Cashless at OGC!

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Background

OGC is going counterless after the renovation. Therefore, cash payment will no longer available to our patients. OGC seeks to change the patient's and counter staff's behavior by encouraging payment via cashless options that are available.

Methodology

Below are the issues identified. Subsequently the team came together to implement solutions to start the cashless payment initiatives.

Issues Identified	Solutions
Counter staff concerned about discouraging patients to go cashless. Concerns on how they are going to collect payment from patients who only have cash.	Communicate to counter staff the reasons and benefits for going cashless.
Discourage cash payment at counter and inform patients that card payment is preferred.	Counter staff were encouraged to inform patients that card payment is preferred.
Encourage patients to take up 'Drop & Go', where patients can leave the clinic after the consultation and the invoice will be sent to patients for them to make payment at their convenience.	Room assistants were advised to communicate to patients that the 'Drop & Go' option is available. Therefore, the patients can leave the clinic without making payment on the day of the visit.

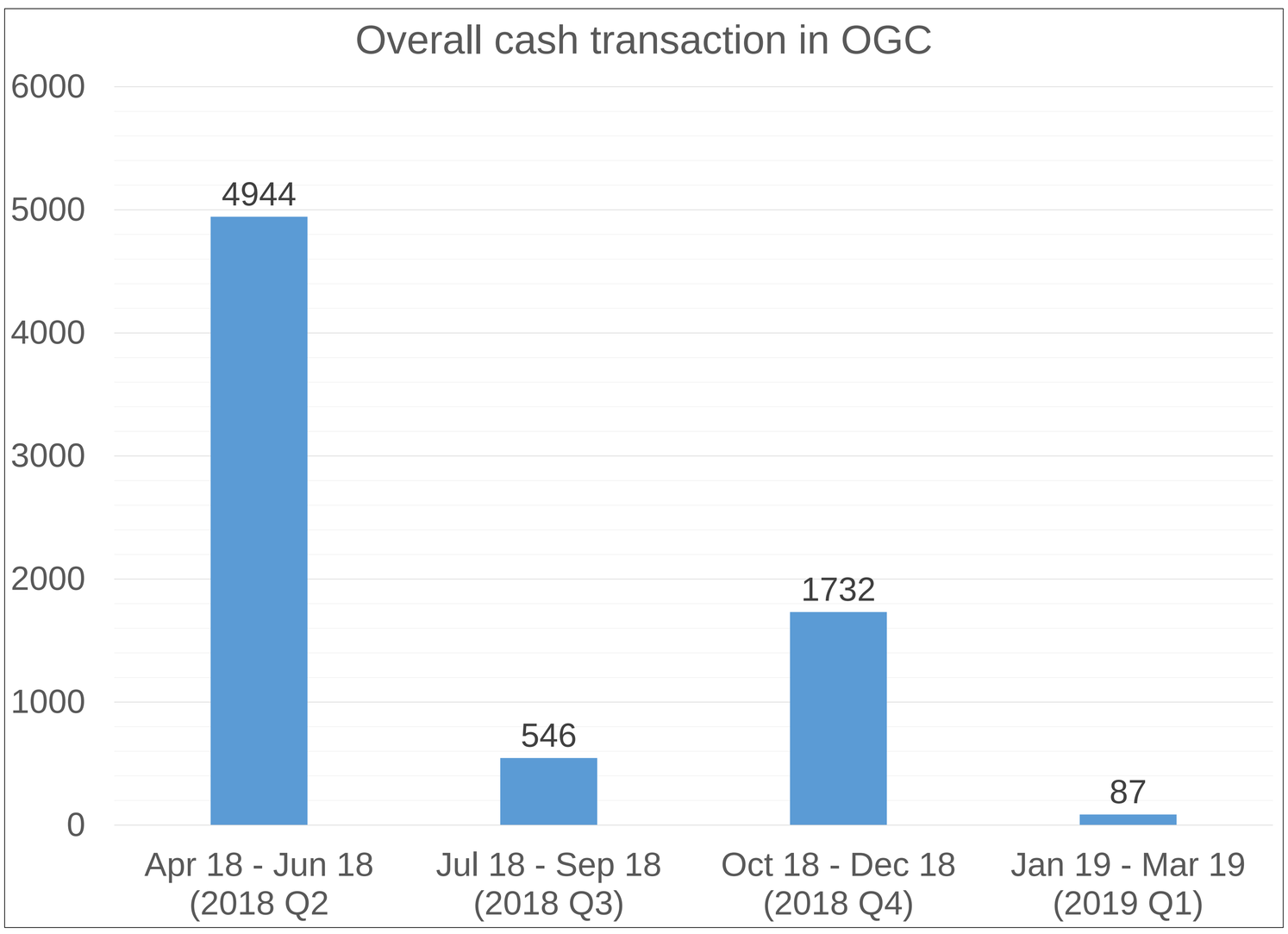
Results

Overall amount of cash collected in OGC greatly reduced from 4944 in 2018 Q2, to 87 in 2019 Q1.

A huge decrease was seen initially as cash float was removed from the counter staff. Therefore, counter staff no longer had change for patients and could only receive exact cash amounts.

Subsequently, based on the feedbacks gathered from the patients, some changes were made. Counter staff were allowed to retrieve their daily cash float, which results in the increase of cash transactions made.

The few patients who continued to pay by cash were limited to the non-residents and elderly folks who are unable to pay via cashless means. The reduction in cash collected has also translated into time saved on daily closing and reconciliation, improving morale as staff completed their work faster and errors rarely occurred with less cash collected.



Conclusion

Initially, counter staff were reluctant to implement the various cashless initiatives as they fear negative feedback from patients and caregivers.

Counter staff started to gain confidence when asking patients to use cashless payment options. Patients who made returned trips during this period also stopped preparing cash when visiting OGC.

It was important to address staff's concerns and equip them with the appropriate responses so that they can competently and confidently answer patient's queries.

As staff benefitted from the initiatives, encouraging cashless payment and Drop & Go soon became a standard part of the clinic process.