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## Background

Finance, Payroll captures the amount of professional fees and points to be paid to the Specialists using Doctor Workload Reporting System (DWLR). Non Specialists are not entitled to fees or points.

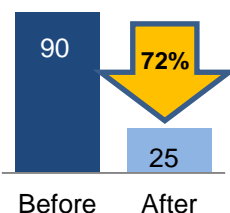
By default, the Doctor Workload Reporting System (DWLR) system would split the Surgeons Fee and Points equally between 2 doctors, regardless of rank (Surgeon 1 (S1): 50%, Surgeon 2 (S2): 50%) and staff had to make manual adjustment to cases with percentage allocation that deviated from the default (e.g. S1: 100%, S2: 0%). The weekly process included going through the case notes, photocopying the notes with adjustments to be made and finally, making the backend adjustments. Adjustments would be followed by supervisor's approval. This entire process was manual and time consuming, taking up a day's time (8h) and affected work productivity and staff morale.

## Aim

To reduce time spent on the process of determining percentages of Clinical Professional Fee allocation and adjusting percentages for Specialists.

## Results

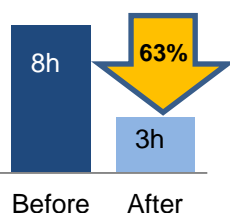
No of Adjustments/wk



**5h saved/wk**

**Better Staff Morale**

Time spent on Process/wk



**SAVINGS**

Manpower cost saved/yr

= 5h x \$45/h x 52wks = \$11,700

Cost of Enhancement = \$3,738

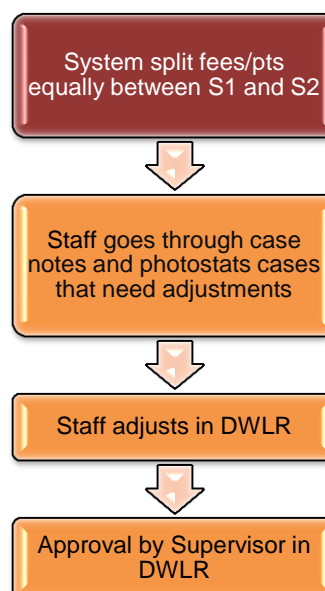
Total Cost Savings over 3 yr = **\$31,362**

### Added Benefits:

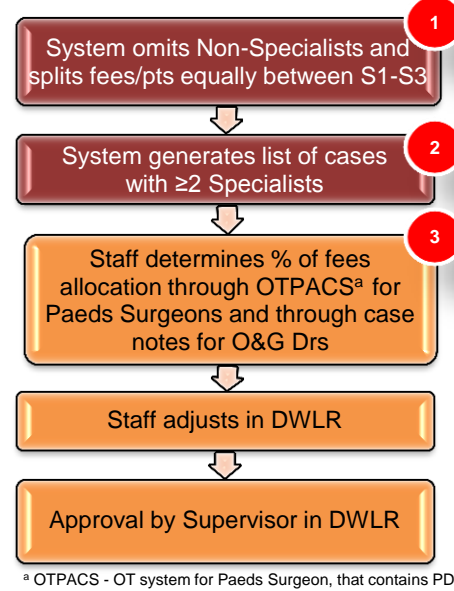
- ✓ With the list of cases that involve  $\geq 2$  specialists, we would know which cases to adjust and no adjustments would be left out as a result of missing case notes.
- ✓ Drs now earn the fees and points for supervising Non Specialists, even without indicating the percentages in the notes.

## Methodology

### Current Workflow



### Improved Workflow



\* OTPACS - OT system for Paeds Surgeon, that contains PDF of case notes.

Automated Manual

Before

Root cause was due to Specialists, who were overseeing Non Specialists, requesting for 100% Fees/Pts. Yet, the Specialists were often only assigned 50% of the fees by default, as the system split the fees equally between 2 doctors, S1 and S2, regardless of rank.

1

After

System omits Non Specialists before splitting the fees/pts equally between S1-S3. Only Specialists will be assigned fees/pts. S3 is now included as Supervising Drs often record themselves as S3.

Before

Process was manual. Staff had to retrieve % of fee allocation from case notes. If cases were not in the file at that point in time, they would have been omitted.

2

After

Now that DWLR generates a list of cases with  $\geq 2$  Specialists that may require adjustments, all cases will be addressed; no cases will be left out.

Before

Staff photocopied case notes for subsequent amendments and records.

3

After

With the list of case numbers, staff can print the notes and retrieve information from OTPACS, for adjustments.

## Conclusion

This semi-automation of work process through system enhancement has significantly reduced the time and effort spent on the work process by 5h per week (63%). There is improved efficiency and staff morale as a result. We still hope to fully automate this process in future, with the implementation of a new OT system, which can capture split fee allocation and port the information over to DWLR directly.