



# PAYNOW To Research Participants



**Singapore Healthcare Management 2023**

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## Introduction

Cash is the most popular form of payment mode for research subject's reimbursement at KK Women's and Children's Hospital (KKH) currently. However, the process of handling petty cash float is time-consuming and labor intensive for both Clinical Research Coordinators (CRCs) and Finance staff. In tandem with the Government and Monetary Authority of Singapore (MAS)'s vision to build a Smart Nation, and to improve efficiency and staff productivity, KK Research Centre (KKRC) invited the research finance team (FIN-AM), Business Office (BO) and Quality Safety & Risk Management (QSRM) to explore the electronic fund transfer method (PAYNOW) to reimburse the research subjects.

## Objectives

To reduce administrative work and time spent in handling petty cash for reimbursement to research subjects within 3 months after implementation of new Work Instruction (WI) on 01 Sep 2022.

## Methodology

### 1. QI (Quality Improvement) workgroup formation

Formed a QI workgroup involving relevant departments (BO, Fin-AM, KK Research Centre and QSRM) to explore electronic fund transfer method to replace cash. After several discussions and checking with banks, PAYNOW was identified as a suitable method.

### 2. Workflow establishment for direct payment from KKH

The QI workgroup discussed and established workflow with 1FSS on using PAYNOW to transfer the payment directly from KKH to research subjects.

### 3. A Pilot Project conduct

A Pilot Project was conducted to identify potential problems and concerns for using PAYNOW to transfer the payment directly from KKH to research subjects. KKRC chose 1 study that only involves KKH staff as study subjects. Feedback were collected after subjects received their payment. QI workgroup decided this workflow to be unfeasible as it took  $\geq 6$  weeks for the subjects to receive the payment via PAYNOW.

### 4. Workflow revision to CRC personal PAYNOW

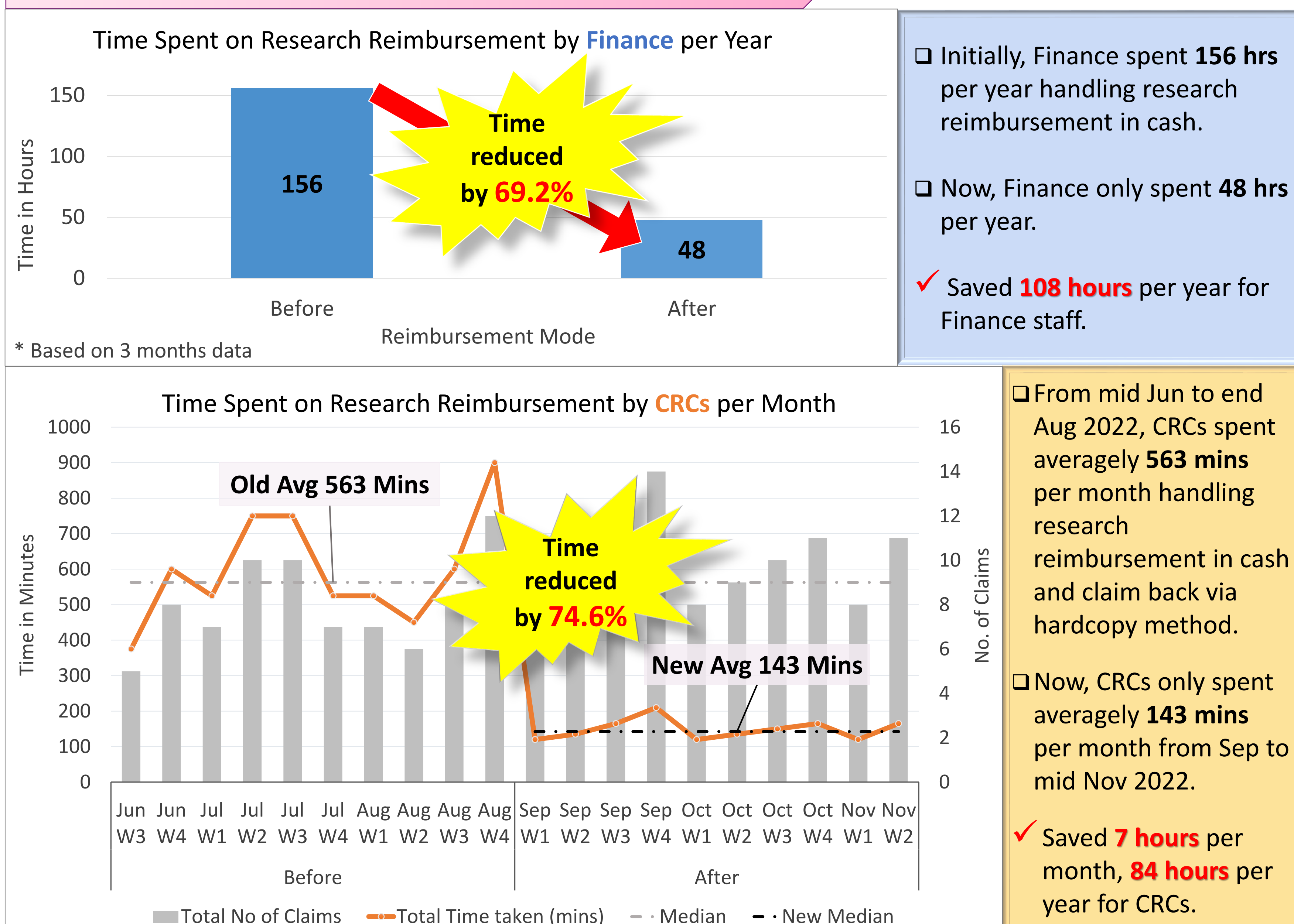
The PAYNOW payment process was revised by QI workgroup. Instead of direct payment from KKH to research subjects, a fix amount of petty cash float would be given to CRCs to use their PAYNOW account to first transfer the payment to research subjects and then claim from Finance.

### 5. WI implementation on 01 Sep 2022

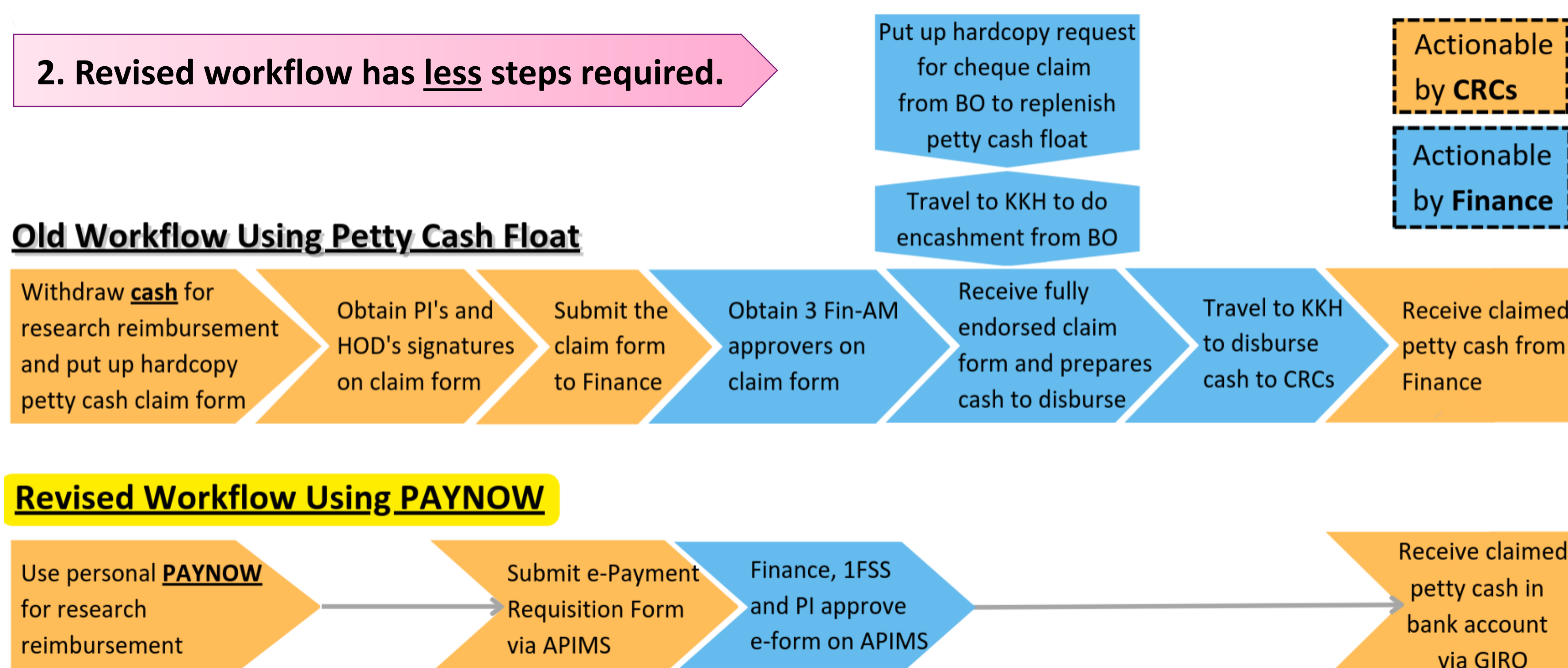
The process of handling petty cash float including the claim back process was revised by QI workgroup. The hospital electronic system, Accounts Payable Invoice Management System (APIMS) would replace the hardcopy petty cash claim form. The WI titled "Handling Petty Cash Float for Transport Reimbursement to Research Subjects" was revised and officially implemented on 01 Sep 2022.

## Results

### 1. Time spent by Finance and CRCs is reduced significantly.



### 2. Revised workflow has less steps required.



### 3. New workflow is developed for off-site studies.

With the transition to employ the use of PAYNOW, in Nov 2022, a new workflow for electronic acknowledgment of receipt of reimbursement by research participants was developed for scenarios or research studies where physical hospital visits are not required.

### Other benefits...

4. Reduce the risk of cross infection when handling cash between research subjects and staff.

5. Improve accuracy and reduce human error, such as miscalculations and counting errors when handling cash.

6. Improve safety and security for staff not to hold onto big amount of petty cash across building.

7. Reduce administrative work (obtaining wet-inked signatures for approvals, preparing hardcopy forms) and paper wastage.

## Conclusion

With the implementation of digital payment (PAYNOW) to research subjects and the use of APIMS, the time and effort spent on research reimbursement has greatly reduced allowing FIN-AM staff and CRCs to focus better on other value added work. The process converting cash into digital payment for research reimbursement was accelerated as the COVID-19 raised the awareness of the cross-infection risk. During COVID-19 pandemic, many researchers also explored research designs with minimal physical contact with subjects and thereby cut down research subjects' physical visits to hospital. For such scenarios, research subjects can now acknowledge the receipt of reimbursement without wet-inked signatures.

In conclusion, using PAYNOW to replace cash for research reimbursement is effective, it has improved work efficiency and ensures that KKH aligns with the national directives of going cashless.