

Project Title

Improving Payment Process for Memos in A32 Psychiatry Clinic

Project Lead and Members

Project lead: PSA Chen Junying

Project members: PSC Lucenara Chona

Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Operations

Aims

To eliminate complaints from an average of 2 per month to 0 and improve work efficiency by Jan 2023.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

Adding a note on patient files about memos and its payment status is a simple solution with a high impact. It is simple to implement quickly and easy for staff to follow, demonstrating the value of straight forward solutions. It is also important to look into the problem, as doing so has highlighted that a lack of information was the

key gap for our context. With this new workflow, staff are now aware of memos issued and whether billing is required or not during collection, resulting in clearer communication among staff and patients, and has improved work efficiency.

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign

Value Based Care (Patient Satisfaction)

Keywords

Payment, Process, A32, Psychiatry, SOC

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IMPROVING PAYMENT PROCESS FOR MEMOS IN A32 PSYCHIATRY CLINIC

MEMBERS: PSA CHEN JUNYING; PSC LUCENARA CHONA

- SAFETY
- QUALITY
- PATIENT EXPERIENCE

- PRODUCTIVITY
- COST

Define Problem, Set Aim

Problem/Opportunity for Improvement

Clinic A32 Psychiatry patients may request for a memo any time after their consultation by calling their case managers or Group Contact Centre. After doctors issue the memos, it is passed to the psychiatry PSAs, who will charge patient for the memo immediately.

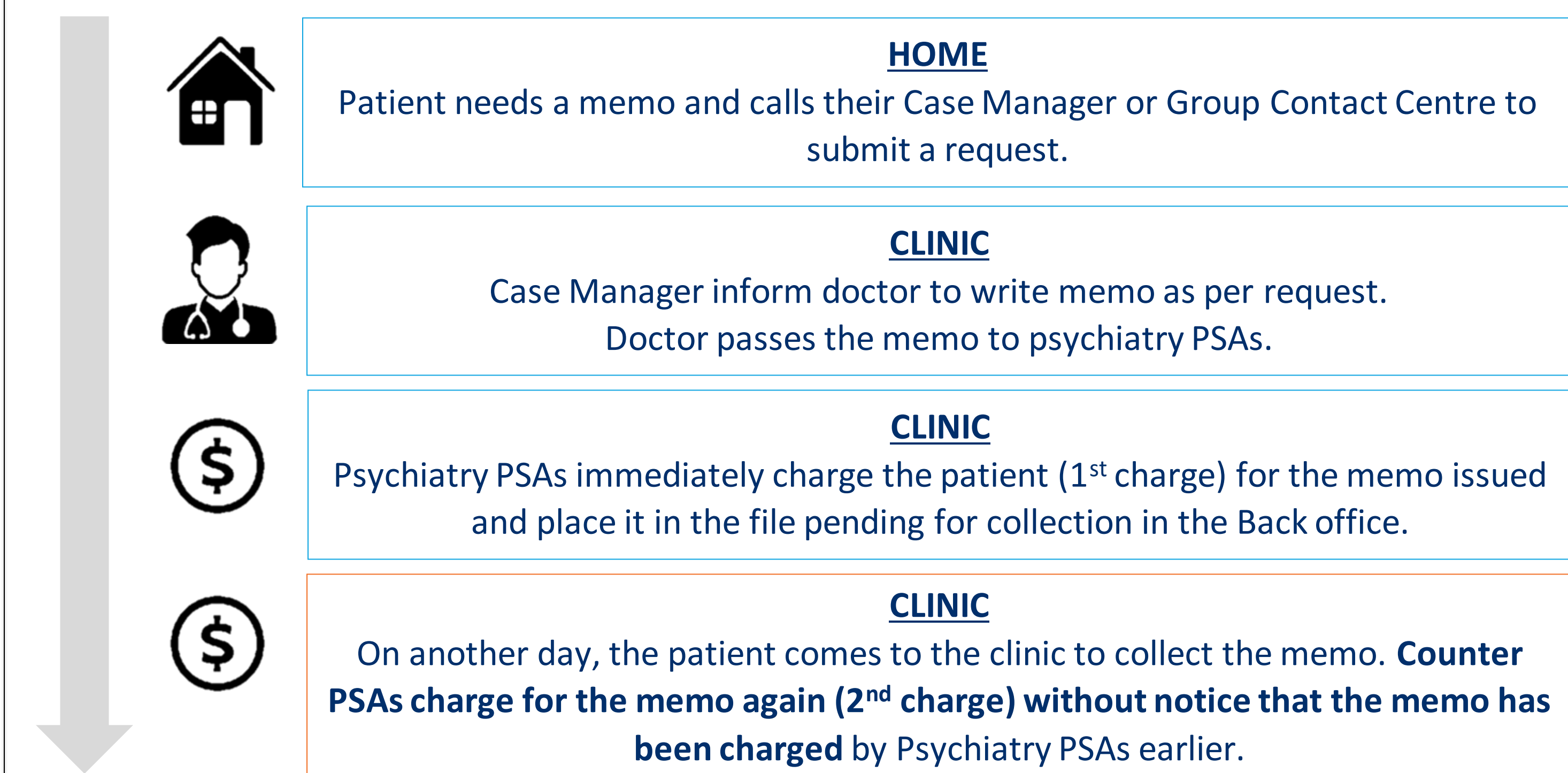
However, it was observed around 2 patients per month had complained that they had been double charged for the memo they requested. Investigations revealed that when patients collect their memo from the clinic, counter PSAs charge for the memo again, resulting in a second charge. Thus, clinic staff has to confirm with the doctors how many memos were issued and then raise bill adjustments accordingly, resulting in negative patient experiences and additional time spent by clinic staff to correct the payment.

Aim

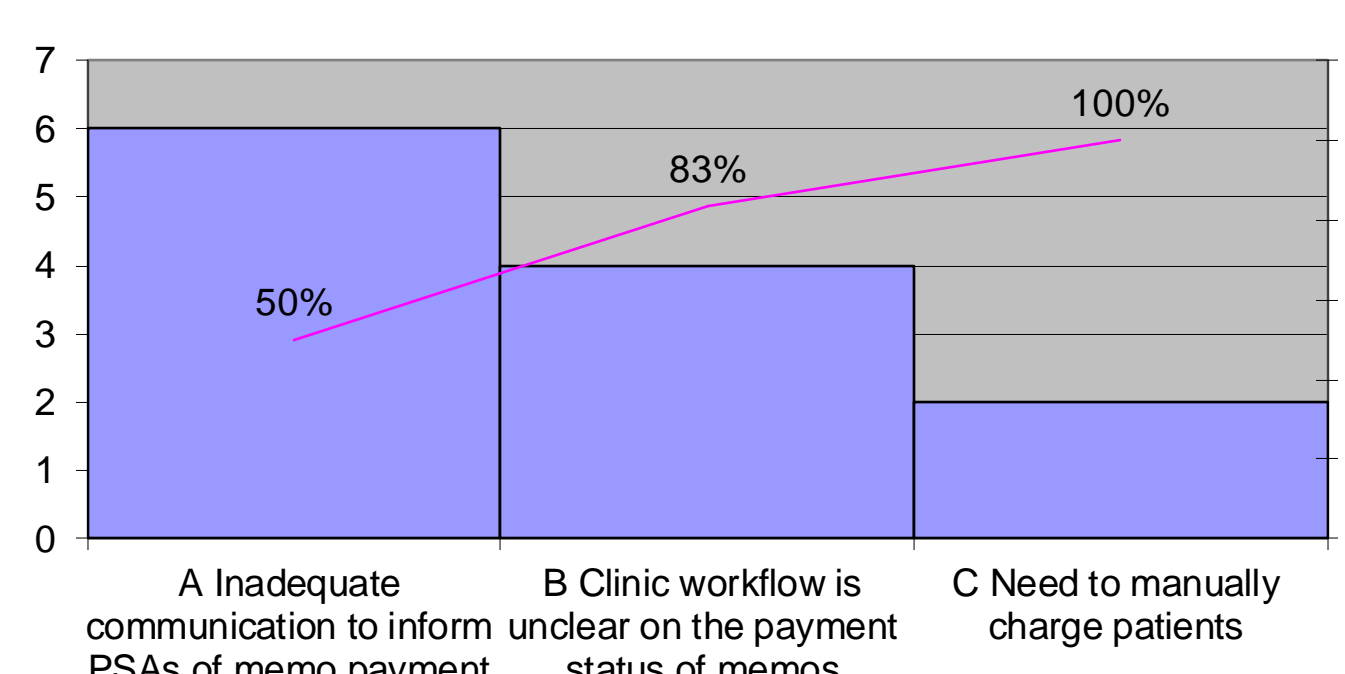
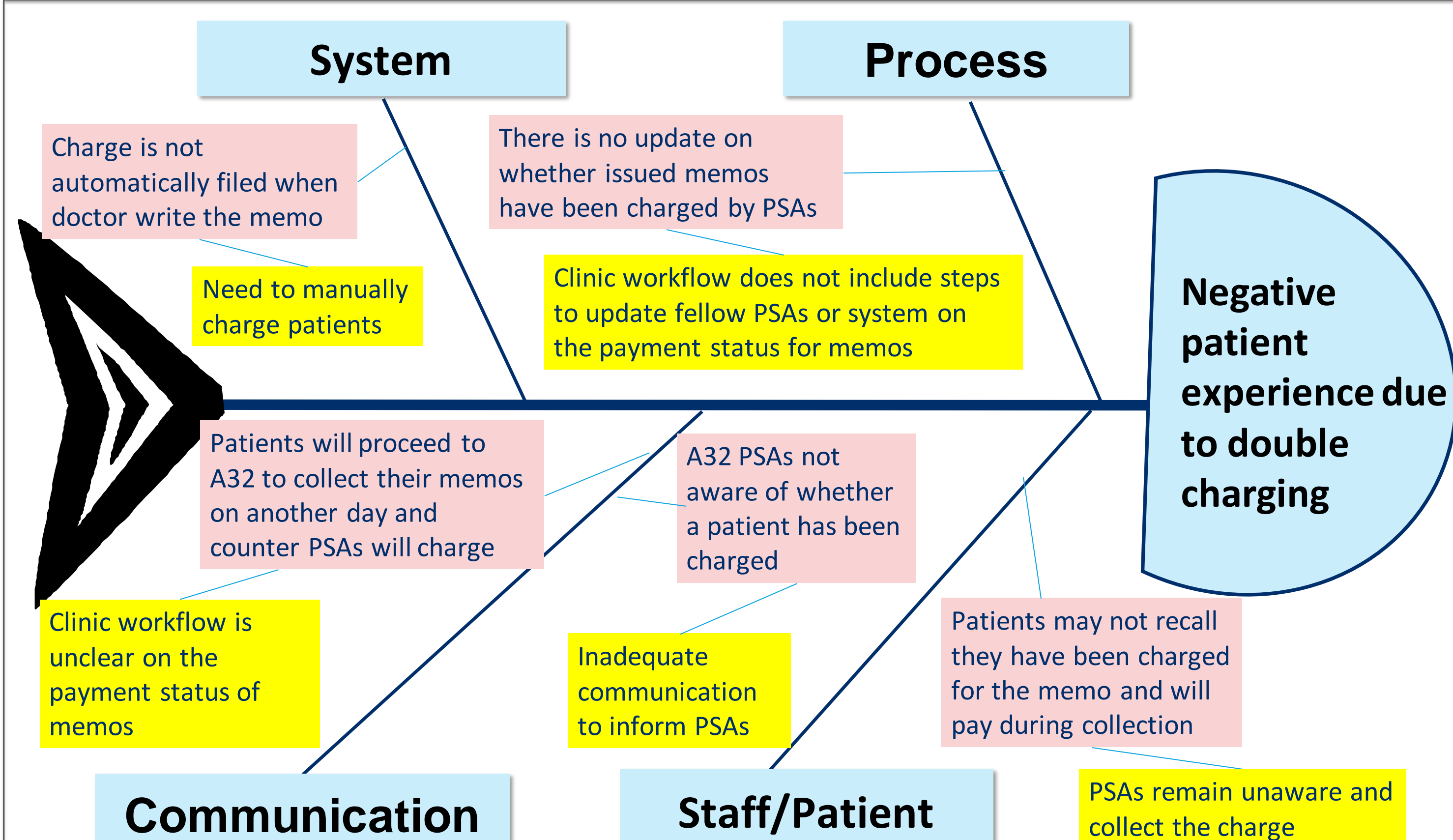
To eliminate complaints from an average of 2 per month to 0 and improve work efficiency by Jan 2023.

Establish Measures

Process before intervention



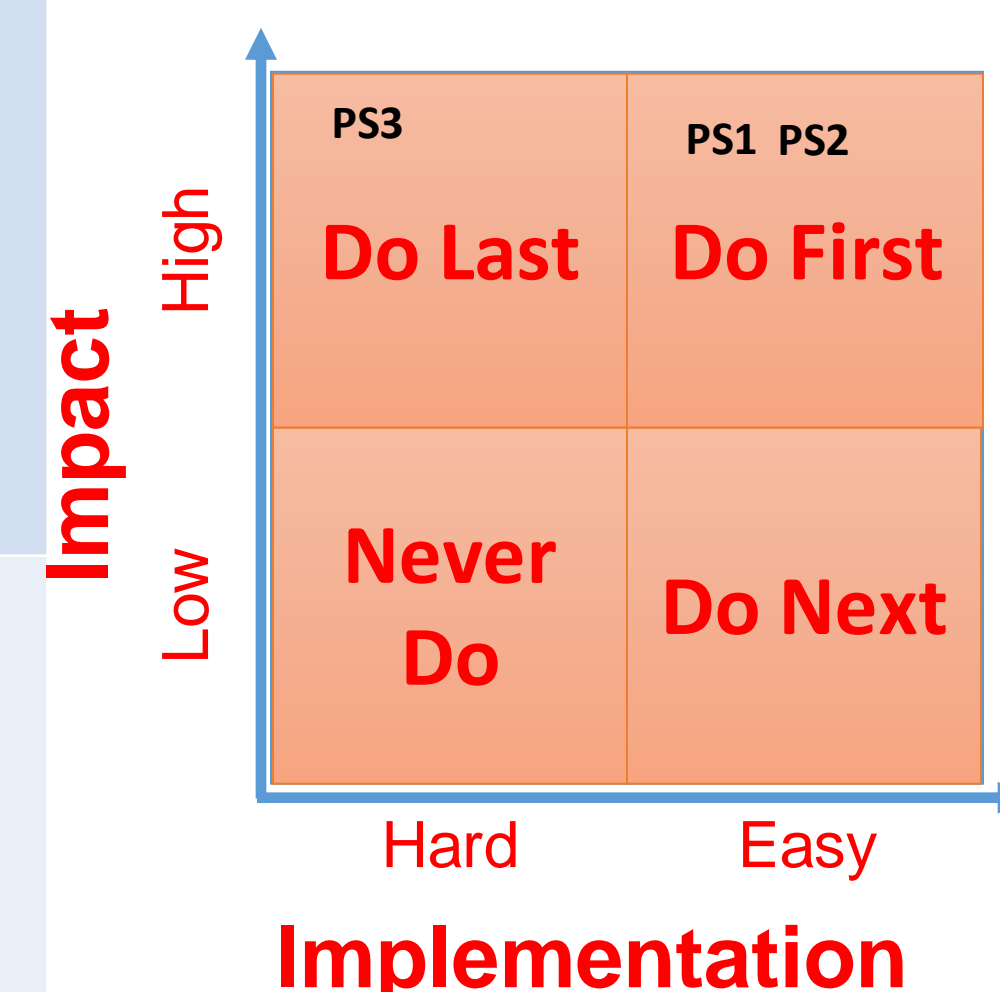
Analyse Problem



Category	Total
A - Inadequate communication to inform PSAs of memo payment	6
B - Clinic workflow is unclear on the payment status of memos	4
C - Need to manually charge patients	2

Select Changes

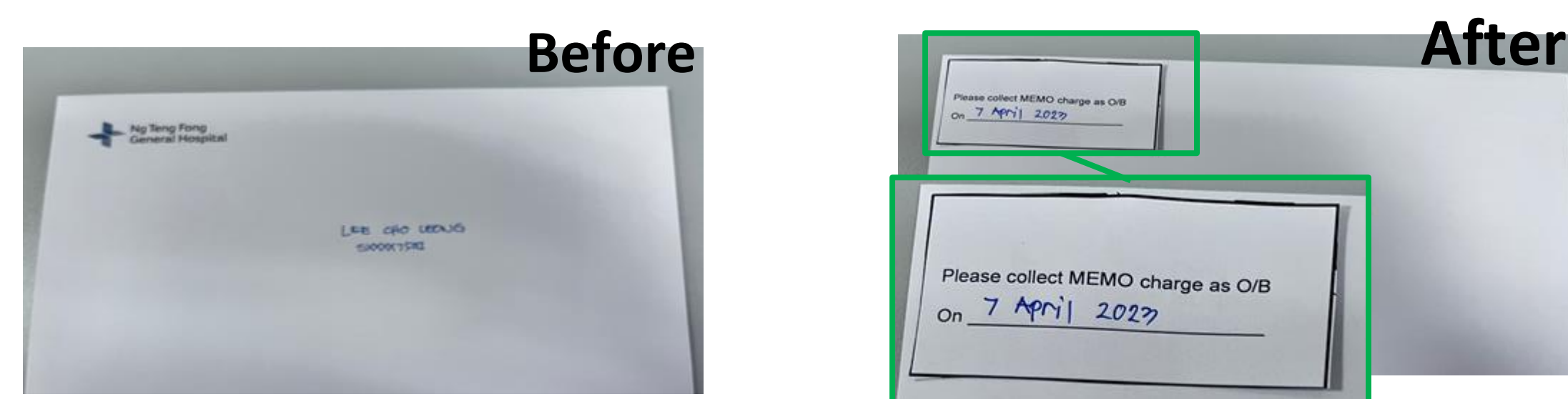
Root Cause	Probable Solution
Clinic workflow is unclear on the payment status of memos.	PS 1 Psychiatry PSAs to provide a note on the patient envelope if a memo has been charged after it was issued by the doctor.
Inadequate communication to inform PSAs of memo payment.	PS 2 Communicate to L3 PSAs about revised workflow to include a note for memos and payment on the patient envelope.
Need to manually charge patients	PS 3 Allow system auto charge if the memo is issued to patient.



Test & Implement Changes

CYCLE	PLAN	DO	STUDY	ACT
1 (Dec 2022)	PS1 Add a note on patient file about memo and payment	<ul style="list-style-type: none"> Meet with RO to propose project Share plan with Case Managers 	<ul style="list-style-type: none"> Whether a note on patient file is straightforward and easy to notice for A32 Counter PSAs to update them on memo payment 	<ul style="list-style-type: none"> Execute the plan
	PS2 Communicate to L3 PSAs about revised workflow to include a note for memos and payment	<ul style="list-style-type: none"> Brief A32 Counter PSAs about revised workflow during roll call 	<ul style="list-style-type: none"> Whether PSAs remember to put the note on patient file Whether the note has the necessary information for the memo payment 	<ul style="list-style-type: none"> Execute the plan Brief PSAs again when needed

We executed the revised plan from December 2022 to January 2023. The added measures of placing a note on patient envelopes has improved patient experience as the team **achieved zero complaint** about double charging since the plan begun. This demonstrated an **improved patient experience** and service quality from the A32 Clinic. There is **zero bill adjustment** required due to double charging. The plan has also improved efficiency for staff, resulting in **more efficient use of time** and effort as there is no need to track past memos and payments.



Spread Changes, Learning Points

Adding a note on patient files about memos and its payment status is a simple solution with a high impact. It is simple to implement quickly and easy for staff to follow, demonstrating the value of straightforward solutions. It is also important to look into the problem, as doing so has highlighted that a lack of information was the key gap for our context. With this new workflow, staff are now aware of memos issued and whether billing is required or not during collection, resulting in clearer communication among staff and patients, and has improved work efficiency.

As such, A32 will continue with this workflow. Looking forward, this solution may be implemented across different clinics facing similar issues. And we could look into allowing system auto charge of memo payment so paper notes can be gradually phased out in the long run.