REDUCING REWORK THROUGH OPTIMISING SPECIALIST OUTPATIENT CLINIC DAY SURGERY AND LABORATORY BILLING

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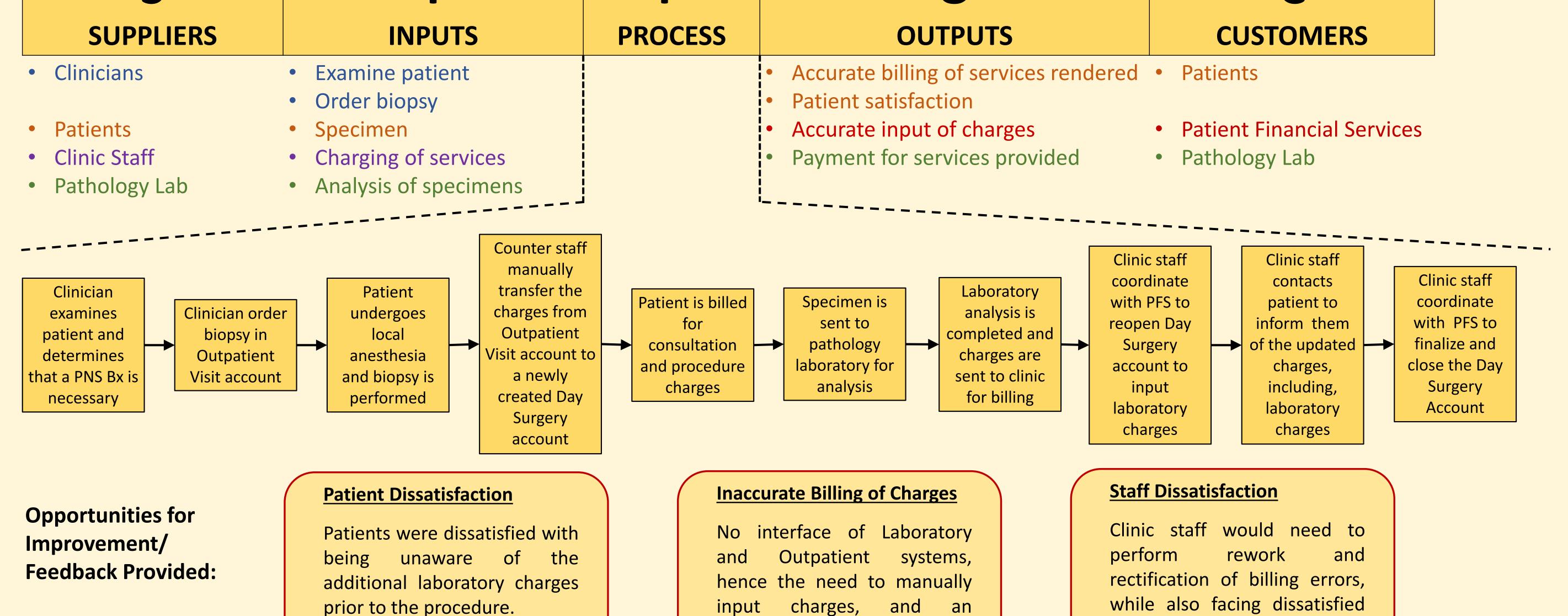
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INTRODUCTION

In SGH, the Department of Otolaryngology-Head & Neck Surgery (ENT-HNS) provides outpatient consultation services from ENT Centre and Specialist Outpatient Clinic (SOC) A. Patients receiving treatment under this department are commonly treated for conditions relating to the ear, nose and throat. As part of the care provided, patients may undergo minor procedures clinic, thus converting their outpatient visit to a Day Surgery visit. One such procedure is Post Nasal Space Biopsy (PNS Bx).

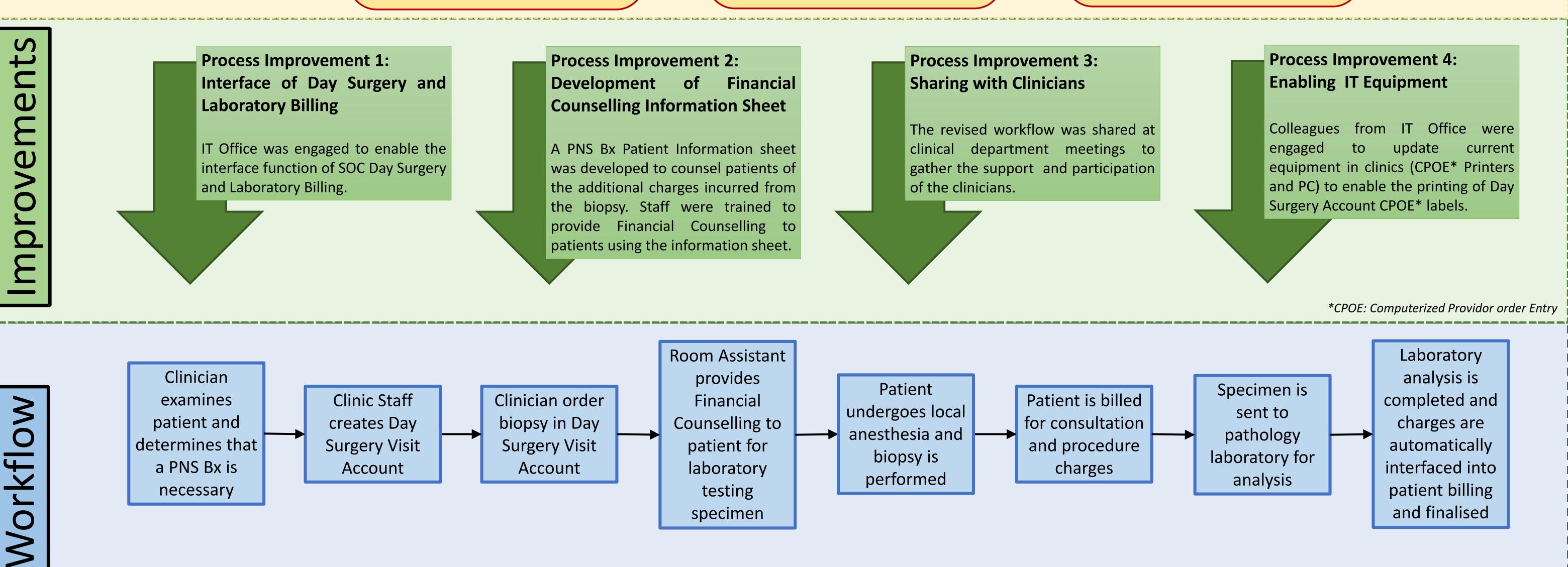
PROCESS IMPROVEMENT

Through patient feedback and staff engagement, Day Surgery Billing of minor procedures performed in clinic was an opportunity for improvement. Multiple stakeholders from SOC, Patient Financial Services (PFS), Finance, Pathology, Information Technology(IT) Office and ENT-HNS Department were engaged to review the current workflow. The revised workflow was then piloted from March 2020 onwards and the results were tracked from April 2020 to March 2022 (FY20-FY21).



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increased risk of human error.





Outcome of Workflow Revision:

Improved Patient
SatisfactionPatients are aware of
the laboratory
charges and are not
surprised upon
receiving the final bill,
and there has been no
recorded feedback
since.

<u>Accurate Billing –</u> <u>Missing Charges</u>

With the interface of billing systems, the charges are automatically inserted by the system, thereby eliminating human errors.

Manpower Savings on Rework

With the interface of systems, there is no manual entry of charges or coordination of subsequent laboratory charges by clinic staff. This equals to 15 minutes of manpower savings per case.

	No. of Cases	Time Saved per case	Hours Saved	Since the pilot began in April 2020, there has
FY20	283	0.25 Hrs	70.75	been a total
FY21	282	0.25 Hrs	70.5	savings of
Total Manpower Hours Saved			<u>141.25</u>	141.25 hours

Improved Staff Satisfaction and Morale

As the charges have been financially counselled to patient, clinic staff do not need to contact patients to inform about the charges.

CONCLUSION

With the revised workflow, SOCs saved 141.25 hours of rework.

EXPANSION OF PROJECT

With the success of the pilot, the clinics would proceed with other clinic procedures using the same revised workflow, such as Nose Polyp Biopsy and Larynx lesion Biopsy. This optimized workflow can be adapted by other SOCs to perform minor procedures.