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Redesigning Work to Go Digital and “Counter-Lite” for Listing & Financial Counselling (FC)

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Background

The Pre-Operative Services (POS) team oversees 3 main functions – (1) Surgery scheduling for elective surgical procedure, (2) Financial counselling (FC) for patients to advise on estimated bill sizes, and (3) Coordinating patients’ pre-surgery journey. Our counters were previously located across 5 sites at Medical Centre (MC) level 3–7, with number of counters ranging from 1 to 7 depending on the specialties running clinics at each level.

Manpower deployment across the 5 levels was challenging, especially on days with high staff absenteeism. Due to uneven workload across the levels, the deployment was also inefficient and backend duties were done by PSAs at patient-fronting counters in between serving patients.

As workload continues to increase and issue of manpower crunch persists, the team explored ways to optimise resource and improve productivity.

Aim

Increase productivity & efficiency of manpower while maintaining a quality patient experience by:

- Empowering Patients** who are comfortable with online platform to do self-FC on mobile devices at their own convenience.
- Centralising Model of Operations for Listing & FC Counters** to improve operation and manpower deployment efficiency and free up clinic space for other patient-fronting usage.

Methodology



Eligibility Criteria for Self-FC	
Admission Date	≥ 7 calendar days
Resident Status	SC/ PR
Has Mobile Phone	✓
Non-Nursing Home	✓
Non-Mental Incap.	✓
Anaesthesia Type	GA/ RA

Figure 1

MC level 3 and 6 were chosen as the levels to centralise at due to co-location with Pre-operative Evaluation Clinic (PEC) which POS has inter-dependency workflows with, and high listing load, respectively. Adjustment was also made to the outpatient journey flow for patients who require counter-FC to complete all stations at their original level before moving to either level 3 or 6. Figure 2 illustrates an example of the patient journey flow pre- and post-centralising.

A simulation of peak day, peak hour patient volume at the centralised levels was also done to ensure the 7 counters and waiting area seats at each level were sufficient to manage the centralised workload without significantly extending the current average wait time of 11 minutes.

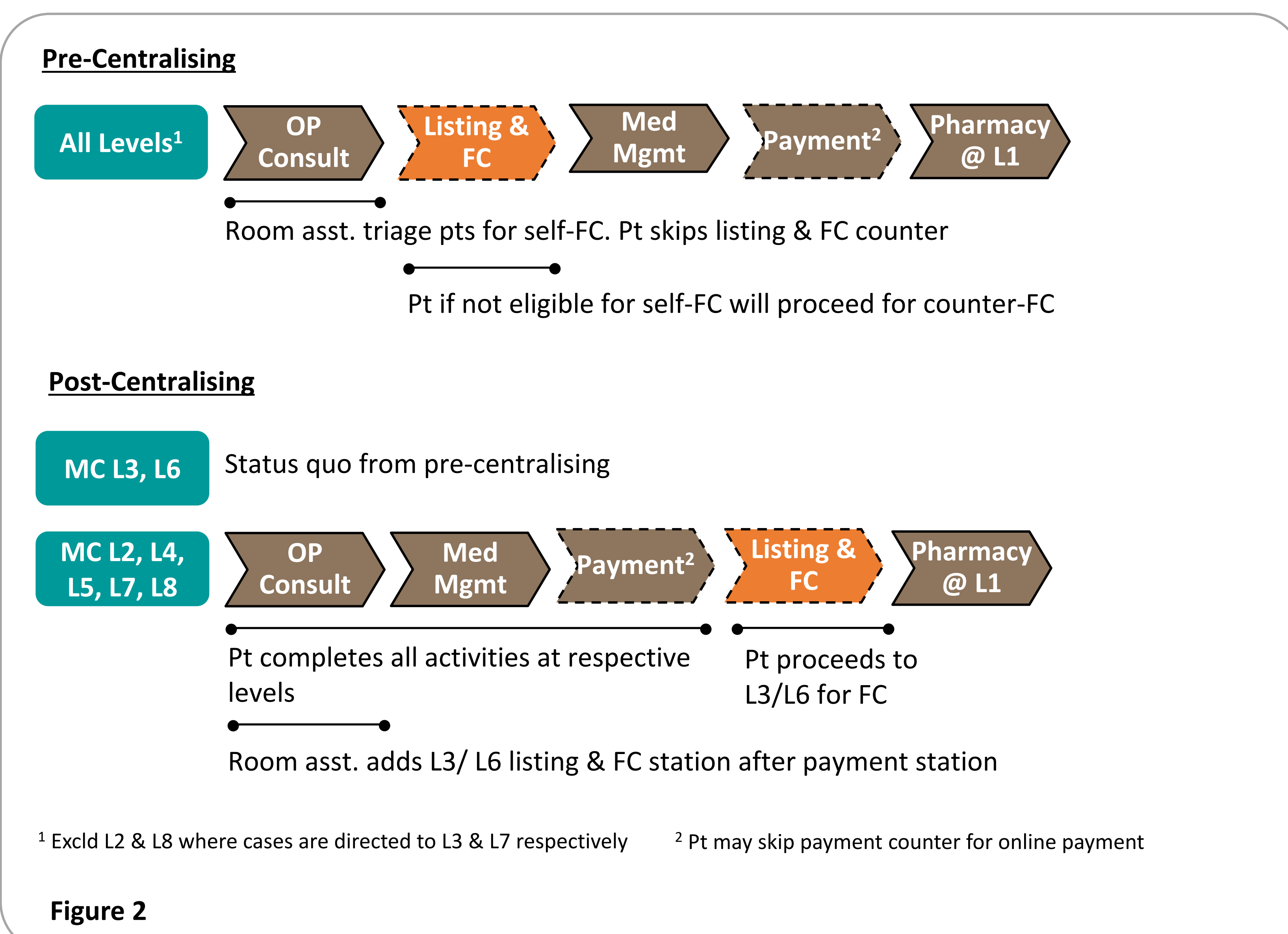


Figure 2

Result

~\$120k Cost Savings / Year

- Manpower savings of ~\$113k/year from 3 additional FTEs that otherwise would be required for de-centralised model
- OPEX savings of ~\$6k/year with reduction of 7 workstations

Improved Operational Efficiency

- Workload leveling
- Reduction in last minute manpower re-deployment
- Right-site backroom duties and freed up clinic space for patient care usage
- Reduction in overtime (OT) by average 3hr/month even with 16% workload increase post-centralising

Enhanced Patient Experience

- >50% Health Buddy adoption rate for self-FC means more time can be spent with patients who need counter-FC, e.g. less tech savvy elderly patients, urgent cases with shorter lead time to surgery
- Manage patient’s perception of wait with counters only attending to patient-fronting activities

Conclusion

- Decentralised and centralised counters each has its benefits.
- For POS, centralised model allows us to achieve productivity gains, optimise manpower deployment and operations efficiency without compromising patients’ experience.
- The targeted self-FC and counter-FC approach is a win-win in terms of patient experience for both tech savvy and non-tech savvy patients.