

Project Title

“Excuse Me Sir, Are You Being Served?”

Project Lead and Members

- Ho Juan San, Operations (Medicine), Director and Leader of the Quality Service Management Taskforce Outpatient Workgroup
- Richard Koh, Operations (Medicine), Assistant Director
- Irene Lye, Senior Clinic Manager, Operations (Medicine)
- Estee Soh, Clinic 3B, Supervisor
- Tim Jee Ya, Clinic 3B, Supervisor
- Dr Prabathy J Francis, Department of Cardiology, Associate Consultant
- Johnsten Wee, Clinic 3B, Senior PSA
- Tan Ying Xiang, Clinic 3B, Senior PSA
- Ruth D. Acopio, Clinic 3B, Senior Staff Nurse
- Yu Ming Ming, Clinic 3B, Senior Staff Nurse
- Wong Jia Liang, Operations (Medicine), Executive

Organisation(s) Involved

Tan Tock Seng Hospital

Project Period

Start date: Jul 2012

Project Category

Process Improvement, Care Redesign, Quality Improvement, Process Redesign

Keywords

Tan Tock Seng Hospital, Operations, Patient Service Associates, Process Improvement, Quality Improvement, Process Redesign, Patient-centric Care, Service Excellence, Turnaround Time, Wait Time, Infrastructural Constraints, Mobile Billing, Specialist Outpatient Clinics, Payment, Daily Improvement Board, Patient Satisfaction, Patient Experience, Personalized Service Delivery, Lean Management Methodologies, World Café Concept, Tired Trolley, Ergonomically Friendly Trolley Design, Job Breakdown Sheet, Standard Work

Name and Email of Project Contact Person(s)

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THE ASIAN HOSPITAL MANAGEMENT AWARDS 2012
Presented in Conjunction with Hospital Management Asia

ENTRY FORM FOR CUSTOMER SERVICE CATEGORY

A customer service project that responded well to the needs of its clientele, drew praise from them, and positively projected the hospital as a quality service provider. The judges favor entries that also reduced costs, and did not require major capital expenditure. More weight is given to projects that are innovative (in relation to where the hospital is located). Is it a meaningful improvement of its service considering the environment in which it operates?

INSTRUCTIONS

- Please fill out all the sections below and abide strictly by the word count. Words exceeding the maximum word count will be cut off automatically/truncated.
- IMPORTANT: It is necessary that the CEO certifies that all information you provide is true and correct by signing the form indicated in the last page.
- By submitting an entry, you agree that HMA will share relevant aspects of the Entry submitted on the HMA or related Resource Center website.

Background Information

Project Title "Excuse Me Sir, Are You Being Served?"

Date Project Started 3rd July 2012

Enhancements made (for projects that did not start operations between January 2012 to May 2013)

NIL

Key staff involved in the project

1. Name Ho Juan San

Department/Function Operations (Medicine), Director and Leader of the Quality Service Management Taskforce Outpatient Workgroup

2. Name Richard Koh

Department/Function Operations (Medicine), Assistant Director

3. Name Irene Lye
Department/Function Senior Clinic Manager, Operations (Medicine)
4. Name Estee Soh
Department/Function Clinic 3B, Supervisor
5. Name Tim Jee Ya
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Department/Function Clinic 3B, Senior Staff Nurse
10. Name Yu Ming Ming
Department/Function Clinic 3B, Senior Staff Nurse
11. Name Wong Jia Liang
Department/Function Operations (Medicine), Executive

PLEASE ANSWER THE FOLLOWING QUESTIONS USING THE MAXIMUM WORD ALLOCATIONS INDICATED

- 1. Please give some background to the project or program including how it originated. Give details of how the project responded to the needs of patients and drew praise from them. Outline any specific goals or targets you had in mind prior to the project being put together. **MAX 350 WORDS.****

Service excellence is an integral part of achieving Tan Tock Seng Hospital's vision to not only deliver patient-centric care to our patients but also providing quality service to our patients. With increasing patient loads at 7.8% growth per annum, of which 12.8% are repeat visits, the need for Cardiology Clinic 3B to increase the number of billing counters to reduce the payment wait time was evident. However the clinic faced the challenge of space limitations and infrastructural constraints at the clinic. The idea of

a mobile billing service was suggested by staff through the daily improvement board to ease the situation. This idea was inspired by the mobile check-in kiosks that were available at Changi Airport.

The project aimed to achieve the following at the Cardiology Clinic 3B:

- Improve Turn-around-time (TAT) by billing repeat visit and Technical visit patients prior to doctor consultation
- Reduce congestion at current billing counters
- Improve Patients' experience and satisfaction
- Flexibility to mount additional counters when needed according to the clinic's peak loads.

The typical appointment process at the Cardiology Clinic 3B can be described by the following steps:

- a) The patients arrives to clinic, and registers at the self registration kiosk
- b) The patient proceeds to the waiting area to wait for treatment or their doctor's consultation appointment.
- c) Once consultation is completed, the patient exits the room and proceeds again to the waiting area for payment.
- d) Upon making payment, the patient proceeds to the Pharmacy to collect their medication where applicable.

The ***new mobile billing process*** aimed to introduce payment while patients were waiting for their consultation as follows:

- a) Patients arrive at clinic, and register at the self registration kiosks.
- b) The patient proceeds to the waiting area for their appointed doctor's consultation.
- c) The Patient Service Associate (PSA) will identify repeat visit patients and technical visit patients (87% of Clinic 3B's patient load) and offer the mobile billing service for payment before consultation.
- d) Once consultation is completed, the patient proceeds to the Pharmacy to collect their medication where applicable.

Word count: 341 / 350.

2. Please describe how the project was beneficial from the patient's perspective and experience, and how it improved patient care, patient safety or service. Preferably please present quantifiable information such as "before and after" measurements if any. Did it meet and exceed expectations? **MAX 200 WORDS.**

The PSA operating the mobile billing service takes on three roles concurrently to serve patients: billing, Patient Ambassador, and clinic concierge.

- 1) Patients will be able to make payment while waiting for their doctor consultations, instead of doing so at the end of consult, thus making better use of waiting time.
- 2) Patients experiencing unusually long wait time for doctor consult will be provided with timely updates by the PSA, who as the Patient Ambassador maintains situational awareness through a queue management system dashboard. The patients will thus be better informed on expected wait

times.

3) Patients requiring assistance to find their way around the hospital, or have enquiries about billing or appointments can also have their questions answered by the mobile billing PSA.

Prior to the implementation of mobile billing, the average Turn-Around-Time (TAT) for billing (500 patients was surveyed from July – Dec 2012) was at an average TAT of 34 minutes. Upon implementation, the average TAT was reduced to 11 minutes, which translates to a 68% (23 minutes) savings in each patient's time at the clinic.

This streamlined delivery of 3 services directly to the patients is a more personalized approach which has impressed our patients.

Word count: 198 / 200

3. Please tell us how you have engaged your whole team in a culture of customer service excellence and how the project positively projected the hospital as a quality service provider. MAX 200 WORDS.

TTSH's MyCare Basic programme was initiated in 2008 to build an organizational culture of empowerment and involvement among ground staff to address areas of improvement in our processes. This was facilitated through equipping each staff with simple lean management tools for them to proactively practice in the workplace. Line trainers were identified in each of the hospital's divisions and they include, among the hospital's many diverse professions, nurses, patient service associates (PSAs) and medical technicians, who were then trained in lean management principles. The line trainers in turn trained their fellow colleagues, and facilitated improvement projects in their divisions, matched by inputs from fellow ground staff to give everyone a sense of ownership and pride in their work.

This project originated from a suggestion via the Daily Improvement Board, which supports two tenets of MyCare implementation approach: Everyone can play a part, and everyone can be a problem solver. It is the most pervasive method to get every staff to get involved in improvement work. It aims to cultivate the mindset of making Tan Tock Seng Hospital a better place to work and to deliver quality care to patients.

Word count: 189 / 200 words

4. **Please explain if the project utilized capital and how much was utilized. Or in fact did it also reduce costs? To what extent was the project prevention oriented, and how well it will reduce or eliminate the service defect, or reduce waste, or improve communication. Will the benefits be long lasting? MAX 150 WORDS.**

The setup of the mobile billing kiosk cost about SGD\$9391 (approximated USD\$7630).

It consists of a 2-tiered trolley equipped with:

- 1x Laptop
- 1x Mobile printer
- 1x Barcode scanner
- 1x Cash collection drawer
- 1x Wireless credit card and NETS machine

With the addition of the mobile billing kiosk, the clinic could save cost and space in building another billing counter, which would be a permanent fixture. The mobile billing kiosk, however is mobile and could potentially be used for other areas when the need arises.

Prior to the implementation of mobile billing, the average Turn-Around-Time (TAT) for billing (500 patients was surveyed from July – Dec 2012) had an average waiting time of 34 minutes. Upon implementation, the average waiting time was reduced to 11 minutes, which translates to a 68% savings in patient's time at the clinic.

Word count: 141 / 150

5. **Please give some background of the project team that originated, studied and developed the project or program. MAX 200 WORDS.**

The project originated from a suggestion via the World Café concept, which supports an informal platform for Clinic 3B's staff to generate ideas and cultivate a mindset to make the clinic a great place to heal and work for both patient and staff. Patient Service Associates and Nurses at Clinic 3B wanted to improve the Turn Around Time (TAT) for Repeat visit and technical visit patients (87% of patients) can potentially be billed while waiting for consultations / technical tests as their appointment journey is deemed simpler.

The clinic also wanted to reduce congestion at billing counters and alleviate the workload at the billing counters to free up more counters for registration and other complex cases. The project had allowed more flexibility to mount additional counters to cope with increased patient volume during peak hours, an innovation yet to be seen at other hospitals in Singapore.

Word count: 134 / 200

6. Please give any other information, including third party testimonial regarding your project which you think would help convince the judges that this project (or program) should win this category. MAX 200 WORDS.

The mobile billing trolley consist of a 2 tiered trolley with a laptop, mobile printer, barcode scanner, cash collection drawer and wireless card machine. It has been modified with adjustable height, wireless keyboard and mouse and improved placement of printer to ensure an ergonomically friendly design for staff and is patient-friendly. (Please refer to attached before and after picture.)

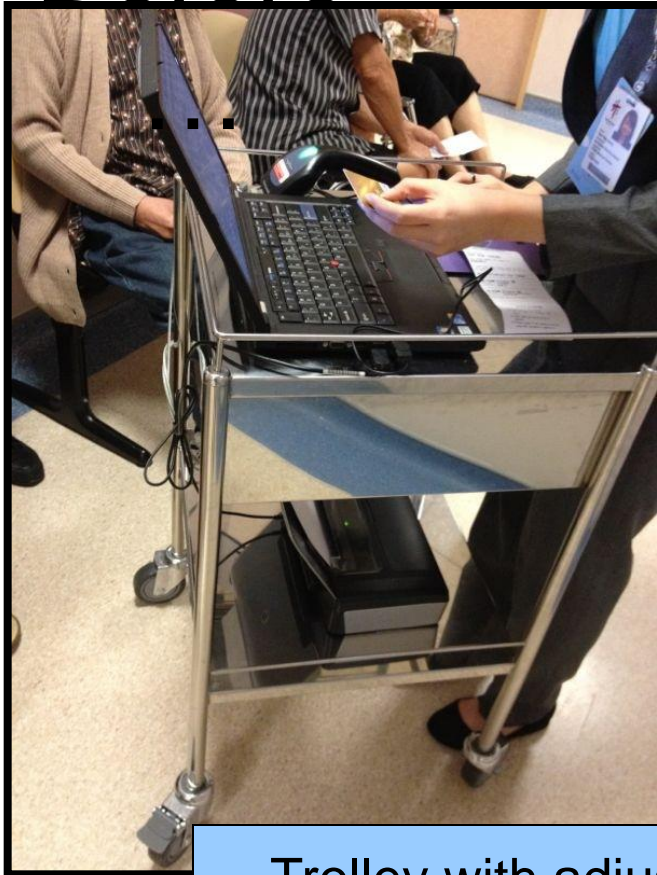
More than 2,500 patients have benefited from this service since July 2012. Feedback received from patients was that this was indeed a better use of their waiting time at the clinic and reduced the total time spent at clinic as this removed the need to queue again for billing. Patients were impressed with the new initiative as it allowed them to enquire on any concerns without interrupting the counter staff. Patients also suggested for the mobile billing service to be implemented to the other parts of the hospital.

Job Breakdown Sheet and Standard Work have been developed and training has been rolled out to all new PSAs. The project has been shared at the Outpatient Management Committee to explore possibility for replication throughout the Specialist Outpatient Clinics. The project was first targeted at repeat visits as the patient journey is more predictable. Moving forward, the team will explore including first visit patients for the service.

Word count: 199 / 200

Improvements in trolley design and ergonomics

Before



After...



Height
adjustment
lever

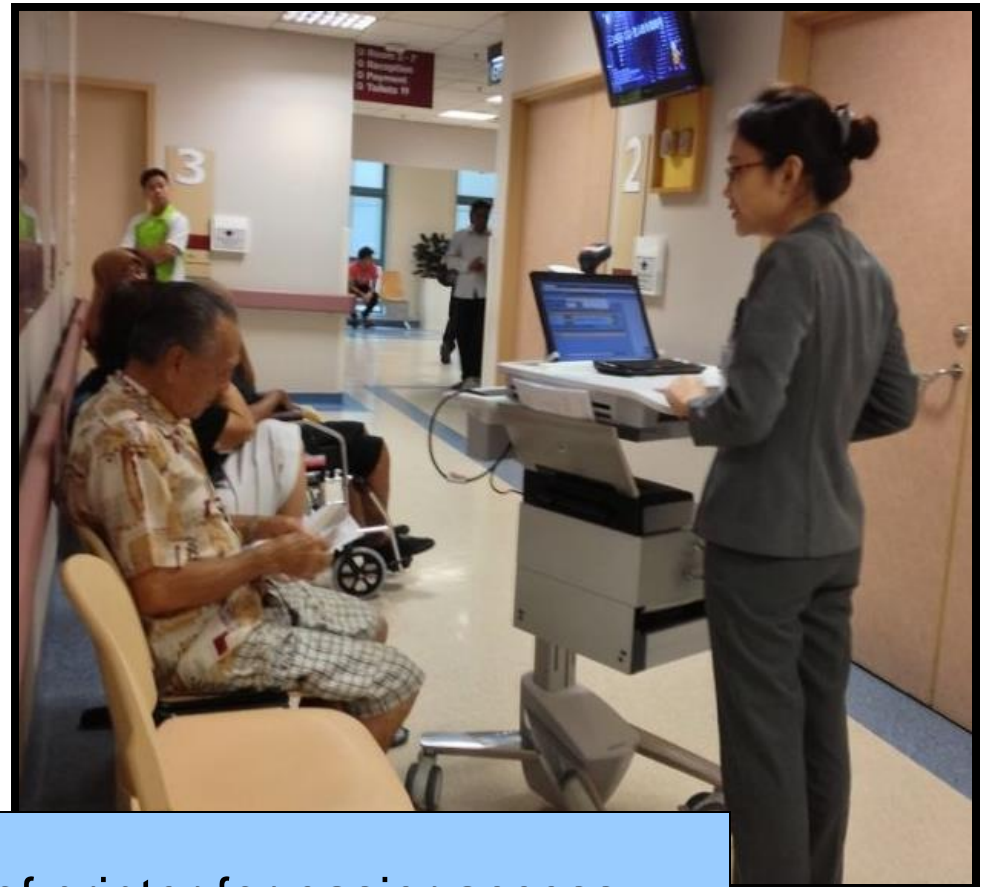
Trolley with adjustable height and 2 drawers for cash and miscellaneous items

Improvements in trolley design and ergonomics

Before



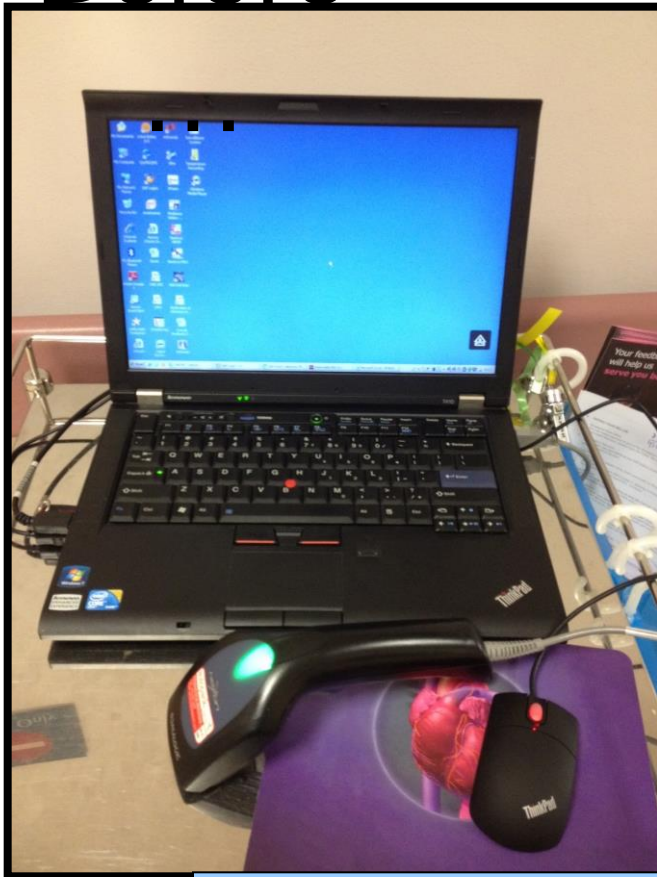
After...



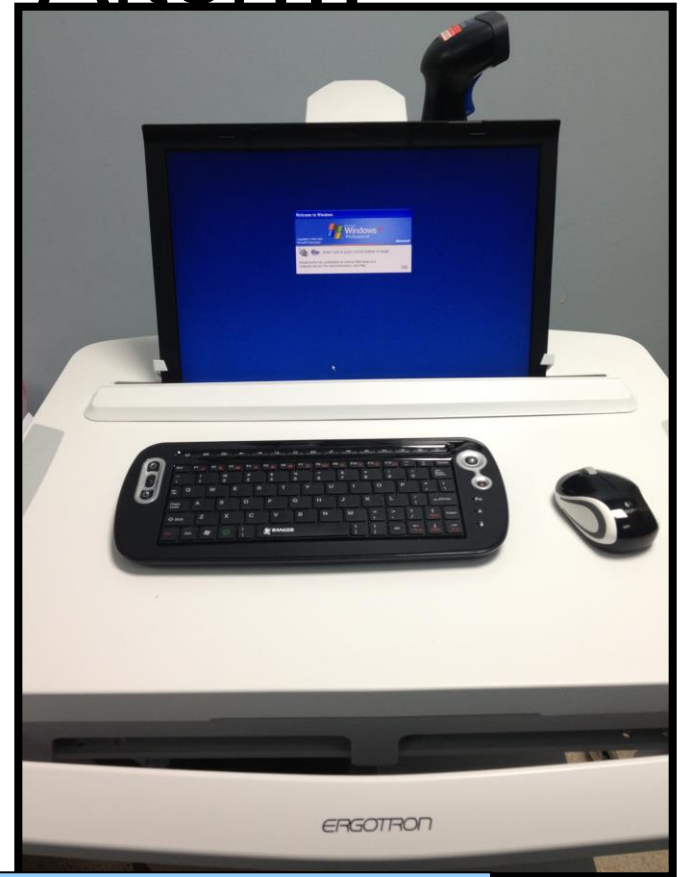
Better placement of printer for easier access

Improvements in trolley design and ergonomics

Before



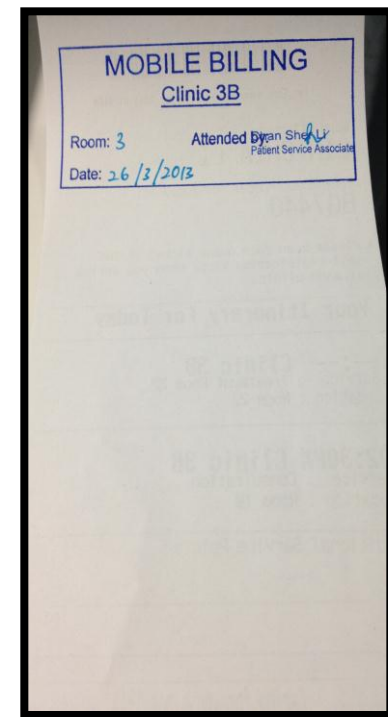
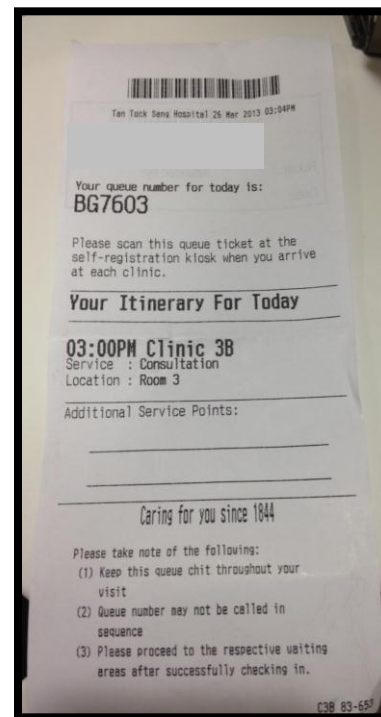
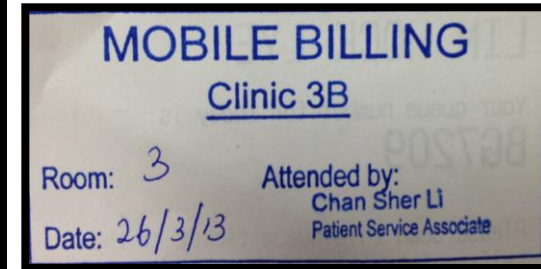
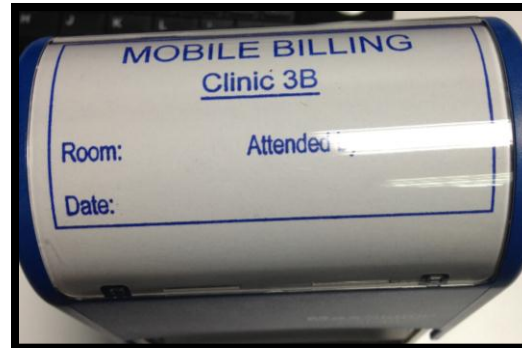
After...



Less cluttered work area with more space for writing

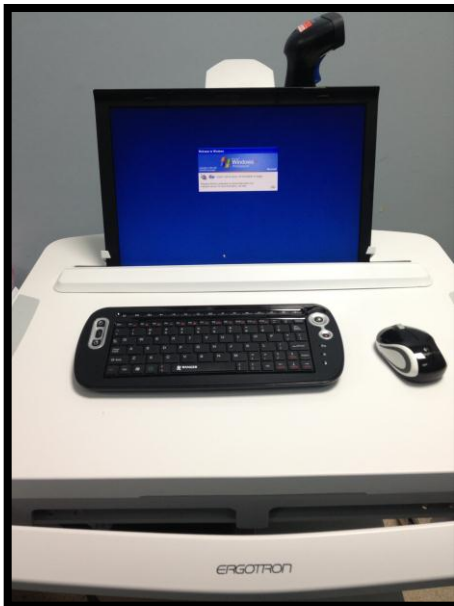
Payment Indication

- A stamp will be chopped on the back of the queue chit after billing to alert Room Assistant that patient has already been billed



Mobile Billing Setup?

- Mobile Billing is a 2-tiered trolley equipped with:
- 1x Laptop
- 1x Mobile printer
- 1x Barcode scanner
- 1x Cash collection drawer
- 1x Wireless credit card and NETS machine



Set-up Costs for Mobile Billing

Item	Costs (\$)
Laptop	1260
Trolley	2535
Mobile Printer	461
Barcode Scanner	135
Wireless Setup	5000
Total	9391

