Revamp the counter duties for payment initiatives

**Background of the problem**
The Centre for Digestive and Liver Diseases (CDLD) sees an average of 502 patients a day. 41 out of 58 clinic staff are Patient Service Associates (PSAs), who handle the administrative and customer service aspects of patient experience. It was found that since the start of new initiatives such as “Drop & Go”, CDLD PSAs were staying back long hours to clear administrative backlogs. Drop & Go allows patients to leave the SOC right after their doctor’s consultation, skipping the payment and re-appointment queue. Since the start of the scheme in March 18, take-up rate has stabilized at about 20% of daily patient workload in CDLD. While the new initiative benefits patients, the change in patient journey necessitated a review of clinic processes to enhance operational efficiency and job satisfaction.

**Mission Statement**
To adjust existing workflows so that staff can maintain operational efficiency and work-life balance at CDLD.

**Analysis of problem**

- **Manpower Allocation**
  - Cashiers are busy attending to patients during clinic hours
  - Insufficient manpower allocated

- **Clinic sessions over run**
  - Clinic sessions start late

- **Workload**
  - Increasing admin workload due to higher take-up rate for payment initiatives
  - Long hours to clear admin work from new payment initiatives

**Stakeholders and Potential Impact**

- **Clinic staff** Less likely to do overtime and improved morale
- **Clinic in-charge** Able to satisfy multiple stakeholders
- **Patients** Shorter amount of time taken for SOC patient journey

**Root Causes Identified**

1. **Insufficient manpower allocated to clear admin work arising from payment initiatives**
2. **Increased back-end admin workload due to higher take-up rate for payment initiatives**

**Solutions Development**

**Aim of project**

- Concepts to address root causes
- Specific Solutions
  - Reduce time needed for processing payment initiatives
  - Convert all counters to dual function registration and payment
  - Enlist help from backroom staff for clearing admin work
  - Distribute increased workload evenly between all clinic staff

**Solutions Implementation**

Both of the selected solutions were implemented within 1 PDSA cycle (Jul-Sep 2018) by optimizing resources.

1. **Converting 4 out of 7 counters to dual use**
   - Signages demarcating ‘cashier’ and ‘registration’ counter areas were removed. Cashier features were installed in registration counters to enable billing functions. These included phone lines required for NETS terminals and enhanced OAS billing modules. Next, appointment features were installed in registration counters. Carestream RIS was installed to enable booking of Ultrasound abdomen appointments ≥6 months away, which is currently done by CDLD staff.
   - **This allowed us to free up 2 cashiers daily for other manpower-intensive job scopes like assisting doctors.**

2. **Enlisting help of backroom staff on heavy clinic days**
   - A test period showed that backroom staff were able to support D&G administrative workload on days with heavier clinic workload as they were familiar with the resource set-ups and appointment booking system.

**Feedbacks**

- A test period showed that complaints were received due to delays in payment and appointment processing after the change in counter operations.

**Results**

- The reduction of manpower allocated to the frontline counters resulted in an unintended effect of relieving the load in other administrative areas of CDLD, i.e. room assisting.

**Sustainability Plans**

A standard work process has been put in place and staff have adjusted well to it. All staff now proactively clear “Drop and Go” workload as it accumulates through the day, and backroom staff have also been activated to help out on days when clinic staff manpower is insufficient due to heavy clinic sessions.

**Conclusion**

Efficient assignment and manpower planning is required to achieve staff work-life balance and job satisfaction. Supervisor plays an important role to review processes and the downstream effects of the new implementation.

---

**SHM_OP122**