Save Trees, and they will Save You!





Project Background



CGH has a well-deserved reputation for quality customer service. However, faced with changes in patient expectation, demand of a robust business continuity plan and stringent personal data protection requirement, CGH faces the possibility of risk management compliance failure due to ever increasing risk and security exposure.

Singapore Healthcare

Management 2018

We have managed solutions to help CGH stay ahead of patient satisfaction & safety by focusing on document security management and automation of document savings. The project aims to increase staff productivity by spending lesser time on manual processes and to reduce usage of Business Office (BO) Folders.

Problem analysis

Documents are lost in transit, misfiled or misplaced

☑Staff are very reliant on hard copies.

☑The job requires staff to ensure completion of patient documentation (e.g. Identification documents, Medisave Forms, Care Cost Forms etc.)

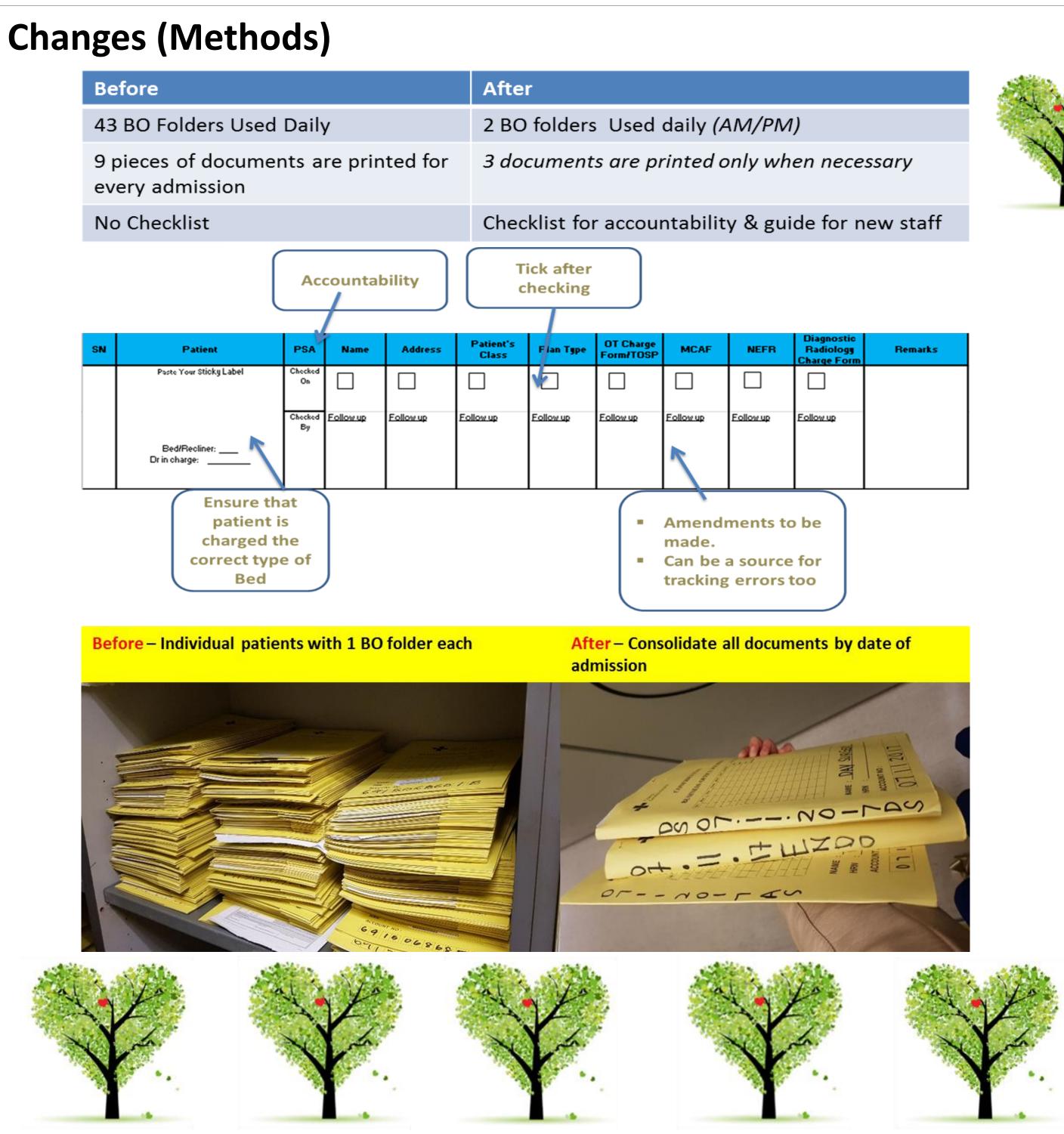
☑Complacent with old habits and reluctant to change processes.☑Frequent printer breakdown

Aim of the Project

☑Increase patient contact time → Better Patient Experience
☑Prevent loss of documents with the use of Microsoft tools to ensure accuracy and completeness are not compromise

☑Use systems to improve workflow (E.g. Scanning patient's documents into OnBase which also helps to enhance patient data protection)

☑Minimize the need for storage



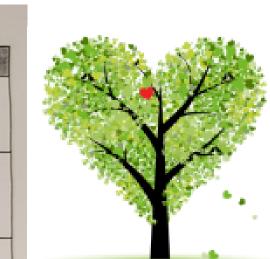
Measures (Results, Outcomes and Figures)

		В	efore		After	Savings/Deficits PER DAY	
No. of BO Folder used day	43			2	95%		
Average Cost of BO Folder per day [BO Folder - \$0.21/piece]		\$9.03			\$0.42	95.3%	
No. of paper used pe	301			14	95%		
Changes	Time	saved	Est. no. o cases/da			Total saved per DS PSA	
Opening of BO Folders	1 min 24 sec		43		60 ~ mins	30~ mins	
Printing	46 sec		43		33 ~ mins	16.5 ~ mins	
Bill Checking	1~	min	43	43~ mins		43~ mins	
	89.5~ mins (1 hrs 29 mins)						

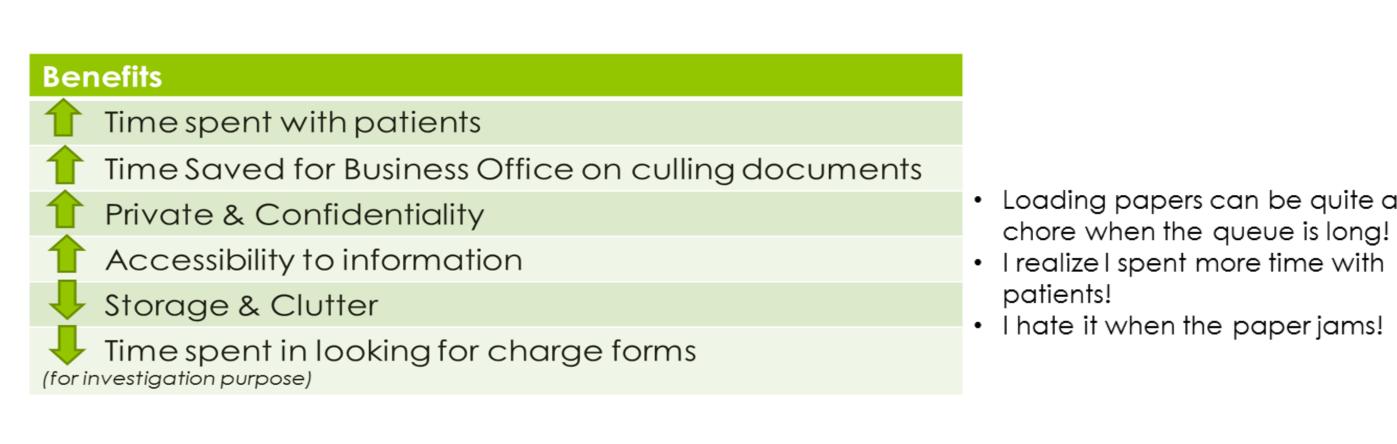
There had been a 100% success rate since the project started in September 2017, staff were trained to be less reliant on hard copies and have made use of systems to get information they require for patient's admission.

☐ There were also no missing document cases since the roll out as the checklist ensures accuracy and completeness.

Patient's Bill Checklist											
THE STATE OF THE PARTY.	Patient	FSA	Nime	Address	Patient's Class	Plan Type	OT Charge Form/TOSP	MCAF	NEFR	Diagnostic Radiology Charge Form	Remarks
		TIBa			V	*	Y	7	V	XXX	
	Bed/Recliner: Dr in charge:	Checked By Yi 189 Sally		Follow up	Follow up	Follow up	Follow up	Follow up	Follow up	Follow up	
(4	Checked On 9,23910 Checked By 9,26	Follow up	Follow up	Follow up	Follow up	Follow up	Follow up	Follow up	Followup	
	Bed/Recliner: Dr in charge:	Sally									
	Paste Your Sticky Label	Checked On 91279 Checked By	Follow up	Follow up	Follow up	Follow up	Follow up	Follow up	Follow up	Follow up	
	Bed/Recliner: Dr in charge*	9.310	n								



□Staff Verbatim



Conclusion

The initial stage was challenging, staff were very used to checking hardcopies as it gives them assurance in accuracy and they were not use to toggling between systems as some may not be IT savvy. The teething period actually took a slightly longer time as they tried to get used to the new changes.

Over the past 6 months, after they got familiar with the changes, they started seeing the benefits it has brought them. They are more productive in their work & happier.

The success of this reduction in BO folders translates to time-saving for PSA which allows more interaction time with patients, lesser storage space and cost cutting as we start ordering much lesser BO folders.

☐Sustainability & Scalability

The project was first piloted at Day Surgery, and it was scaled to Endoscopy and Ambulatory Surgery after a month worth of positive feedback from staff at Day Surgery ensuring in more savings. We hope to continue sustaining this project with other areas in the hospital.