

Assumptions: Do We Always Know Best?

Leslie Chia, KKH
Tricia Ang, Sherin Kang, Michelle Loh, SGH
Lee Hui Quan, Douglas Chew, KKH
Low Min Yee, SKH

Background

Patients spend a substantial length of time waiting for financial counselling(FC). Additionally, in SGH, patients undergo a two-stage FC process. This means patients have to wait twice over. As part of a larger basket of solutions to adopt a more integrated approach, a decision was taken to develop an online patient FC portal with the following objectives in mind:

- empower patients/next-of-kin (NOK) in decision-making
- shorten waiting/transaction time for FC
- reduce paperwork

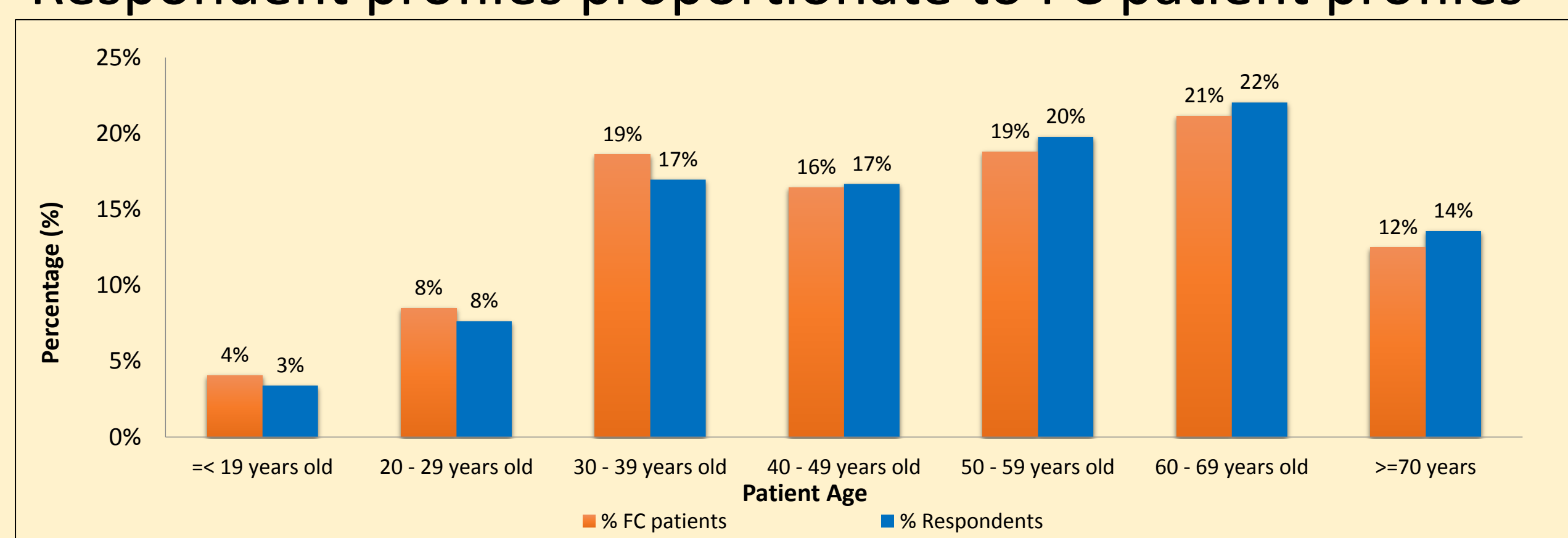
Project Aim

To obtain feedback on current FC process and ascertain if an Online Patient FC Portal is what patients/staff want

Methodology

1) Patient Survey

- Covered attitudes towards e-platforms, e-transaction behaviours, satisfaction ratings on FC and FC preferences
- Sample size: 354 SGH/KKH patients (95% confidence level; 4.74 confidence interval)
- Respondent profiles proportionate to FC patient profiles



2) Staff Survey

- Covered satisfaction ratings on current FC process, areas for improvement, FC aspects that can be done by patients themselves and staff views on the online portal vis-a-vis their workload
- 100% FC staff responded

3) Survey responses were stratified, analysed and compared as follows:

- consolidated as a whole
- by institution
- by patient
- by next-of-kin
- by age group

Result

Some findings validated common assumptions, e.g. high NOK involvement for older patients, higher online transactions undertaken by younger respondents, and some such other. Of note were the **UNEXPECTED FINDINGS** which included the following:



Conclusion

We often do what we think is good for patients/staff based on what we think we know about patients/staff. With improved patient/staff engagement, our assumptions can be validated or debunked, and our plans implemented, modified or abandoned as required.