Reducing Payment Wait Time @ 4A Cardiac Clinic

Singapore Healthcare Management 2022

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01 INTRODUCTION

A typical patient journey at SOC is as follows:

Counter Services

Start → Registration → Consultation → [Appointment Making → Medication Order (*if any*) → Payment] → Medication Collection → End
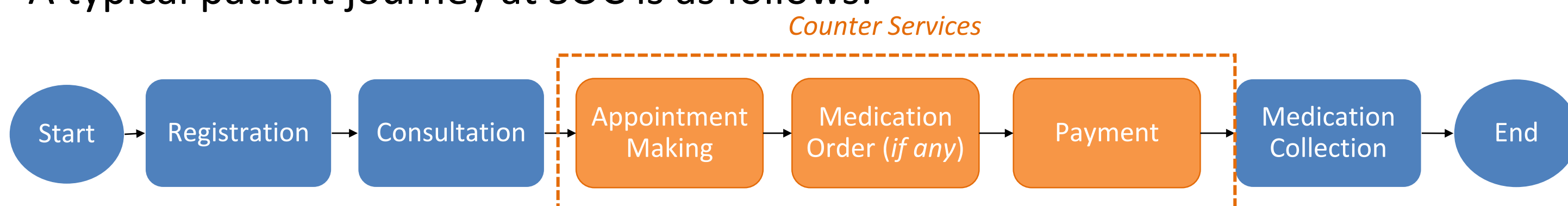
With the activities at the counter, this has led to lengthy service time per patient, and longer waiting time for patients. This affected the patient experience negatively which indirectly affects staff too. A study was conducted to reduce the payment wait time to improve the clinic experience.
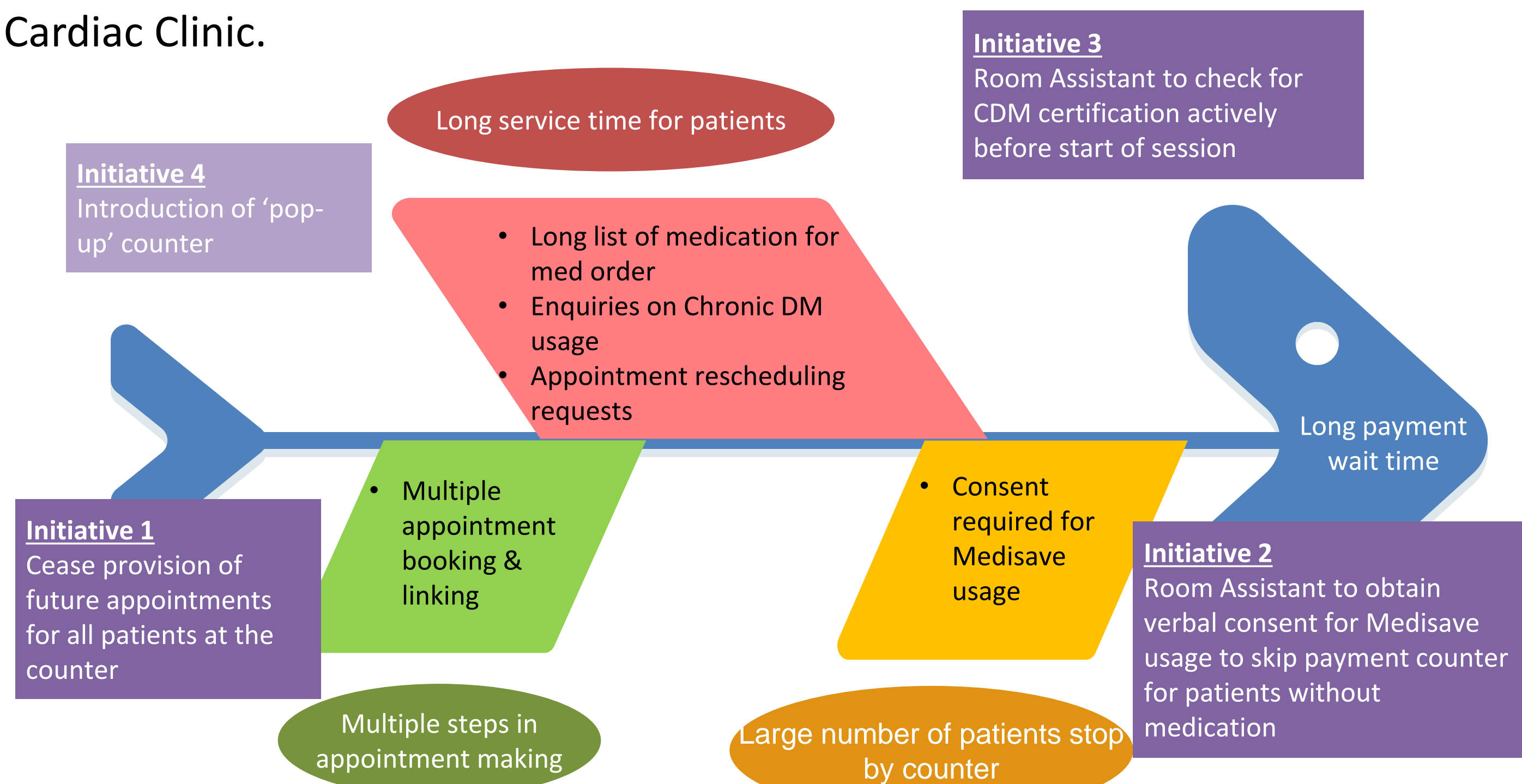
02 OBJECTIVES

- Reduce the payment waiting time for patients after consultation at 4A Cardiac Clinic
- Improve patient and staff experience
- Reduce congestion at the clinic which aids in safe distancing.

03 METHOD

PLAN: A small team of PSAs and Executives in SC Ops was formed in Aug 20. The end-to-end process was mapped out and the key factors which had contributed to the long wait time were being identified.
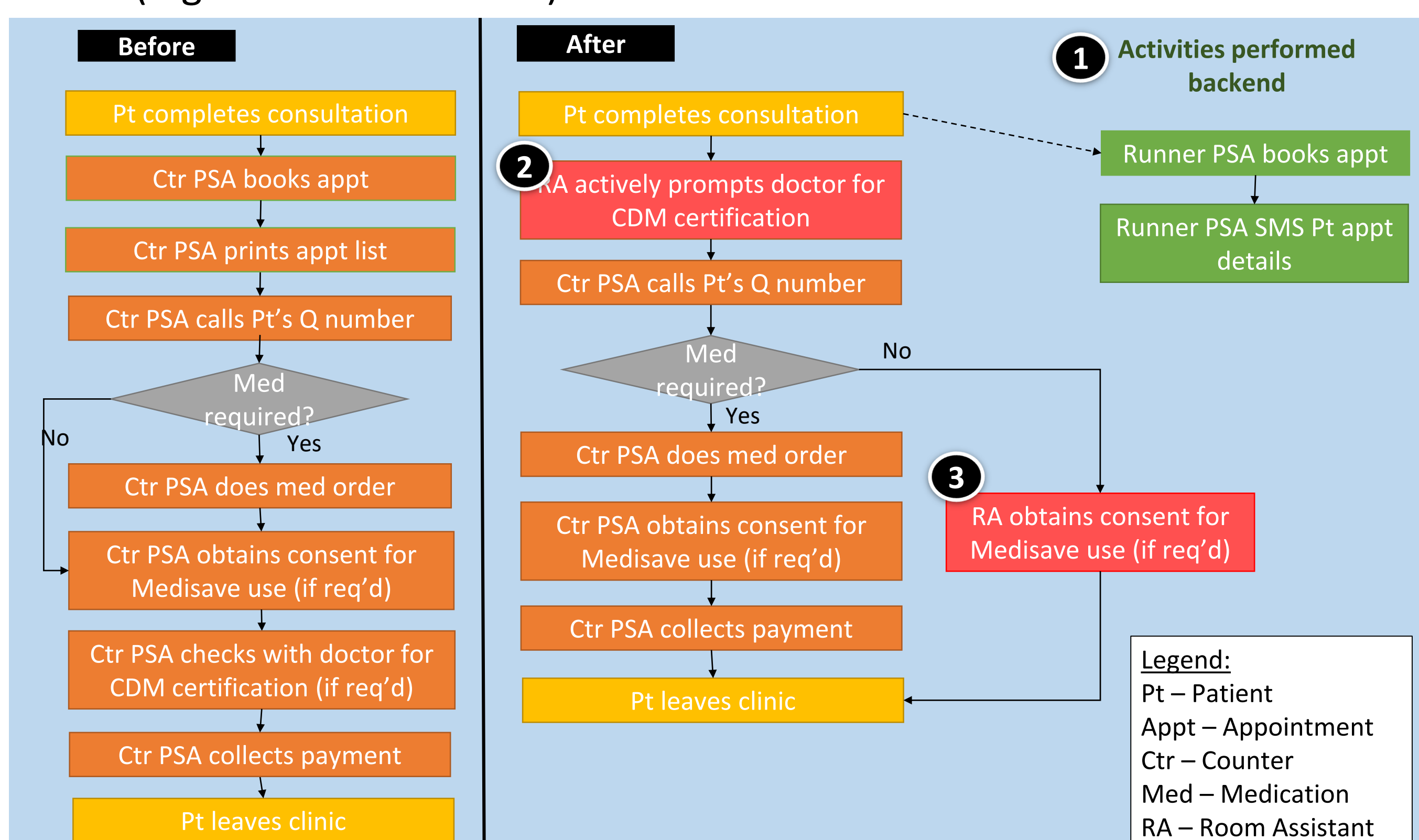
DO: The team brainstormed for possible solutions to streamline the process to reduce payment wait time. 4 initiatives were identified and were trialed in the Cardiac Clinic.

Long service time for patients
- Long list of medication for med order
- Enquiries on Chronic DM usage
- Appointment rescheduling requests

Initiative 4 Introduction of 'pop-up' counter

Initiative 3 Room Assistant to check for CDM certification actively before start of session

Multiple appointment booking & linking

Multiple steps in appointment making

Consent required for Medisave usage

Large number of patients stop by counter

Long payment wait time

Initiative 1 Cease provision of future appointments for all patients at the counter

Initiative 2 Room Assistant to obtain verbal consent for Medisave usage to skip payment counter for patients without medication

Initiative 1 – Cease provision of future appointments at the counter (Phase 1)
Workflow for appointment making was redesigned - ceased the provision of future appointments for all patients at the counter:
- Appointment-making handled by a dedicated staff at the backend (i.e. the Runner)
- Appointment details SMSed to patients by the end of the day
Patients are informed of this workflow change at the station prior to the payment counter (e.g. after consultation).

Before
Pt completes consultation → Ctr PSA books appt → Ctr PSA prints appt list → Ctr PSA calls Pt's Q number → Med required? → (No) / (Yes) Ctr PSA does med order → Ctr PSA obtains consent for Medisave use (if req'd) → Ctr PSA checks with doctor for CDM certification (if req'd) → Ctr PSA collects payment → Pt leaves clinic

After
Pt completes consultation → ② RA actively prompts doctor for CDM certification → Ctr PSA calls Pt's Q number → Med required? → (No) / (Yes) Ctr PSA does med order → Ctr PSA obtains consent for Medisave use (if req'd) → Ctr PSA collects payment → Pt leaves clinic → ③ RA obtains consent for Medisave use (if req'd)

① Activities performed backend
Runner PSA books appt → Runner PSA SMS Pt appt details

Legend:
Pt – Patient
Appt – Appointment
Ctr – Counter
Med – Medication
RA – Room Assistant

Initiative 2 – Room Assistant to check for CDM certification actively (Phase 1)
Room Assistant (RA) checks and prompts the doctor on the certification required → reduces the time taken for enquiries at the counter regarding CDM certification

Initiative 3 – Room Assistant to obtain consent for Medisave usage (Phase 1)
For patients without medication:
- RA obtains verbal consent from patient for Medisave use (if required)
- Patient is informed to pay outstanding payment via Health Buddy and can leave for the day

Initiative 4 – Introduction of 'pop-up' counter (Phase 2)
New 'pop-up' counter was setup in one of the rooms to attend to payment (when the room was available)
→ Increased no. of counters processing payment to reduce wait for patients
(Pop-up counter ceased in end Jan-21 due to planned renovations, and a permanent counter was installed in May-21)

CHECK: Briefing was conducted for all PSAs at Cardiac Clinic on the new workflow and the change was piloted since 7 Sep 20. Feedback and payment wait time statistics were collected to determine the effectiveness of the changes.

ACT: Changes implemented were sustained since Sep-20, and reduced the payment wait time at the clinic. This allowed for a shorter stay for the patients when they visit the clinic for their appointment.
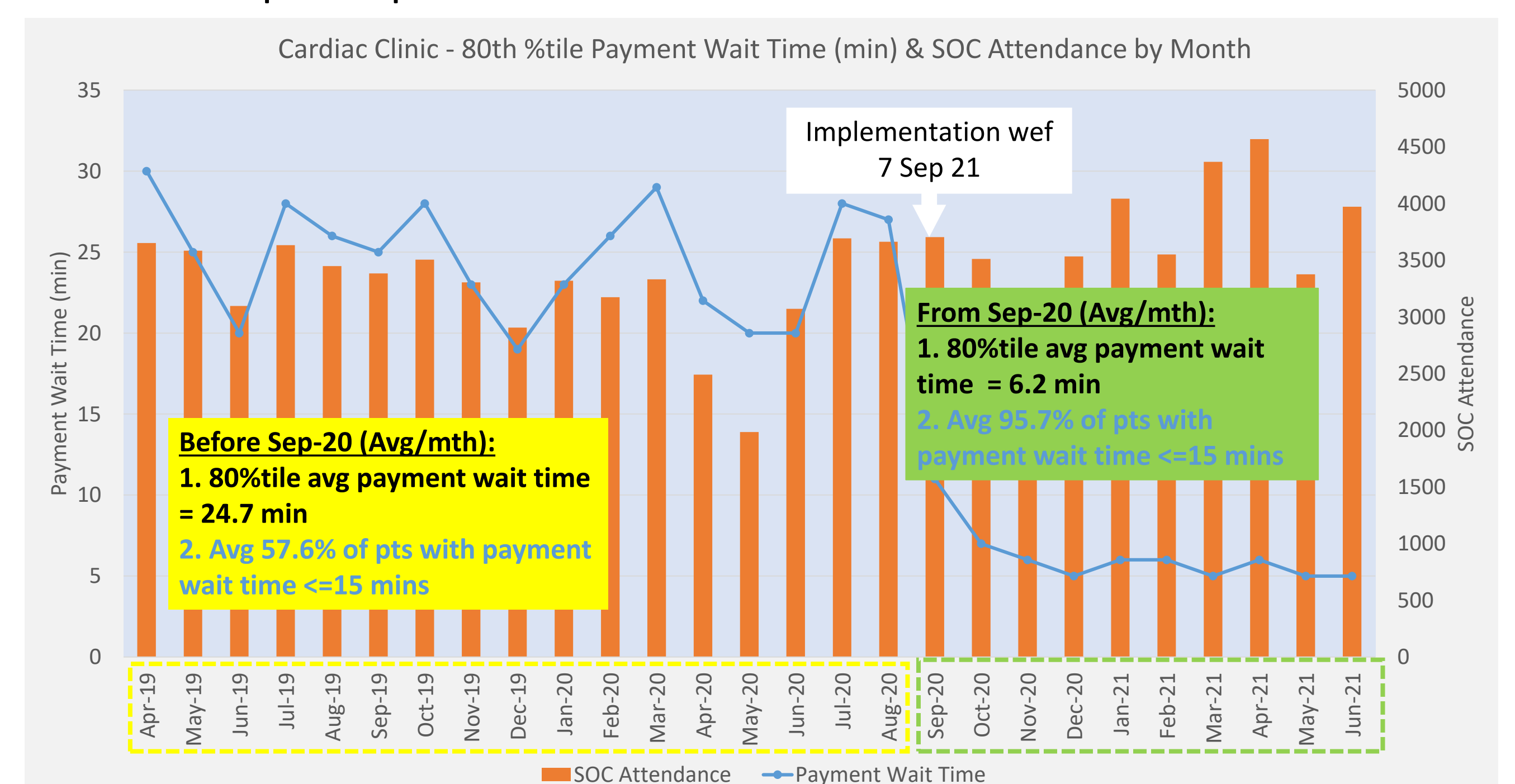
04 RESULTS

These were the results in the first month of the implementation (in Sep-20):

1. 80th %tile payment wait time **reduced by 52%** in Phase 1 - cease provision of appointment details at the counter. [80th %tile waiting time reduced from 25mins on average to 12 mins]

2. 80th %tile payment wait time **reduced by 72%** in Phase 2 – with the additional introduction of pop-up counter. [80th %tile waiting time reduced from 25mins on average to 7 mins]

SN	Data Period	Initiative	80%tile Wait Time (min)	% <= 15 min wait time
1	1 Apr 19 – 31 Aug 20	Pre-implementation	25 (average)	57.2% (average)
2	Phase 1: 7 – 11 Sep 20	1, 2 and 3	12 (Reduced by 52%)	85.7%
3	Phase 2: 22 – 25 Sep 20	4	7 (Reduced by 72%)	98.0%

We continued to track the results post-implementation (Sep-20 to Jun-21):

3. Sustained improvement seen in 80th %tile payment wait time of 6.2min on average from Sep-20 till Jun-21, reduced from 24.7mins pre-implementation

4. >95% of patients waited less than 15mins for payment each month, increased from 57.6% pre-implementation

Cardiac Clinic - 80th %tile Payment Wait Time (min) & SOC Attendance by Month

Implementation wef 7 Sep 21

Before Sep-20 (Avg/mth):
1. 80%tile avg payment wait time = 24.7 min
2. Avg 57.6% of pts with payment wait time <=15 mins

From Sep-20 (Avg/mth):
1. 80%tile avg payment wait time = 6.2 min
2. Avg 95.7% of pts with payment wait time <=15 mins

SOC Attendance — Payment Wait Time

05 CONCLUSION

The new workflow has shown significant reduction to the patient's wait time for payment and enhanced patient and staff experience. This has also allowed for clinic staff to prioritize their duties and enable the immediate needs of the patients to be attended to first. Future work involves extending the appointment-making workflow to other clinics, so as to reduce the payment waiting time for patients.