Project Title

Patient Verification @ SOC

Project Lead and Members

Project lead: Lynn Chen

Project members: Sim Siew Ngoh (Sponsor), Adeline Tan Hui Shan, Fang LiWei, Nadia Mohd Haniff, Nor Hidayah, Lee Jia Yun, Nadia Ismail, Nur Fazelah

Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Healthcare Administration

Applicable Specialty or Discipline

Healthcare Administrator, Patient Service Associate

Project Period

Start date: Feb 2021

Completed date: Oct 2021

Aims

To achieve 0 incident reported for patient data breach due to inaccurate patient address and to reduce the number of returned mails to less than 10 per month by Dec 2021.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

- Small changes can make a big positive impact to patient care and outpatient journey
- Streamlined work processes to standardise clinic workflow and to improve patient experience
- Effective communication is the most important part of teamwork

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign

Quality Improvements, Job Effectiveness

Technology

Digital Health, Data Management

Keywords

Patient Verification, Returned Mails, Specialist Outpatient Clinic, PDPA, Risk Management, Data Management, Data Cleaning

Name and Email of Project Contact Person(s)

Name: Lynn Chen

Email: Lynn_Chen@nuhs.edu.sg

PATIENT VERIFICATION @ SOC

MEMBERS: SIM SIEW NGOH; LYNN CHEN; FANG LIWEI, ADELINE TAN, NADIA MOHD HANIFF, NOR HIDAYAH, LEE JIA YUN, NADIA ISMAIL, NUR FAZELAH

✓ SAFETY
✓ QUALITY
✓ PATIENT EXPERIENCE
☐ PRODUCTIVITY
☐ COST

Define Problem, Set Aim

Problem/Opportunity for Improvement

Between Mar to Dec 2020, SOC received on average 30 returned mails per month due to inaccurate or incomplete patient address. This resulted in patient not receiving the outpatient bills and appointment letters. Often, clinic staff were also unable to contact patients on changes of their appointments (if required) or any bill related issues. There was also 1 incident reported to have patient data breach due to inaccurate patient address.
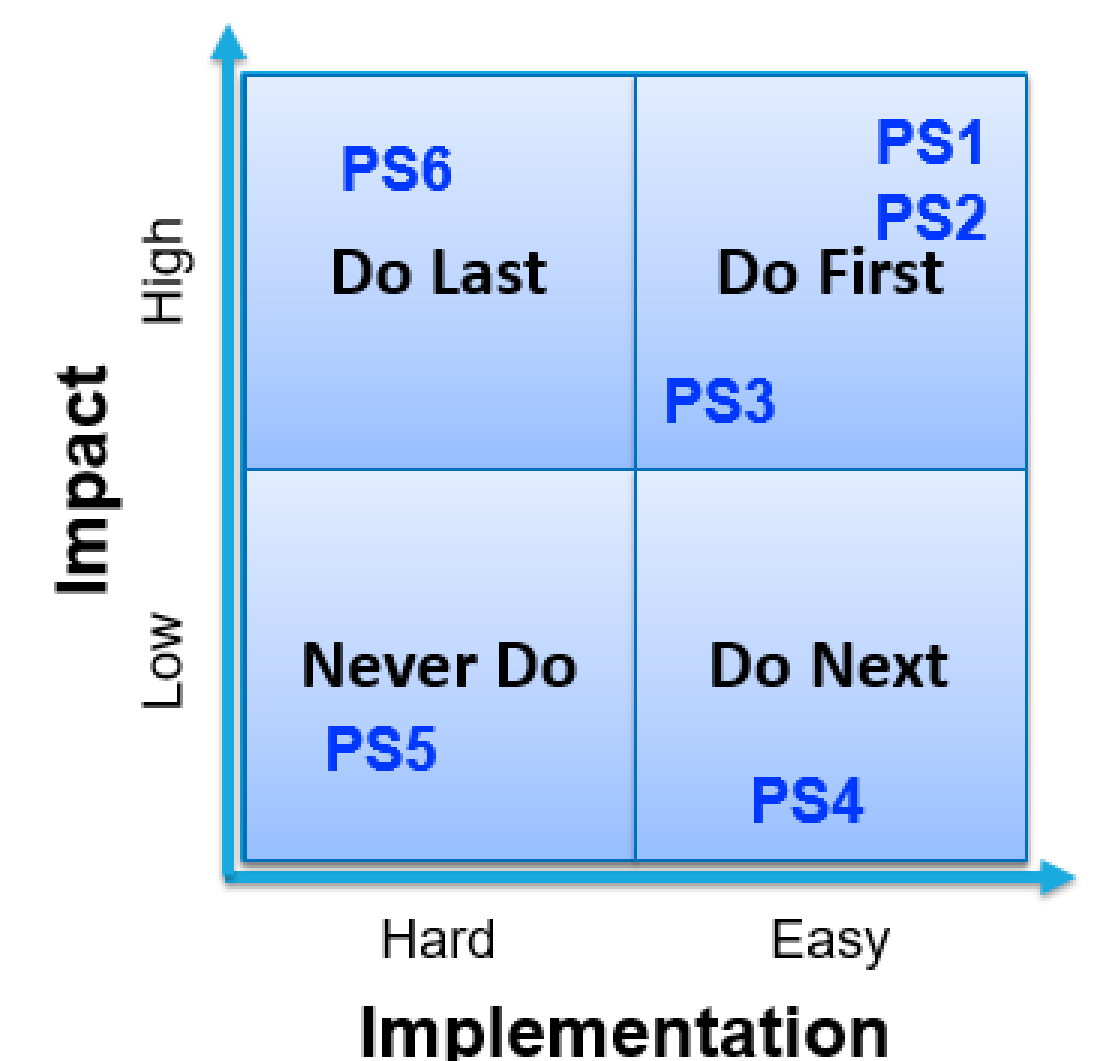
Aim

To achieve 0 incident reported for patient data breach due to inaccurate patient address and to reduce the number of returned mails to less than 10 per month by Dec 2021.

Establish Measures

Performance before interventions

- **Outcome measure**: *Number of incident reported for patient data breach due to inaccurate patient address*
- **Process measure**: *Number of returned mail to SOC per month*
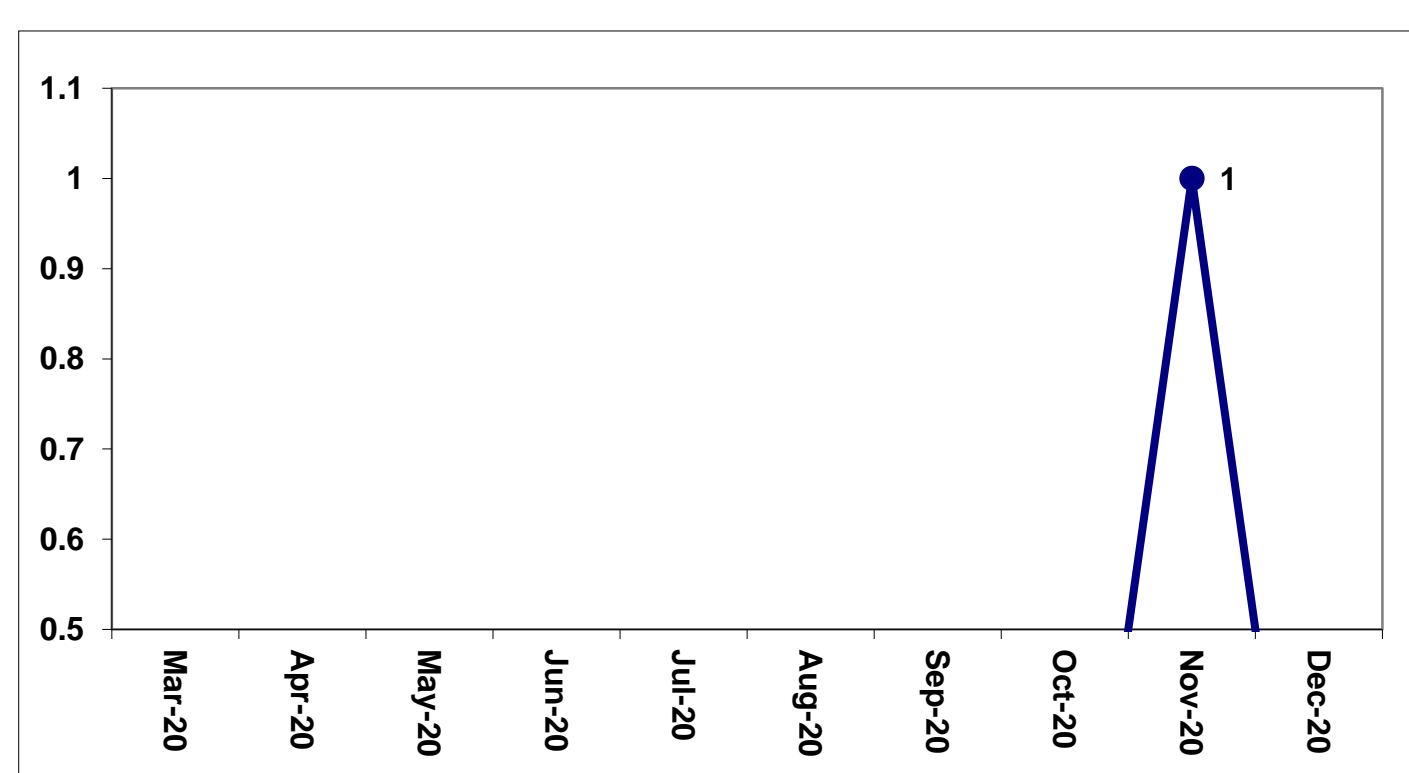- **Balancing measure**: *Number of complaint received for too many verification points*
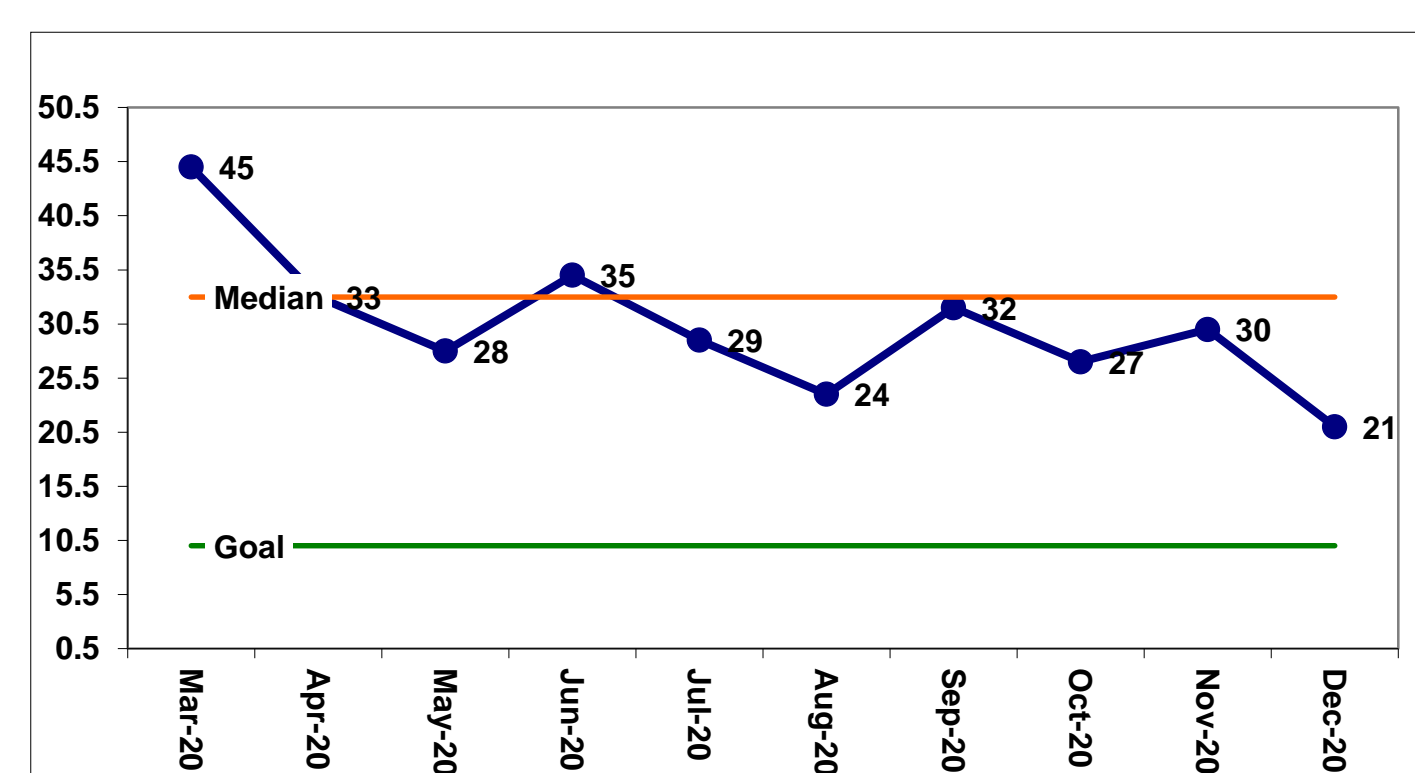

Figure 1: Outcome Measure

Figure 2: Process Measure

Analyse Problem

Process before interventions

Probable root causes

Estimated 30 returned mail per month to SOC due to inaccurate patient address

Category	Total
A-No standard procedure for patient to verify data at clinic counter	10
B-Inaccurate migration of patient information	10
C-System does not alert patient to update the data	8

Select Changes

Probable solutions

Root Cause		Potential Solutions
Root Cause A *No standard procedure for patient to verify data at clinic counter*	1	SWI for patient verification at counter/room
	2	Script for PSAs to perform verification
Root Cause B *Inaccurate migration of patient information*		Potential Solutions
	3	Data cleaning, to remove the temp address if same as perm address
	4	To align the process/procedure across all institutions
Root Cause C *System does not alert patient to update the data*		Potential Solutions
	5	Allow patient to update data in OneNUHS app and interface with EMR
	6	To send notification in OneNUHS app for patient
	7	To indicate at Queue Ticket/Self-Kiosk
	8	To indicate in appt letter

Test & Implement Changes

Cycle	Plan	Do	Study	Act
1 (Feb – Jun 2021)	• Standardization of patient verification process at registration counter, treatment/consultation room and payment counter	• The number of returned mail to SOC did not reduce • PSAs were not following the patient verification process consistently	• Staff compliance to workflow is a key to standardization of workflow.	• To revise the workflow to ensure staff compliance
2 (Jul – Oct 2021)	• Members to conduct monthly audit check for all PSAs on compliance for patient verification process at registration counter, treatment/consultation room and payment counter • Each PSA to pass at least 2 checks per month	• Audit checklist was created for member to document down their findings • Able to identify staff who are not compliance	• Members spent additional time conducting the audit check • Member can focus on staff who are not compliance	• Standardized the workflow and adapted by all SOC clinics.

Results

- *Achieved 0 incident reported for patient data breach due to inaccurate address from Aug 2021 to Dec 2021.*
- *Unable to achieve the target of less than 10 return mails per month due to inaccurate migration of patient information as more institutions are using EPIC.*
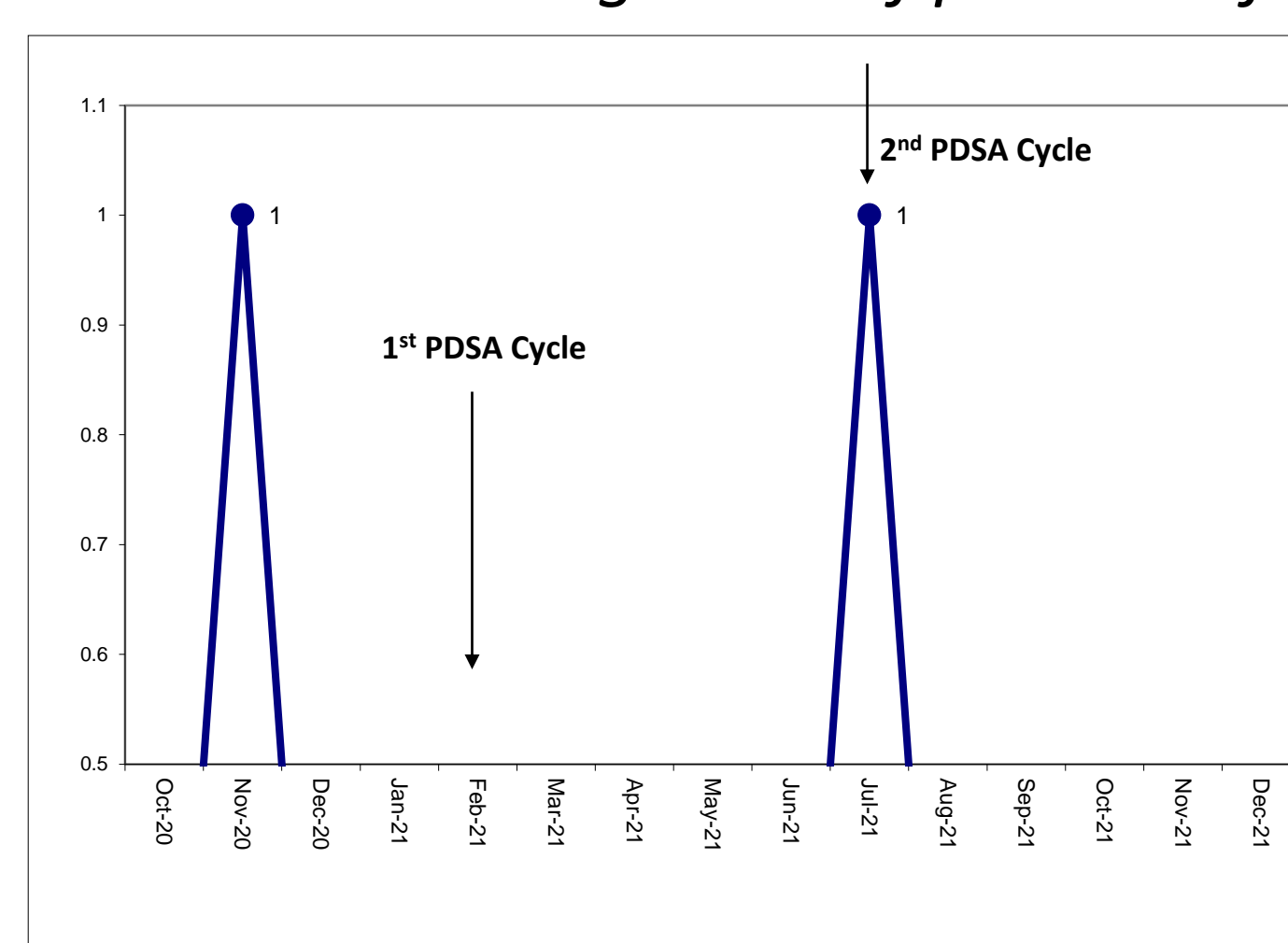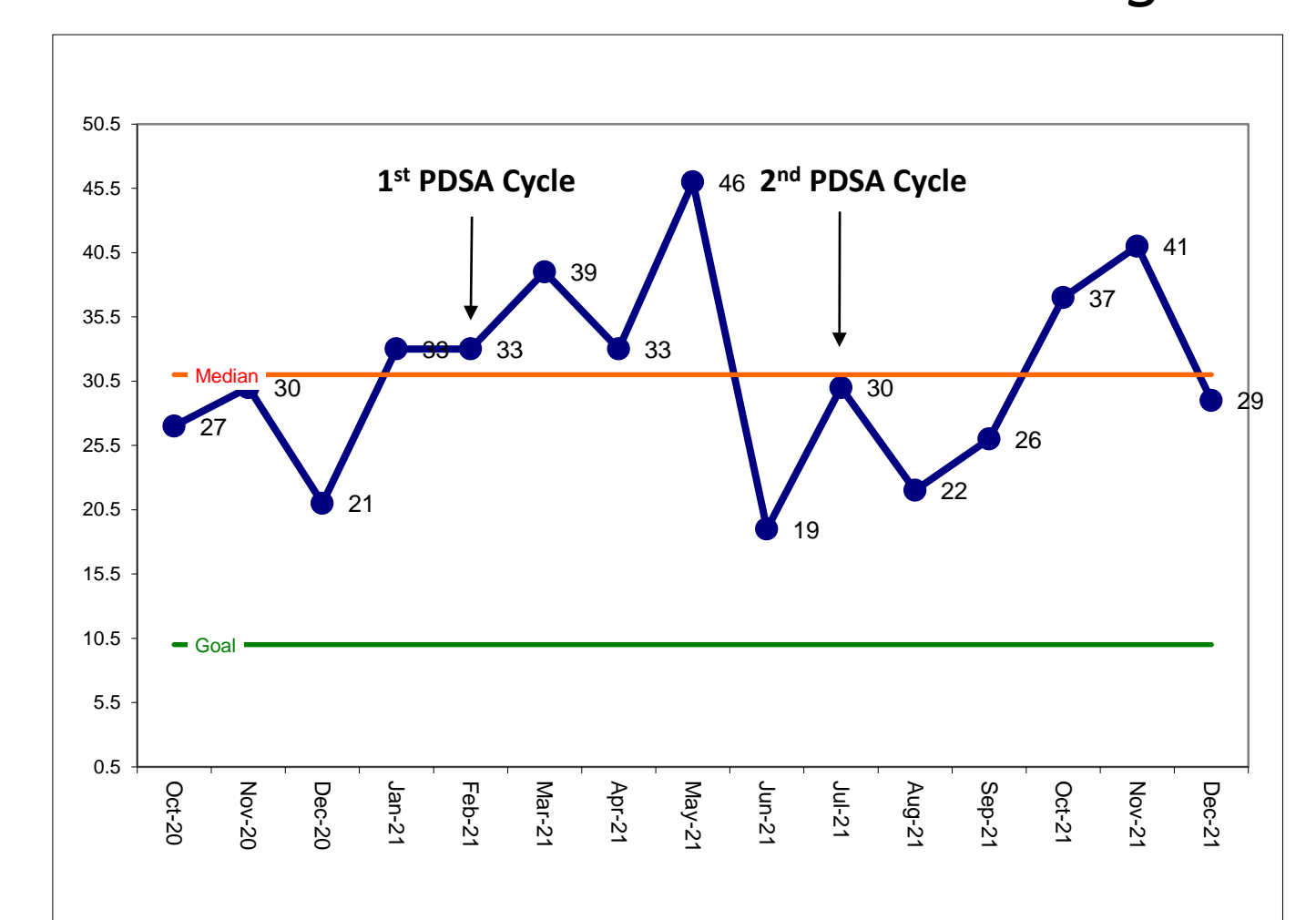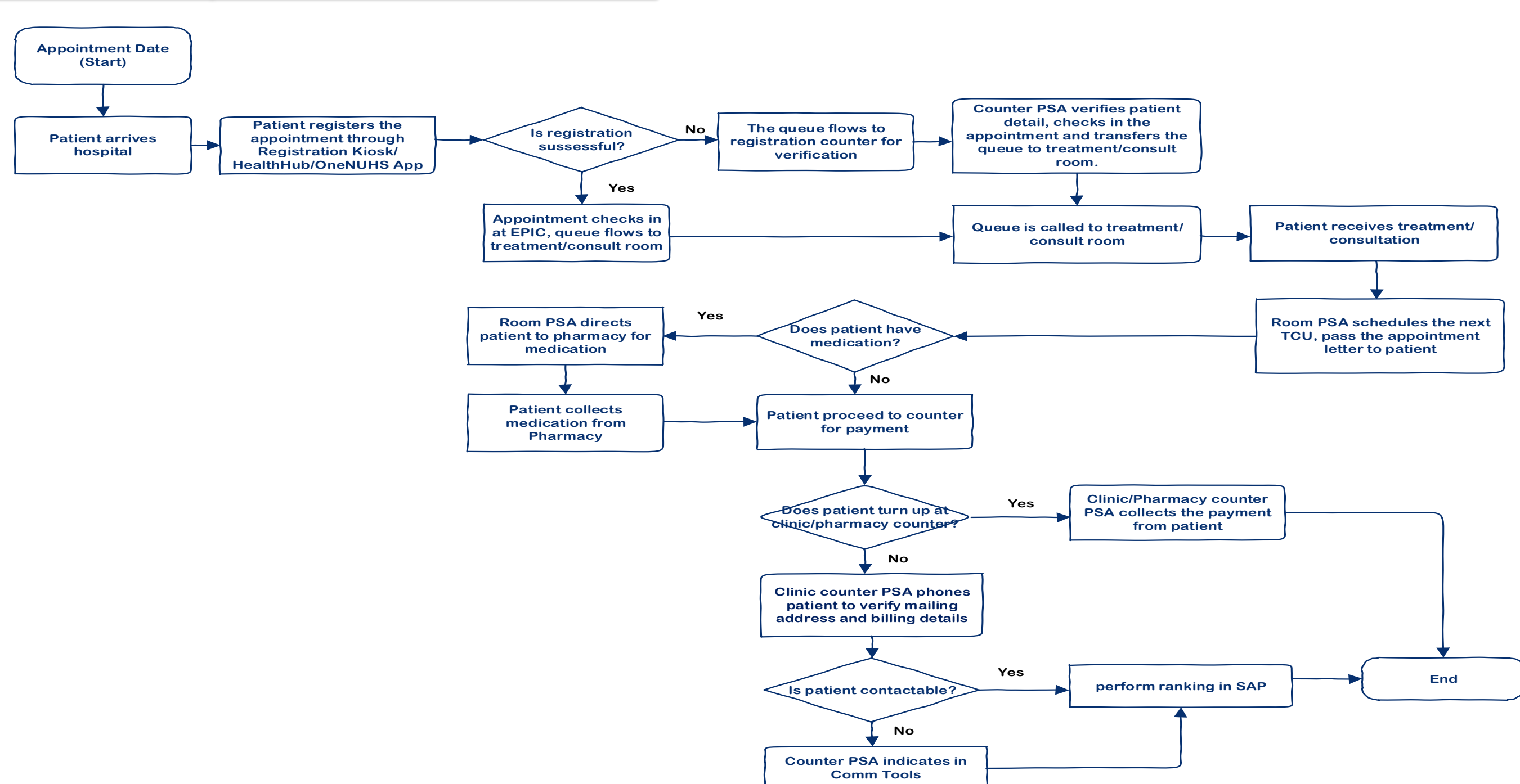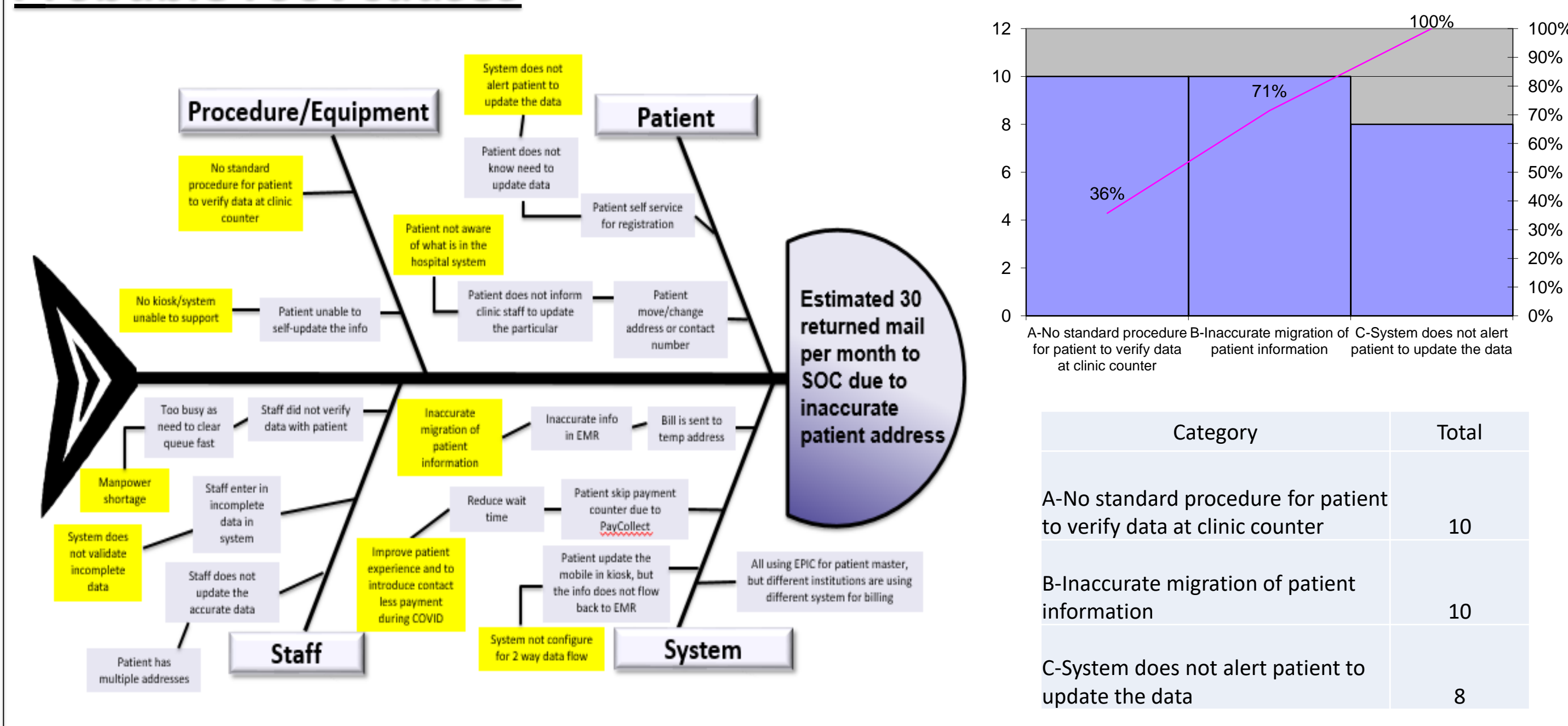

Figure 1: Outcome Measure

Figure 2: Process Measure

Spread Changes, Learning Points

The project was shared to all SOC clinics during combine roll call. It was adapted by all SOC clinics.

Key Learnings

- *Small changes can make a big positive impact to patient care and outpatient journey.*
- *Streamlined work processes to standardize clinic workflow and to improve patient experience.*
- *Effective communication is the most important part of teamwork.*

Ng Teng Fong General Hospital

Jurong Community Hospital