

DIRECT BILLING AGREEMENT SYSTEM



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Introduction and Background

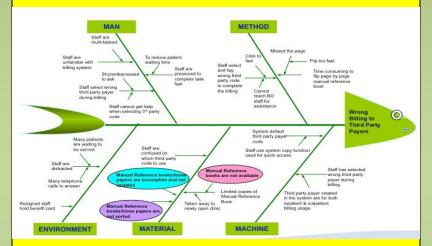
Patients for admission are required to furnish initial deposit for the amount in excess of Medisave claims. This requirement may be waived if a Letter of Guarantee (LOG) from an organization is produced and accepted by the hospital. These organizations must have an existing / established credit arrangement with our Business Office (BO). Despite this arrangement, the Admissions (AO) team does not always receive the latest or most updated instruction from BO and often have to seek clarification for such Admissions, made worse during non-office hours when BO is closed.

This has resulted in delayed admission for some of the patients. At times, the deposit requirement may have to be temporarily waived for patient's convenience. This increases the risk of non-collection if the LOG cannot be honoured and no payout eventually. This in turn leads to an increase in patient feedback and complaints, heighten stress and lower staff morale, and More importantly, the delay, if extended may also result in patient safety issues

Thus, the team set out with the objective to come up with a solution to improve staff productivity and patient's satisfaction for all admissions with pre-approved credit arrangements.

Methods

Fish Bone diagram was used to identify the root cause of the issue which in essence was the lack of information and updated materials between BO and AO.



The team then brainstormed on several solutions and a survey was then conducted among the frontline staff of BO and AO to see which method they felt would assist them best leading to a vote where a central repository was created for BO to update all the latest instructions regarding the approved organizations. This was by creating a common file in the shared folder that allows both team to access from their respective workstations. Several levels of access is also created. Eg For Admissions, it is read-only.

Solution / Criteria	Cost Effective	Ease of Implementation	Effectiveness	Patient Satisfaction	Total*
24 hr Hotline manned by BO staff with SAP access	3	1.5	2	3	9.5
Develop an 3rd Party Online System for instant access by Admission staff to check on Organisation's credit status - (approved / pending / rejected)	1	2	5	5	13
Create a shared folder updated by BO and viewed by AO for most current list of approved Companies and standing instruction / coverage	3.5	4	4	5	16.5
Status Quo - Collect Cash Deposit for non-office hours admissions	4	4	1	1	10

1 = Does not meet criteira, 2 = Meets criteria fairly, 3 = Meets criteria well, 4 = Meets criteria very well

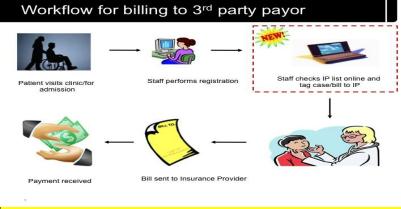
A Direct Billing Agreements (DBA) system was developed via the creation of a shared drive and file that consists of all the required credit information of the preapproved organizations and the corresponding credit limit / coverage and any other important details to note.

Acknowledgements

Project Sponsor: Ms Grace Lim – CFO, KK Women's and Children's Hospital

Results

With the implementation of the DBA system, the workflow can be seen as



Tangible Benefits:

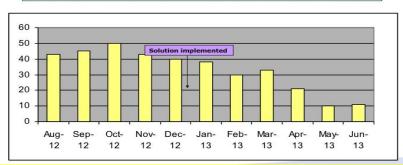
With this redesign, there is a marked improvement over the current model –

Improved Admission Transaction Time for patients with LOG due to the validity or faster verification of their LOG claims/ coverage.



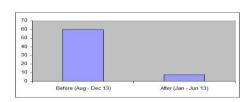
Reduced Bill Cancellation as a result of inaccurate Billing and Payment Instructions. leading to lesser resources needed from BO to follow-up on payment for this group of patients. This lowers the risk of non-collection.

Number of bill cancellations Before and After implementation



Reduced feedback / complaints with regard to wrong billing leading to a better patient experience and improved reputation of the hospital

Number of LOG enquiries received by BO from staff Before and After implementation



Intangible Benefits

Since implementation, the reduced feedback, faster transaction time, more efficient use of staff resources all contribute to a more pleasant work environment with less friction and better communication and teamwork between BO and AO, resulting in higher productivity and staff morale.

The success of this project has also given the team more confidence to pursue other process improvement projects not just for the department but across the division and hospital as well.