

From Serve to Self-Serve



Members of the SingHealth Group



SingHealth



DUKE INUS







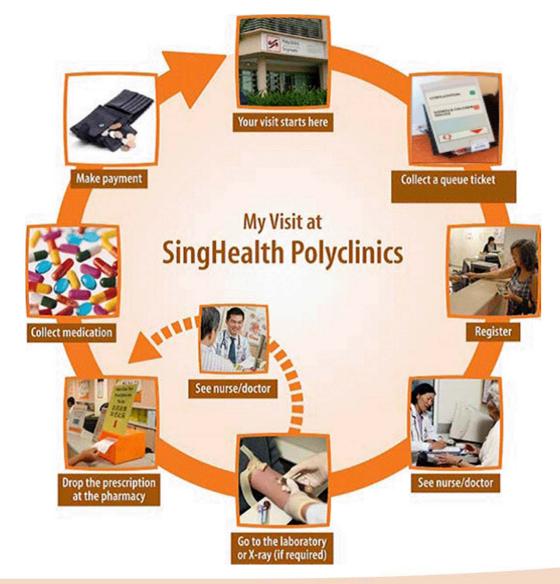




PATIENTS. AT THE HE RT OF ALL WE DO.



A Typical Patient Visit Flow



- Walk-in for all services
- Manual Processes
- Paper-based
- Segmented

Patient experience

The total patient experience counts

Patient satisfaction at restructured hospitals and polyclinics extends beyo

T TOOK all of 20 minutes for 28-year-old Lester Kok to see his specialist at a restructured hospital for a regular

But Mr Kok was left frustrated when he emerged from the hospital several hours later - hit by delays in making appointments for follow-up tests, collecting his medication, and paying his bill.

"The doctors themselves were very professional. But the wait times were the worst. It seems the hospital staff were overwhelmed by the number of patients and there was a backlog of them," said Mr Kok.

He ended up spending most of the in-between time in the hospital working remotely, instead of being able to return to his office.

Customer satisfaction at restructured hospitals and polyclinics increased strongly from 2011 to 2012, according to the Customer Satisfaction Index of Singapore (CSISG) comniled by the Institute of Service Excellence at Singapore Management University (ISES).

In the case of restructured hospitals, what made for a more pleasant doctor's visit was the quality of the direct interaction with nurses, doctors and administrative staff.

But where hospitals and polyclinics should strive to do better is in non-clinical areas.

When the ISES researchers followed up with respondents about their polyclinic visits, they learnt what resounded most was not the direct patient or medical care, but what would fall in the arena of non-core services. Patients thought things like the ease of making appointments, efficiency in making payments and the length of waiting times were important in their visits as well.

"The total patient experience matters to patient satisfaction," says ISES director Caroline Lim. "Besides satisfaction with doctors and nurses, we found that satisfaction with administrative staff, payment and registration processes impact a patient's overall perception of quality.

That is not to say clinical excellence does not matter.



More TLC: National Health Group Polyclinics embarked on a patient-centred 'Cu overhaul that was part of a larger effort of having empathy and understanding f

"I believe that clinical excellence remains the raison d'être of hospitals and medical clinics," says Ms Lim. "The challenge for healthcare providers - as with all service providers - is to design and deliver on the total customer experience. Every little detail

An institution should not jump to the conclusion that all service touchpoints are equally important in the eves of the patient.

Nor should it assume a patient's hierarchy of service wants are correlated with the strength of the CSISG

For instance, respondents were more dissatisfied with waiting time (giving that a score of 5.4 points out of 10), compared with the ease in mak-

However, findings from ISES showed that ease of making appointments mattered the most to visitors as compared to waiting time, which was the eighth most important service factor to polyclinic visitors.

A hospital with limited resources would better impress its patients and visitors if it made its appointmentmaking system more of a breeze than shortening waiting times. And logicaldoing the former might lead to shorter waiting times anyway.

Polyclinics have on the whole gained more goodwill from their patients, with their CSISG scores rising 4.5 points year-on-year to 66.6.

National Healthcare Group Polyclinics (NHGP) earned its higher score by embarking on a patient-centred "Culture Transformation" process in ing appointments (6.6 points out of 2011, a project less to do with redesigning polyclinic navigation for pa-

What matters to polyclinic patients

(In order of importance)

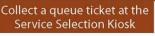
EALAND COMMERCIAL CO.	TOUCHPOINTS	SCORE (1 to 10)
1	Ease of making appointment	6.6
2	Clarity of assistance provided by clinic staff	7.2
3	Efficiency of registration process	7.3
4	Efficiency of payment process	7.3
5	Efficiency of medication collection	7.2
6	Courtesy & helpfulness of clinical staff	7.3
7	Overall interaction with doctor	7.3
8	Waiting time	5.4
NA	Availability of seats in waiting area	7.3*
NA	Cleanliness	7.2*
NA	Ease of moving around	7.1*

No statistical impact

Source: Institute of Service Excellence at the Singapore Management University



A Typical Patient Visit Flow





Register



See nurse/ doctor



Go to laboratory or X-ray (if required)





- Registration
- Payment
- Appointment





Make an appointment for your next visit



Make payment and make appointment



Collect medication

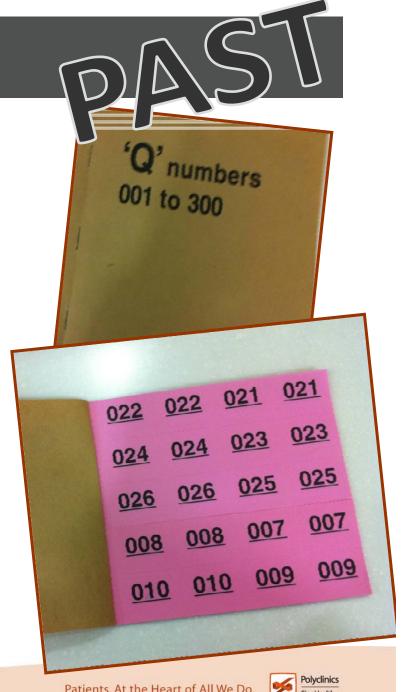


Drop the prescription at the pharmacy



Numbers are pre-printed in a booklet

- Manual distribution of queue numbers
- Manual management of up to 1,000 patients
- Manage by ticket controller; no decision support tools
- Unable to know the number of people waiting in Queue









Collect a queue ticket



Queue Machine introduced in 2001

- Red and Green buttons segregate queue for consultaion, women's and children's services
- Tickets for X-ray, laboratory services were issued separately

IMPACT

- Patients were confused and pressed wrong buttons
- The different queue tickets created more confusion.



Collect a queue ticket



Collect a queue ticket at the

Service Selection Kiosk





Register

See nurse/ doctor



Go to laboratory or X-ray (if required)





Your visit starts here



- Registration
- Payment
- Appointment



Make an appointment for your next visit



Make payment and make appointment



Collect medication



Drop the prescription at the pharmacy



Service Selection Kiosk introduced in 2005

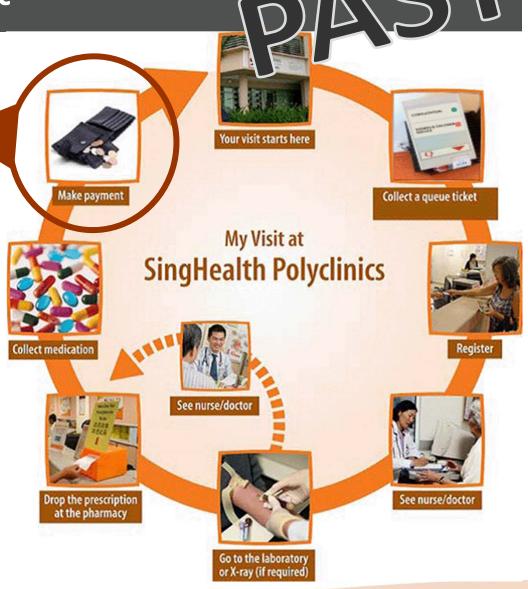
- Touch-screens with 4 languages, colours and images
- System interface between Qmatic and Outpatient Admin System (OAS)
- Management of queue based on appointment, walk-in and services
- Capability for expansion to incl. speed registration etc.





 Wait for queue number to be called

Pay at the counter by cash or NETS





Collect a queue ticket at the Service Selection Kiosk



Register

See nurse/ doctor



Go to laboratory or X-ray (if required)



Sungiang Commonity Child

Your visit starts here



- Registration
- Payment
- Appointment



Make an appointment for your next visit



Make payment and make appointment



Collect medication



Drop the prescription at the pharmacy



Payment Kiosk introduced in 2009

- An option of making payment vs. queuing and waiting at payment counters
- Accepts payment by NETS & cash card

IMPACT

- Reduce waiting time for payment – from approx. 30 minutes to 5 minutes
- Each transaction takes about 3 minutes







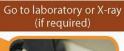
Collect a queue ticket at the Service Selection Kiosk



Register

See nurse/doctor

After doctor consultation





Sangan Commity Cris

Your visit starts here

(IF NO MEDICATION) PAYMENT CAN BE MADE AT

- After doctor consultation
- After laboratory service



Collect medication

After laboratory tests



Drop the prescription at the pharmacy



Make an appointment for your next visit



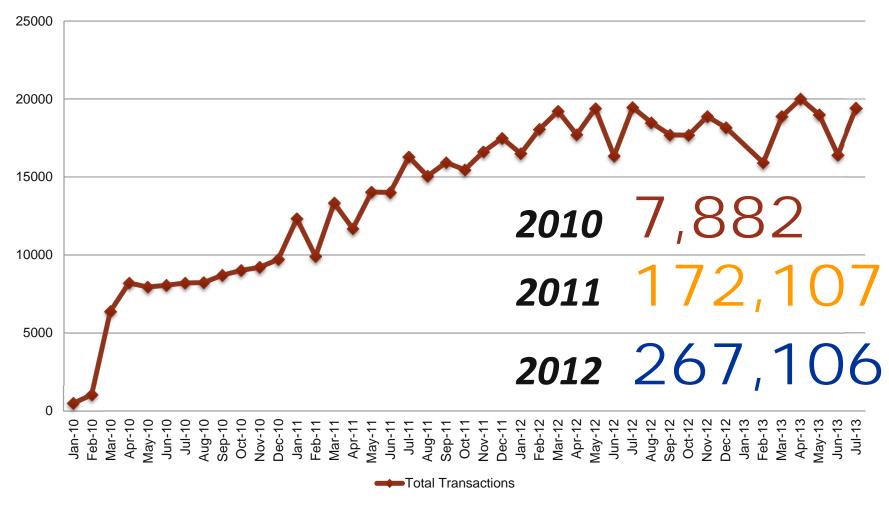
Make payment and make appointment

Making Payment – Media Coverage



Usage of Payment Kiosk

Year 2010 to Jul 2013



Resource Management

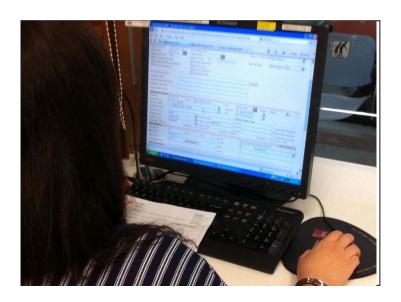
Organisation Impact

- Better management of resources and staff
- Free up more staff
- Staff are redeployed to other service points





- Make an appointment through a staff (nurse, patient service assistant etc)
- Wait to see the staff to get appointment



Appointment Kiosk *introduced in 2011*

- An option of making appointment vs. waiting for staff to assist
- Able to select date and time slot
- Book, change or cancel appointment
- SMS alert to remind of appointment 3 days' in advance

IMPACT

- Reduce waiting time from approx. 15 minutes to 5 minutes
- Easy to use
- Potential reduce defaulter rate









Collect a queue ticket at the Service Selection Kiosk



Register



See nurse/ doctor



After doctor consultation

Go to laboratory or X-ray (if required)



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A seegue Reparamentod
Pulso Centre
Association
Association

Your visit starts here

APPOINTMENT CAN BE MADE AT ANY POINT



Make an appointment for your next visit



Make payment and make appointment



Collect medication

After laboratory tests



Drop the prescription at the pharmacy

Before/After collecting medicine

Patients. At the Heart of All We Do.



Our Journey

Self-Serve Kiosks







FUTURE PLAN

Enhance Self-Serve Kiosk

Thank you **Polyclinics** PATIENTS. AT THE HE TOF ALL WE DO.

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