



# The Gift of Peace of Mind



Changi General Hospital  
SingHealth

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## BACKGROUND

Patients are often confused by the multiple touchpoints in the hospital for financial related issues. Feedbacks were provided to MOH, MPs and respective hospitals. Hence, a team of young and energetic associates were recruited to engage patients and NOKs on such issues. However, this team lacked the expertise and knowledge in delivering a full spectrum of financial counseling services.

To align with the ministry's aim of extending financial counseling beyond admission phase, an existing team of senior and experienced backend staff were also roped in to form the new Care Cost Team (CCT) that provides end-to-end holistic financial-related services to inpatients.

Merger of the teams officially started in October 2017 with each staff handling an average of 250-260 cases per month.



**Peace-of-mind**  
The *absence of* mental stress and anxiety

VS

**Piece-of-mind**  
Tell someone what you think, usually angrily or *self-righteously*



Hence, our project **AIMS** to :

- ➕ Improve **WORK PRODUCTIVITY** of individual staff by increasing monthly workload of at least 20 cases by January 2018
- ➕ Provide financial peace-of-mind to patients and family members by developing **STAFF'S COMPETENCIES**

## CHANGES (METHODS)

**GOVERNMENT OFFICIAL**

Less like someone who is **inflexible** and unable to deviate from policy.

**FRIEND**



More like someone who will **support** and show them how to get financial assistance

**DEBT COLLECTOR**

Less like someone who cares only about chasing **outstanding** hospital bills \$\$\$

**PERSONAL SHOPPER**



More like someone who **discusses** payment options in patient's interest

**ADMINISTRATOR**

Less like someone who is **clearing** clerical work



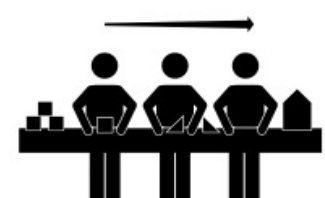
**ADVISOR**



More of a roving team to provide **proactive** financial counseling services

**FACTORY WORKER**

Less like someone who adds **marginal value** and pass materials down a conveyor belt to next line worker



**CONCIERGE**



More like someone who takes on **ownership** to be main Point of Contact (POC) from Admission to Discharge



## MEASURES (RESULTS, OUTCOMES AND FIGURES)

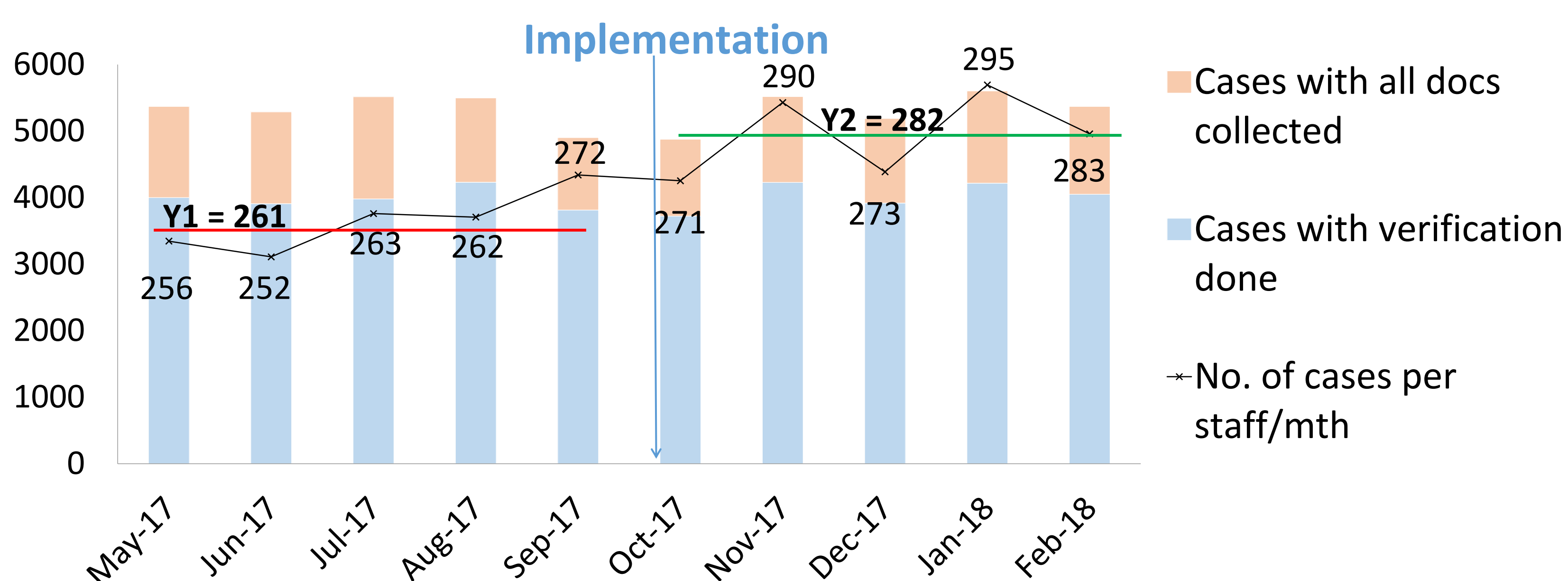


Figure 1. Increase in staff productivity based on workload per person after merger of the 2 teams (Y1=261 → Y2=282)

- ✓ Average **increase of 8.05% (21 cases)** in the number of cases each staff has to complete in a month (from May 2017 to February 2018).
- ✓ More cases are completed by lesser number of staff
- ✓ Improved productivity of the team

Changes	Time taken for 1 transfer case	Estimated number of cases/ day	Total time saved for the team	Average savings per staff
Eliminating Handovers when patients transfer wards	3.5 min	219	12.8 hr/day	59 min

Table 1. Time savings achieved via use of **1 Point of Contact** from eliminating handovers for each case.

## CHALLENGES

- ☐ Differing learning curve and motivational factors amongst staff
- ☐ Patients and NOKs have increasing service expectations (Inpatient = Impatient)
- ☐ Increasing complexities of healthcare finance (policies, guidelines and systems)

## CONCLUSION

- Objectives of the project were achieved through
- ✓ Constant review of workflows and process synchronizations
  - ✓ Embracing changes to become more patient-centric
  - ✓ Competency development of staff with enrichment workshops scheduled fortnightly

Furthermore, the changes were aligned to CGH values T.O.P i.e.

TEAMWORK	OWNERSHIP	PROFESSIONALISM
<b>TEAMWORK</b> is essential to ensure 100% completion of individual cases. Members displayed teamwork through coordinated use of shared workbook.	Having 1 point of contact (POC) from Admission to Discharge encourages <b>OWNERSHIP</b> of individual cases.	Increasing staff's skillsets in financial counseling promotes <b>PROFESSIONALISM</b> and increase their sense of achievement as they overcame the challenge of learning new technology and embrace changes.