

CHI Learning & Development System (CHILD)

Project Title

Conducting Financial Counselling (FC) for All Inflight Patients at NTFGH & JCH Wards

Project Lead and Members

Project lead: Nurul Natasha

Project Members: Siti Zahara, Nur Farina, Nur Hafizah, Rachel Ng

Organisation(s) Involved

Ng Teng Fong General Hospital, Jurong Community Hospital

Healthcare Family Group(s) Involved in this Project

Healthcare Administration

Applicable Specialty or Discipline

Patient Service Centre

Project Period

Start date: Dec 2020

Completed date: May 2021

Aims

- Reduce the no. of patients who did not undergo FC within 48hrs of patient stay,
 from 15% to 1% by end of May 2021.
- Achieve 99% attempted FC for all inflight patients within 48hrs of admission, of which at least 80% to be done within 24hrs inflight.

Background

See poster appended / below

Methods

See poster appended / below

EALTHCARE INOVATION

CHI Learning & Development System (CHILD)

Results

See poster appended / below

Lessons Learnt

This increases work efficiency & patient satisfaction as we are able to hit 99% in our

attempts to perform FC within 48hrs of patient's admission. Most patients are now

aware of estimated charges during their stay and are able to seek financial advice and

assistance if required. They can thus focus more on their recovery while inflight.

Conclusion

See poster appended / below

Project Category

Care & Process Redesign, Quality Improvement, Job Effectiveness, Valued Based Care

Keywords

Financial Counselling, Internal Audit, Patient Feedback, Hospital Charges

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CONDUCTING FINANCIAL COUNSELLING (FC) FOR ALL INFLIGHT PATIENTS AT NTFGH & JCH WARDS

MEMBERS: NURUL NATASHA, SITI ZAHARA

NUR FARINA, NUR HAFIZAH FACILITATOR: RACHEL NG

Define Problem, Set Aim

Problem/Opportunity for Improvement

Ward PSAs are required to conduct FC with patients within 48hrs of patient stay. However, this practice is inconsistent resulting in some patients not being financial counselled within the required time.

- Internal Audit Findings: Between September to December 2020, there was about 10% 15% that patients who did not undergo Financial Counselling (FC) within their 48hrs of their admission.
- Feedback from Patients: Patients feedback on bill shock that they were not informed of the hospital estimated charges before during their stay.
- Requirement by MOH & Department: MOH requires Hospitals to inform patients of estimated charges. FC is part of the department's key performance indicator that all patients need to be FC-ed within 48hrs stay at the ward.

<u>Aim</u>

By end May 2021, the team targets to:

- Reduce the no. of patients who did not undergo FC within 48hrs of patient stay, from 15% to 1% by end of May 2021.
- Achieve 99% attempted FC for all inflight patients within 48hrs of admission, of which at least 80% to be done within 24hrs inflight.

Establish Measures

Outcome Measures

Percentage of patients who undergo FC within 48hrs of patient's stay at the ward.

Process Measures

- No. of patients required to 98 undergo FC at the ward within 48hrs.99
- Perform checks on 5 cases daily for the selected wards.
- ❖ 48hrs is determined from the time patient arrive at the ward.
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 Pilot starts on 7 Dec

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 1 Sept 13 Sept 27 Sept 12 Oct 26 Oct 9 Nov to 23 Nov 7 Dec to 21 Dec 4 Jan to 18 Jan 1 Feb to 15 Feb 1 Mar to 15 Mar 29 Mar 12 Apr 26 Apr 10 May to 12 to 26 to 11 to 25 to 8 Nov 22 Nov to 6 Dec 20 Dec to 3 Jan 17 Jan to 31 14 Feb to 28 14 mar to 28 to 11 to 25 to 9 to 23 Sept Sept Oct Oct Oct

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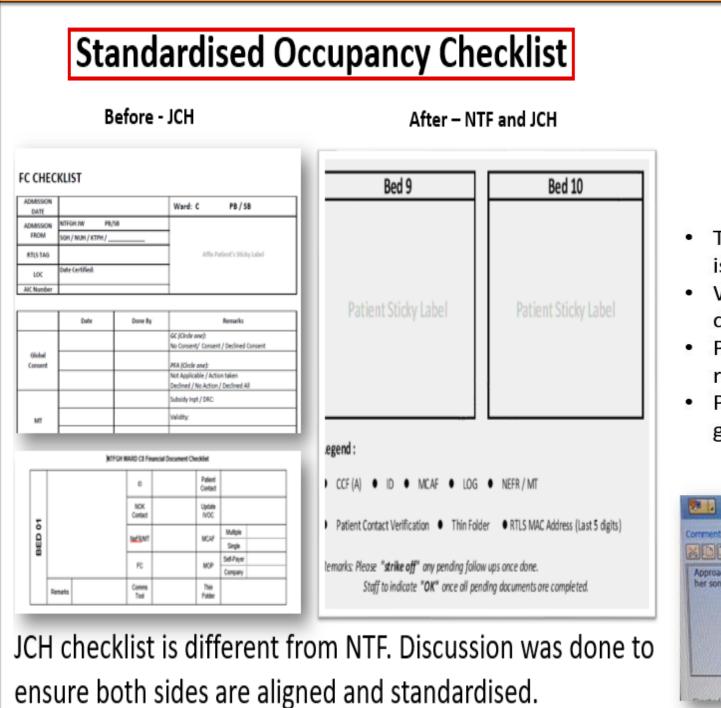
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- Collate 6 months data for NTFGH and JCH wards .

Analyse Problem Restricted, Non-Sensitive **Primary Driver Secondary Driver Change Ideas** 1. Cross covering due to 1. Update Occupancy manpower down Checklist for Covering Ward e.g **Morning Duties** Paste Sticky Label 2. PSA not at counter 2. JCH standardized 3. Faulty Equipment Occupancy Checklist with NTF 4. Lack of visibility of Attempt performance to 5. Staff Overlook Conduct Afternoon 3. Daily Audit by Team Leaders. 6. Staff Lazy FC for all Duties Record completed data on New 7. Lack of visibility of inflight admissions/Transfer patients Spokesperson 8. No proper handover 9. No PSA upon patient 4. Update Occupancy checklist discharge to ensure all attempt is done 10. Bypass PSA before end shift **Evening Duties** 11. Lack of visibility of Spokesperson 12. Cross covering





Select Changes



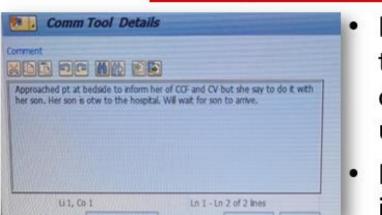
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Team Leads conducted ward rounds weekly to screen through if CCF(A) is indicated in Occupancy Checklist. This is to ensure consistency.
 Ward PSAs are required to indicate CCF(A) once attempt has been

Weekly Ward Audit via Ward Rounds

- PSAs are being reminded regularly if CCF(A) is still pending and requires follow up.
- PSA or Team Leads will be able to identify attempted cases at one

Weekly Ward Audit via Comms Tool



Besides checking of CCF(A) on the sticky label, we will also check the <u>Comms</u> Tool for updates

 PSAs will be reminded regularly if CCF(A) requires follow up.

Test & Implement Changes

Test changes using PDCA:

1 PLAN

2 DO

- Representative Team Leads from NTFGH and JCH discussed and aligned the ward occupancy checklist and daily work processes.
- Standardised Occupancy Checklist for both NTFGH and JCH Wards.
- PSAs started to attempt FC within 48hrs for all admissions.
- PM shift PSA to ensure cases are attempted for all admissions based on Occupancy checklist before end shift.
- Team Leads monitored the number of compliance and records the reasons for non-compliance.

3 CHECK

- Team piloted audit checks to ensure consistency in attempting FC. To promptly follow up on cases which were not able to attempt within 48hrs.
- Gathered feedback from the ground that this pilot is feasible and Occupancy Checklist are easy to use by indicating it on the patient's sticky label.

4 ACT

 After target was achieved, this initiative are standardised across all wards to perform as part of daily duties.

PRESUITS: 100% 98.3% 96.6% 96.6% 98.8% 95.8% 98.7% 100.0% 99.5% 100.0% 100.0% 99.8% 99.7% 99.7% 99.8% 99.7% 99.8% 99.7% 99.8% 99.7% 99.8% 99.8% 99.7% 99.8% 99.8% 99.8% 99.8% 99.8% 99.8% 99.7% 99.8%

We have achieved:

- 1. An average of 98.7% FC done within 48hrs during patient inflight;
- 2. An average of 87.9% FC done within 24hrs during first day stay.

Spread Changes, Learning Points

Weekly audits and structured work processes aid our staff to perform better while improving our service delivery.

This increases work efficiency & patient satisfaction as we are able to hit 99% in our attempts to perform FC within 48hrs of patient's admission. Most patients are now aware of estimated charges during their stay and are able to seek financial advice and assistance if required. They can thus focus more on their recovery while inflight.



