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A woman with long dark hair, wearing a black and white patterned shirt and white shorts, is standing and using an ATM machine. The ATM is orange and grey, with a screen and a keypad. It has the text "Bank Syariah Indonesia" and "Kantor Cabang" on it. The background shows a public area with yellow walls, a clock, and a window. A sign on the floor reads "LALUAN KENDARAAN" and "PARKIR".

The diagram illustrates the barriers to kiosk adoption, organized into six main categories with associated sub-points and a central goal.

- Staff Knowledge Gap**
 - PSA/HIA do not know how to promote the use of self-services
 - PSA/HIA are not well versed with the functions of the various self-service applications
 - No training guide available for staff for refresher.
 - PSA/HIA have not used the various self-services before
 - PSA/HIA do not know the benefits for them if patients use self-services
- Patient Knowledge Gap**
 - Patients are unable to tell the functions of the kiosks: from the physical appearance
 - There is no staff to introduce the kiosk to patients and teach them how to use it.
 - The promotion of self-service by the clinic staff is not strong
 - The HQ marketing efforts of self-service is not strong
- No incentive for patients**
 - Patients cannot use cash and other scheme e.g. CDA at the payment kiosks
 - Patients had to wait quite long to complete transactions at kiosk due to slow system performance.
 - Patients cannot book same day appointment for unplanned visit.
 - Elderly do not mind waiting as they are IT-adverse, prefer service from staff
- Kiosk Placement**
 - The functions of the kiosks are not visible from the physical appearance
 - Kiosks are not placed at where usually appointment booking by staff takes place, thus patients do not intuitively go to the kiosk to perform the service.
- Kiosk Functions**
 - Same Day Appointment Booking not available
 - Forward Appointment Booking not available for Lab, Nursing, Dental and Consultation cum Lab
 - Payment cannot be made in cash or offset against other schemes e.g. CDA
 - Slow system performance and frequent breakdown
- Clinic Processes**
 - Do not teach the patients how to use of kiosk
 - Do not utilize self-appointment kiosk as part of the checkout process
 - fearful of having long queue at the entrance as well as long waiting time if staff are delegated at self-service kiosks to promote, educate and help patients to use the kiosks
- Goal:** To increased usage of kiosks by % in 5 months' time

Before

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graph LR
    Entrance[Entrance] --> HA[HA check if any appt?]
    HA -- Yes --> Queue[Issue Queue]
    HA -- No --> WalkIn[Issue Walk-in 7000 or X Series]
    Queue --> Patients[Patients go to HIMS, Lab or Consult Room]
    WalkIn --> Patients
    Patients --> Staff[Staff member at computer]
  
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graph LR
    Entrance[Entrance] --> StaffCheck[Staff check if any apt?]
    StaffCheck -- Yes --> IssueQueue[Issue Queue  
no]
    StaffCheck -- No --> XorID{X or ID series?}
    XorID -- Yes --> RegisterCounter[Register Counter  
issue SDQ]
    XorID -- No --> NewPatient{New Patient?}
    NewPatient -- Yes --> RegisterCounter
    NewPatient -- No --> GuideKiosk[Guide patients for SDA at kiosk]
    IssueQueue --> PatientsRoom[Patients go to HMS, Lab or  
Consult Room]
    RegisterCounter --> PatientsRoom
    GuideKiosk --> PatientsRoom
  
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Successful Implementation



By breaking down the barriers that affect the adoption of kiosk usage, we are able to increase the utilization of SSK, better deployment of resources and improve patients' experience by reducing patients waiting time.

- 1) The usage of SSK for payment and appointment making has increased to 24%
- 2) 50% centile waiting time for registration is 4 mins and 95% centile is 20mins
- 3) Total counter staff has been reduced from previous 11 to current 9 (18%)

Figure 1 is a dual-axis chart showing the percentage of cases by age group (0-14, 15-64, 65+) and the number of reported cases by region (EU, Africa, Asia, Oceania, Americas) from January 2020 to March 2021. The left Y-axis represents the percentage of cases (0% to 45%), and the right Y-axis represents the number of reported cases (0 to 2,500). The X-axis shows months from Jan to Mar. A red dashed line indicates the 35% threshold for the 65+ age group. The legend identifies four series: EU (blue bars), Africa (grey bars), Asia (dark blue bars), and Americas (light blue bars). The percentage of cases for 0-14 (green line) and 15-64 (purple line) are also shown.

Month	EU (%)	Africa (%)	Asia (%)	Americas (%)	0-14 (%)	15-64 (%)	65+ (%)	EU (Cases)	Africa (Cases)	Asia (Cases)	Americas (Cases)
Jan	32.0	10.0	10.0	10.0	10.0	10.0	35.0	100	100	100	100
Feb	25.0	15.0	15.0	15.0	10.0	10.0	35.0	100	100	100	100
Mar	30.0	20.0	20.0	20.0	10.0	10.0	35.0	100	100	100	100
Apr	35.0	25.0	25.0	25.0	10.0	10.0	35.0	100	100	100	100
May	30.0	20.0	20.0	20.0	10.0	10.0	35.0	100	100	100	100
Jun	35.0	25.0	25.0	25.0	10.0	10.0	35.0	100	100	100	100
Jul	30.0	20.0	20.0	20.0	10.0	10.0	35.0	100	100	100	100
Aug	35.0	25.0	25.0	25.0	10.0	10.0	35.0	100	100	100	100
Sep	30.0	20.0	20.0	20.0	10.0	10.0	35.0	100	100	100	100
Oct	35.0	25.0	25.0	25.0	10.0	10.0	35.0	100	100	100	100
Nov	30.0	20.0	20.0	20.0	10.0	10.0	35.0	100	100	100	100
Dec	35.0	25.0	25.0	25.0	10.0	10.0	35.0	100	100	100	100
Jan	30.0	20.0	20.0	20.0	10.0	10.0	35.0	100	100	100	100
Feb	35.0	25.0	25.0	25.0	10.0	10.0	35.0	100	100	100	100
Mar	30.0	20.0	20.0	20.0	10.0	10.0	35.0	100	100	100	100