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Electronic intra and post-operative drugs billing



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INTRODUCTION

Accurate and timely billing is essential as the patient's bill is presented upon discharge.

Manual billing forms are used by the anaesthetists for charging of the drugs used intra- and post-operatively. There is the manual process of faxing completed drug forms to Pharmacy for data entry in iPharm for billing. Late charges are incurred when data entry is not completed before patient's discharge.

The revenue of the drugs charges was routed to Pharmacy resulting in revenue being posted to the wrong cost centre.

A collaboration between Major Operating Theatre (MOT), Day Surgery Centre (DSC), Anaesthesia Department and Pharmacy was established to look at optimizing electronic billing function in the OT system (OTSYS).

AIM

To replace the manual drug charging by enhancing the OTSYS to include drug charges into its existing electronic billing system.

METHOD

The team reviewed the impact of conversion of manual to electronic billing. A customised template on the frequently used drugs was created to allow anaesthetists to bill the drugs used directly into OTSYS.

Current process of manual billing:
MOT/DSC --> fax to Pharmacy --> manual entry to iPharm System --> SAP system

As the data entry was carried by Pharmacy staff using iPharm system, the revenue was routed back to Pharmacy.

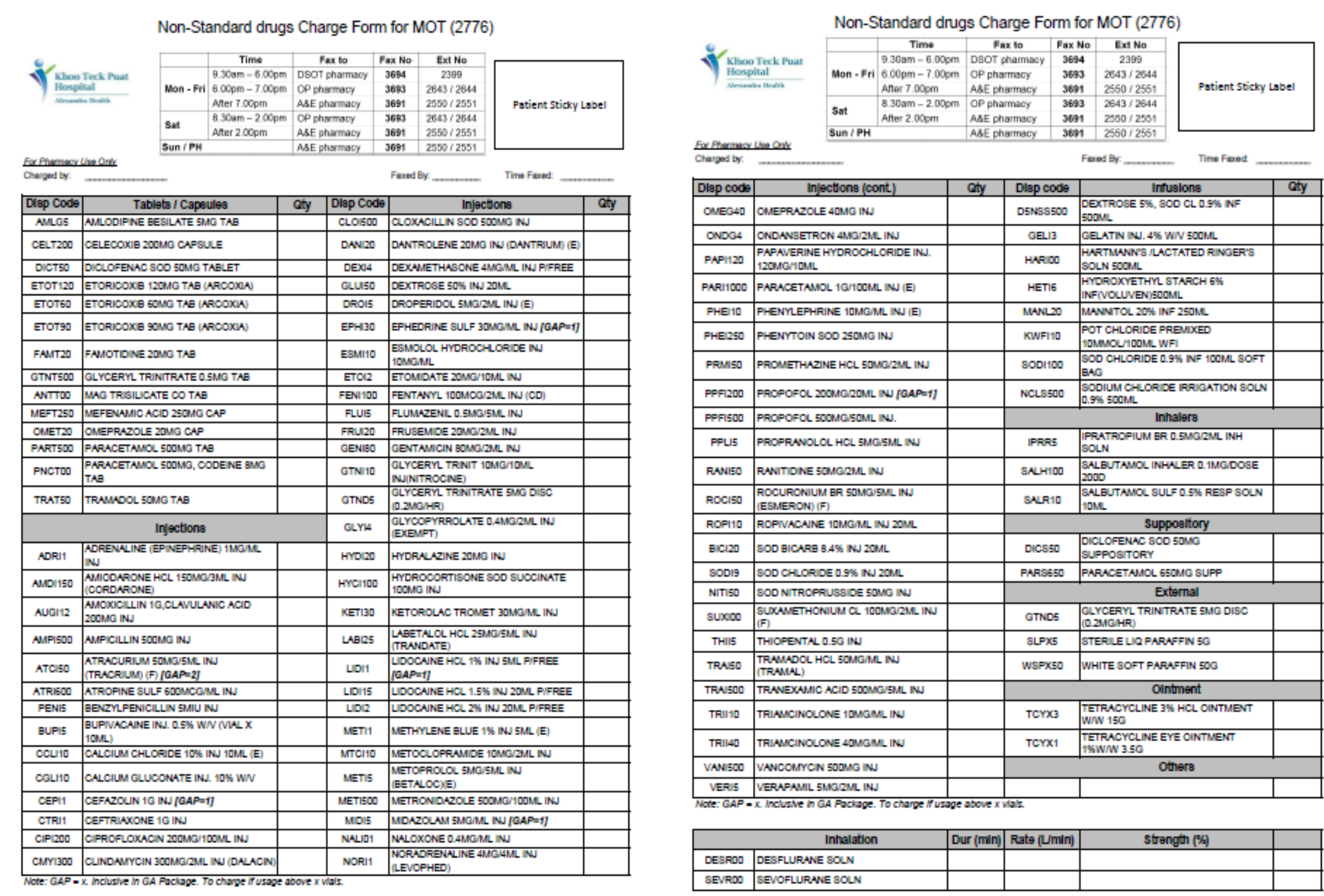
The revised process of electronic billing:
Direct data entry into OTSYS at MOT/DSC --> SAP system

This would remove the erroneous routing of revenue to the wrong cost centre.

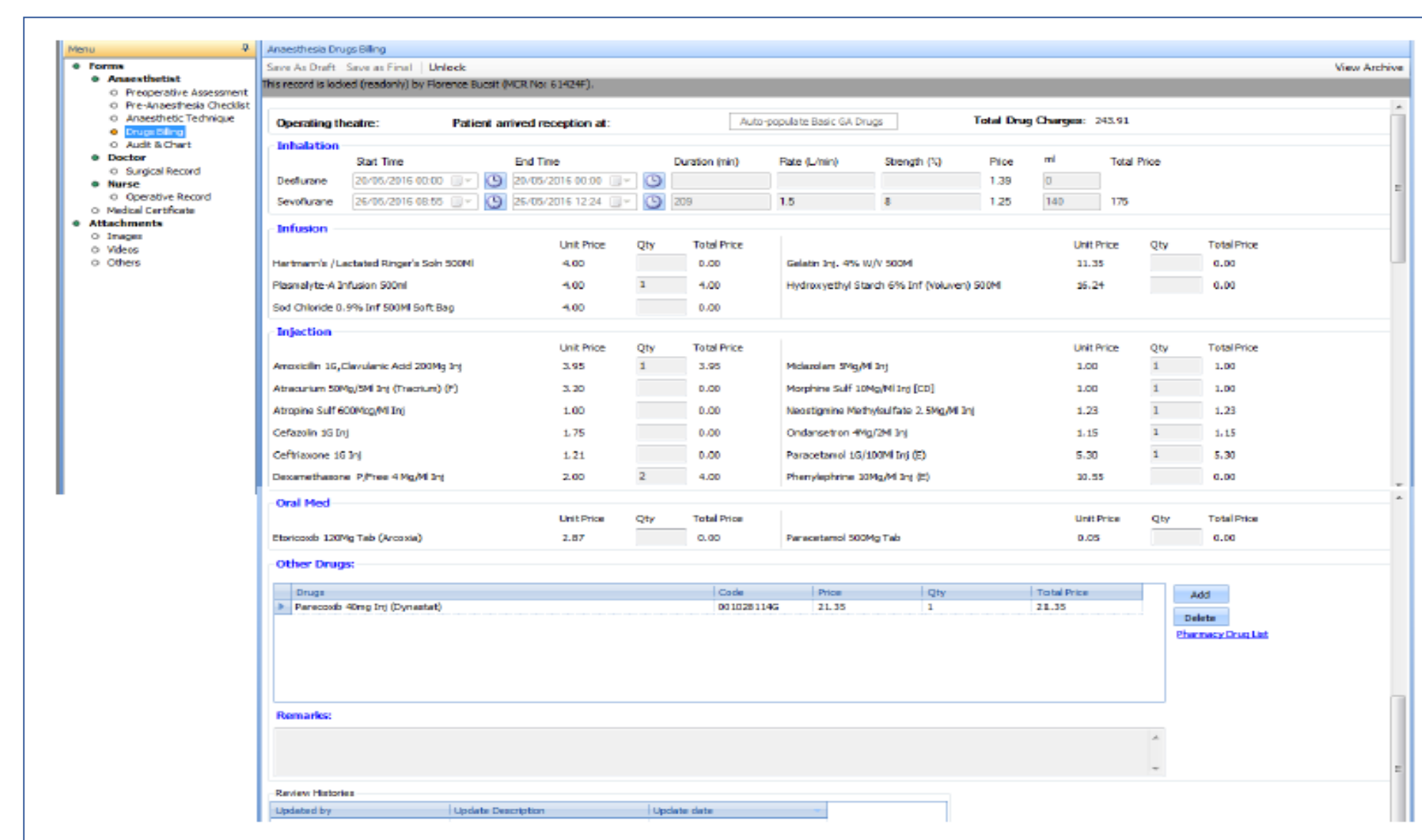
The drugs billing was incorporated into the existing daily report to check on charges being 'pushed' to SAP system.

RESULTS

The manual drug charge form, which consists of 2 pages, has a list of 102 drugs for selection. When it is converted into electronic billing, the selection of drugs are displayed in a customised template with the frequently used drugs (22 drugs for selection). The drugs which are not in the frequently used template could be selected from a dropdown list.



Customised template for drug billing



CONCLUSION

By enhancing the existing billing functionality in the OTSYS, we have removed the need for manual billing. As a result, there is cost savings derived from reduction in i) manpower requirements, and ii) paper usage and storage.

Drug late charges are avoided because billing is now instantaneous. Billing revenue is routed to the correct cost centre, and billing records are easily accessible online.

The user-friendly billing format makes the anaesthetists aware of the drug costs as the price is listed clearly. This encourages a cost effective approach to patient care.

Acknowledgments

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