

Mission Statement

To achieve a one-stop service to patients for payment and appointment-booking.

Team Members

Role	Name	Designation	Department
Team Leader	Adj. A/Prof Tay Seow Yian	HOD / Snr Cons	Emergency Department, ED
Team Members	Ethel Kan	Snr Ops Manager	ED
	Christy Ng	Asst. Supervisor	ED
	Jasrintar Kaur	Snr PSA	ED
Facilitators	Connie Quek	Manager	Contact Centre
	Nur Fazlinah Ahmad Nasir	Executive	Contact Centre
	Sharina Binte Abdul Majid	Asst. Supervisor	Contact Centre
	Fatimah Bte Abdul Sattar	Snr CSA	Contact Centre
	Sarahnisah Binte Abdul Rahman	Snr CSA	Contact Centre
	Amisola Glaiza Gane Samar	Snr CSA	Contact Centre
	Hanisha Narayan	Snr CSA	Contact Centre
	Saira Banu Binte Mohamed Akbar	CSA	Contact Centre

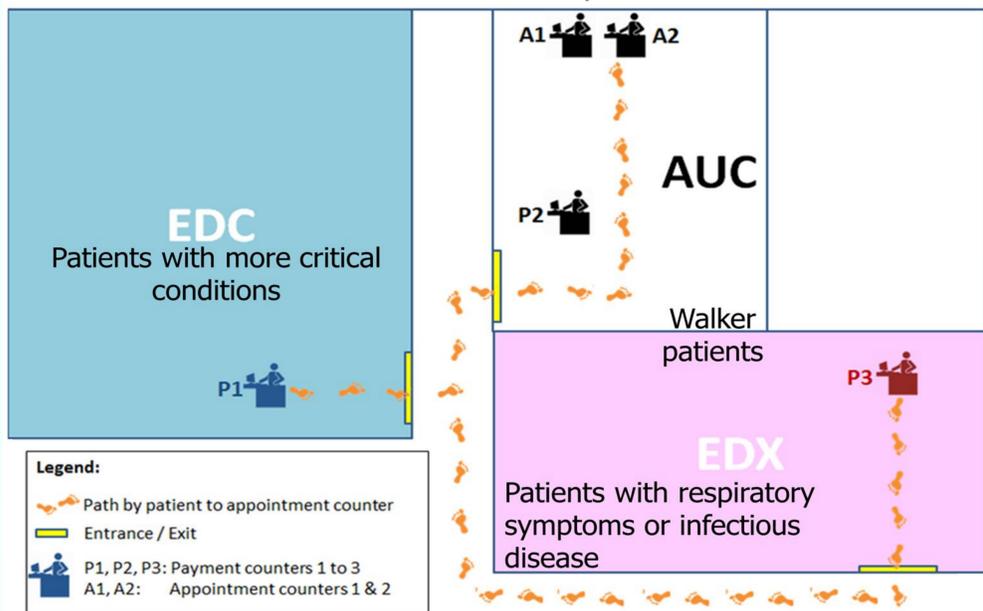
Evidence for a Problem worth solving

Patient Journey

The Emergency Department (ED) is segregated into 3 different zones - Ambulatory Urgent Care (AUC), ED Consult (EDC) and ED area with respiratory symptoms (EDX).

Figure 1 – ED layout and location of counters before implementation

ED Counters – Before Implementation

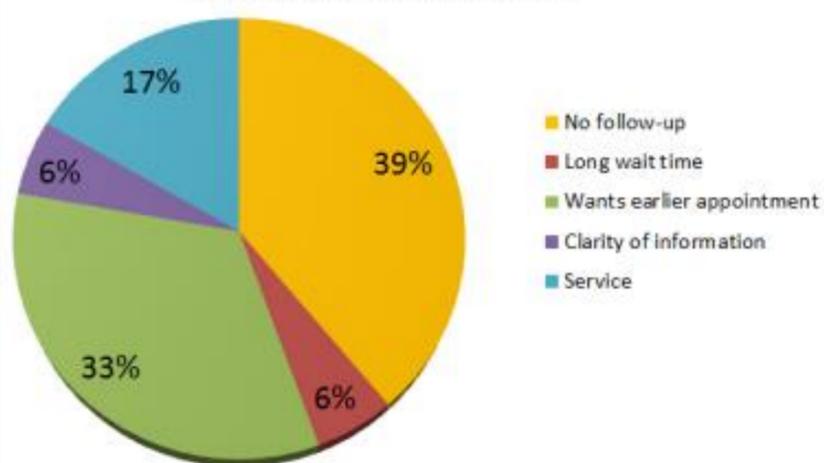


Appointment counters were only available in one zone, AUC. Patients from EDC and EDX, requiring appointments, would have to walk to AUC (Figure 1 shows path of patients from EDC and EDX to AUC).

Service Gap

Patients who were unfamiliar with the ED layout left ED without obtaining an appointment as they had difficulty finding appointment counters in another zone. Contact Centre (CC) staff had to spend more time calling patients to inform them their appointment dates. This led to some patients not being notified, resulting in a service gap. Based on a feedback survey, 39% of total appointment-related complaints were due to patients not receiving follow-up calls to notify them of their appointment dates.

Figure 2 - Year 2012 & 2013 - Complaints related to appointment making at ED



Patient Wait Time

As illustrated in Figure 1, patients who were discharged had to go through 2 stops before leaving ED. After consultation, patients would queue at the payment counter and then proceed to the AUC to obtain appointment. Out of the total appointment-related complaints received in 2012 and 2013, 6% were due to long wait time.

Implementation

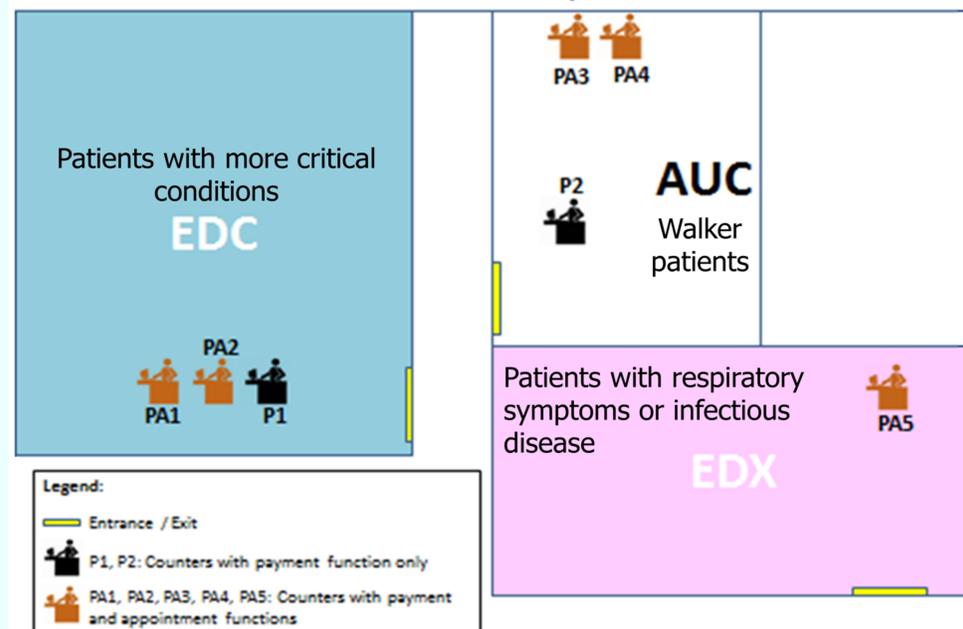
Problem	Intervention	Date of Implementation
Unnecessary wait time; patients, after waiting to make payment, have to queue again to obtain appointment	Merge appointment & payment functions – one-stop discharge counter	2 nd Jan 2015
EDC & EDX patients requiring appointments have to crossover to AUC	Introducing appointment counters in each zone	Appointment counters were introduced in EDC in Jan 2015 and EDX in Jun 2015

Results

ED PSAs were trained and equipped with payment and appointment-booking skills, allowing conversion of more counters to operationalise both payment and appointment-booking functions. Payment counters are increased from 3 to 7 and appointment counters from 2 to 5, reducing patients' overall wait time.

Figure 3 – ED layout and self-sufficient zones after implementation

ED Counters – After Implementation



Total of 7 payment-able counters and 5 appointment-able counters.

In the MOH Patient Satisfaction Survey 2015, there was a +5.5 points increase in the Payment Methods category.

The upskill of ED PSAs to administer appointment and payment services were achieved. This adds value to our PSAs, enlarging their job variations and satisfaction.

Problems Encountered

Manpower constraints in registration, payment and observation room duties while staff were taken away for training. Other staff had to work harder to cover these duties.

We managed to tide over this transition period by getting help from HR and Finance for 2 temporary headcounts.

Strategies to Sustain

Equip all ED PSAs to have registration, payment and appointment-booking skills so as to have a ready pool of staff for deployment and running in a 24-hour ED.

Regular reviews of workflow and open to constructive feedbacks from patients, NOKs and staff.