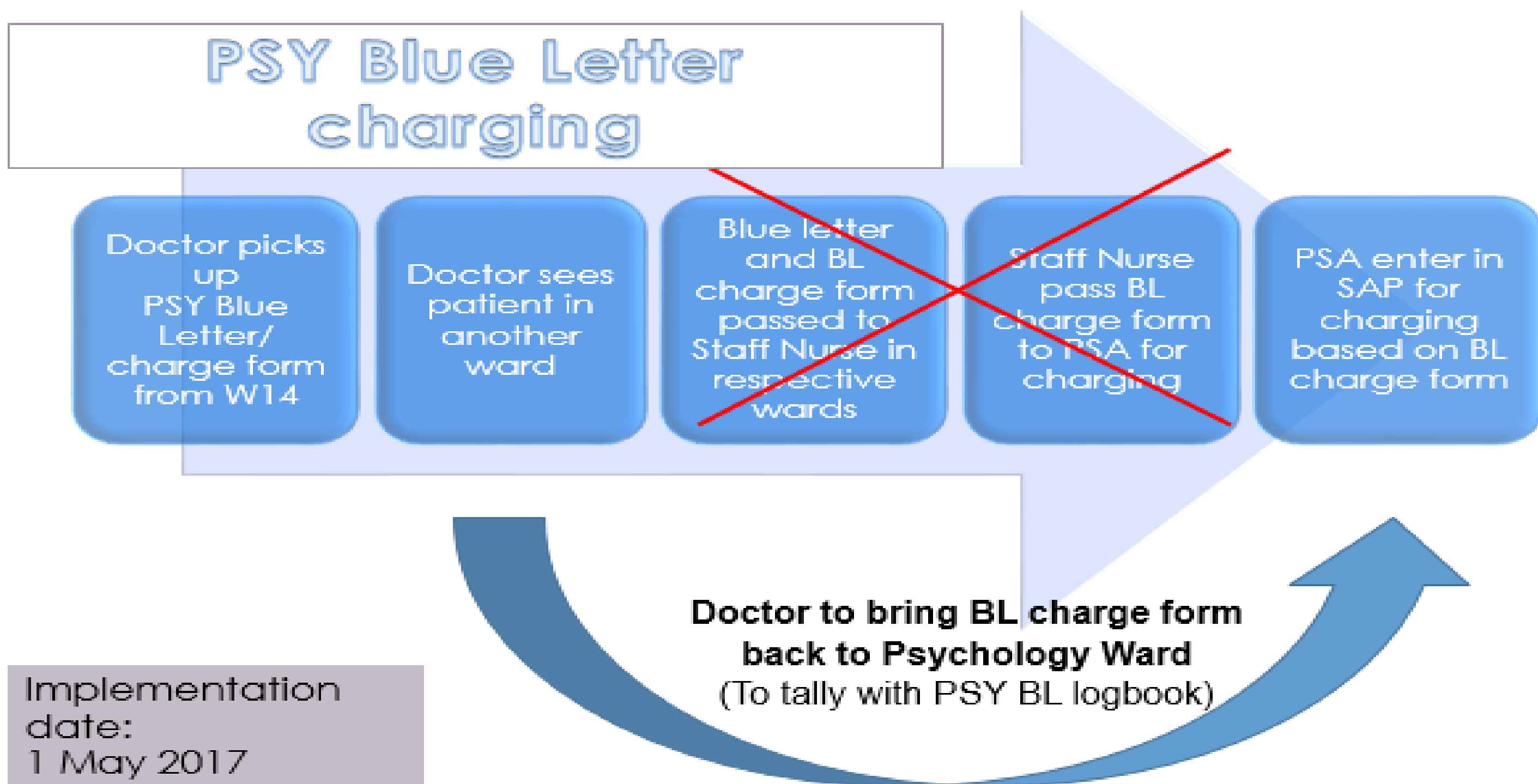
Changes- Methodology

Appropriate **Plan-Do-Study-Act (PDSA)** steps of Quality Improvement methodology were undertaken. With the use of a fish bone diagram, the team brainstormed and identified several root causes.



A change in workflow was pinpointed as the proposed solution for the project; and saw doctors bringing **all** Psychiatric Blue Letter charge forms back to Psychiatric Ward for charging, by streamlining the processes.

Suggested Change in Process



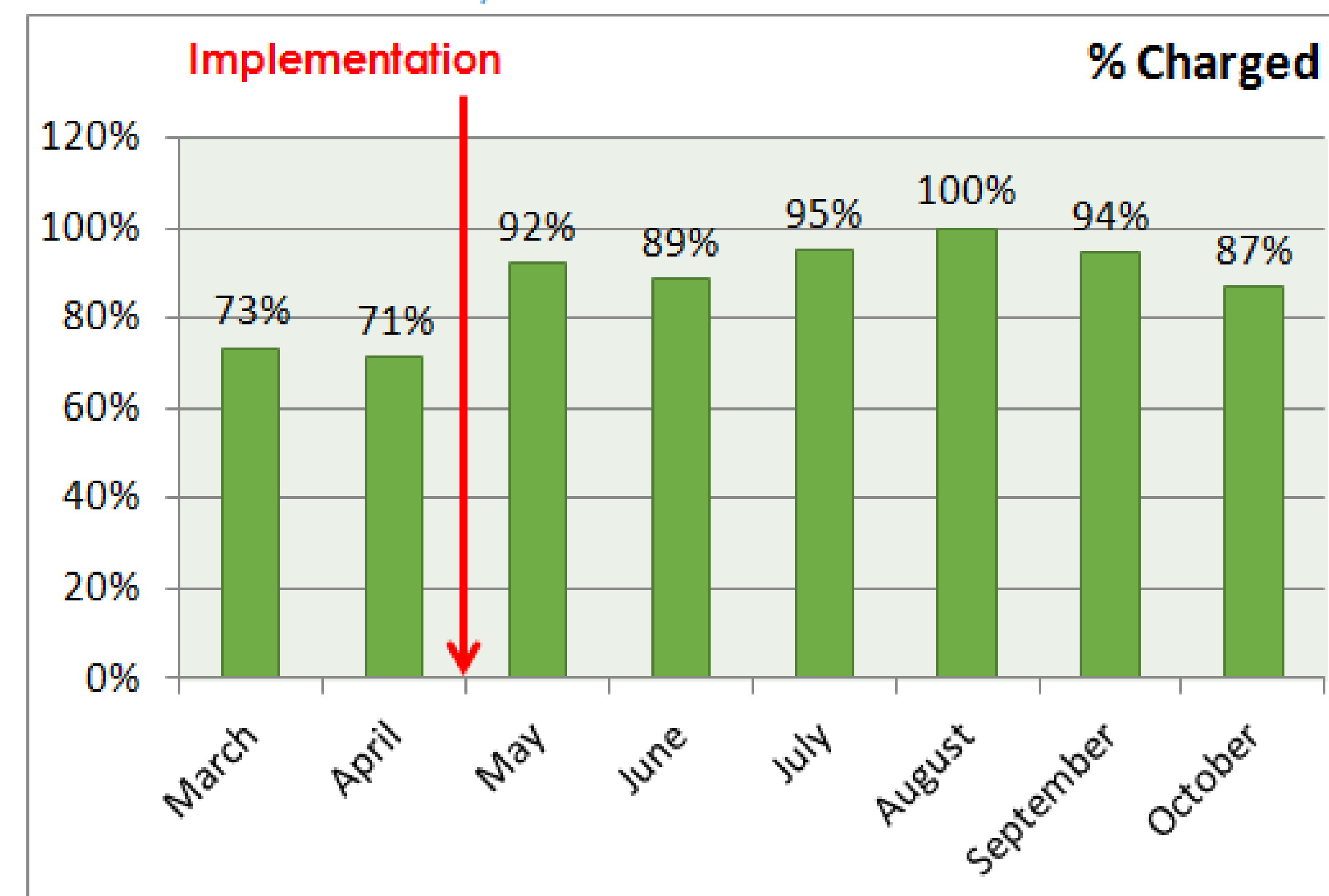
Psychiatric ward acts as a 'focal point' where all Psychiatric blue letters are consolidated for charging at one single location, which allows for better monitoring and documentation, resulting in higher consistency in Blue Letter charging.

Results

The 'future state' workflow was implemented on **1 May 2017**.

Data for the total number of Blue Letters received and charged from **March – October 2017** was measured and studied.

Data Analysis

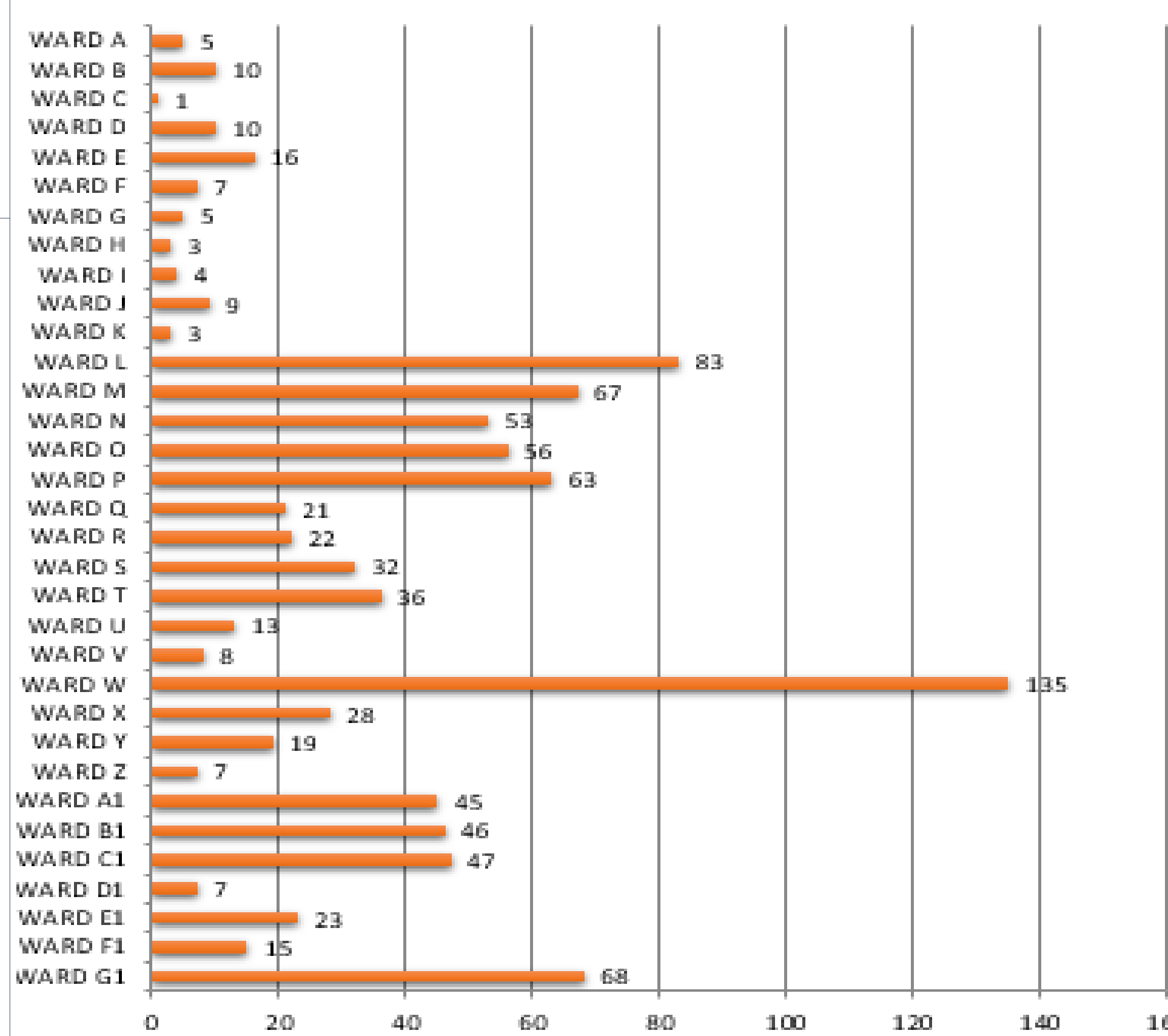


Sample size: ~1000
Source- SAP-ISH

Increase in Charged Psychiatric Blue Letters (BL)	Increase in Hospital Revenue	Optimization of Existing Resources	Improvement in Productivity
~84% of BL recovered.	Projected revenue of ~\$60,000/ year for hospital.	No increase in manpower or workload for Staff.	Introduction of Leaner Workflow.

Additional Gains

By Ward



Extracted Psychiatric Blue Letter data enabled formulation of a **dashboard** which allows for:

- 1) Further data analysis
- 2) Patient Trend Insights
- 3) Identification of areas of possible revenue leak

Sustainability and Scalability

The project manifests **TOP** values:

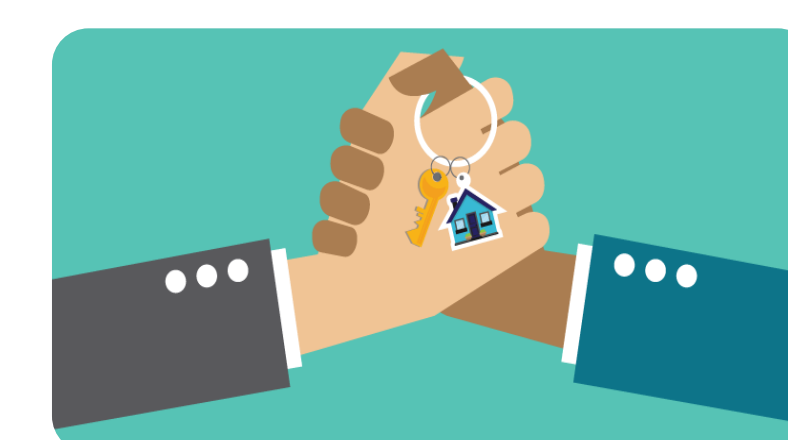
- Teamwork**-Collaborative inter-department team efforts between Psychological Medicine and Inpatient Operations
- Ownership**-Doctors and PSA take greater responsibility to ensure blue letters are charged
- Professionalism**-Learning and innovating in hand with data analysis

The project introduced a change in work process to reduce waste in Psychiatric Blue Letter charging which brought about enhanced productivity and increased hospital revenue.

Conclusion

The team ensured **sustainability** of the project through:

- Continuous staff training
- Continuous engagement and regular review



Scalability:

- Concept of 'cohorting' Blue Letters may be emulated by other disciplines to improve on blue letter charging accuracy
- Identify areas of improvement and spin off other hospital wide Kaizen/ improvement projects; e.g. enhancement of the existing Blue Letter charging form to maximize hospital revenue.