

Project Title

Streamlining SMF Workflow to Improve Productivity and Reduce Claim Discrepancy

Project Lead and Members

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Project members: Quek Hui Chen, Cai Cong Cong, Qiu Huaying, Molly Koh

Organisation(s) Involved

Ng Teng Fong General Hospital, Jurong Community Hospital

Aims

Streamline workflow to improve productivity and assign accountability. Ensure 100% of the claims submitted to AIC are correct, with minimal rectification required

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

Communication and teamwork between the various departments is crucial. Reducing unnecessary steps in workflows, minimising handovers and assigning accountability can improve productivity, efficiency and quality

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign

Keywords

Ng Teng Fong General Hospital, Service Design, Quality Improvement, Improvement Tools, Plan Do Check Act, Claim Discrepancy

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STREAMLINING SMF WORKFLOW TO IMPROVE SAFETY, PRODUCTIVITY AND REDUCE CLAIM DISCREPANCY

MEMBERS: ABDUL RASHID JAILANI, QUEK HUI CHEN, CAI CONG CONG, QIU HUAYING, MOLLY KOH

- ☐ SAFETY
- ☒ PRODUCTIVITY
- ☒ PATIENT EXPERIENCE
- ☒ QUALITY
- ☐ VALUE

Define Problem/Set Aim

Opportunity for Improvement

In the past, the SMF workflow has multiple touchpoints. This increased the errors in application and claims, as well as time wastage with various stakeholders having unclear accountability

Aim

- Streamline workflow to improve productivity and assign accountability.
- Ensure 100% of the claims submitted to AIC are correct, with minimal rectification required.

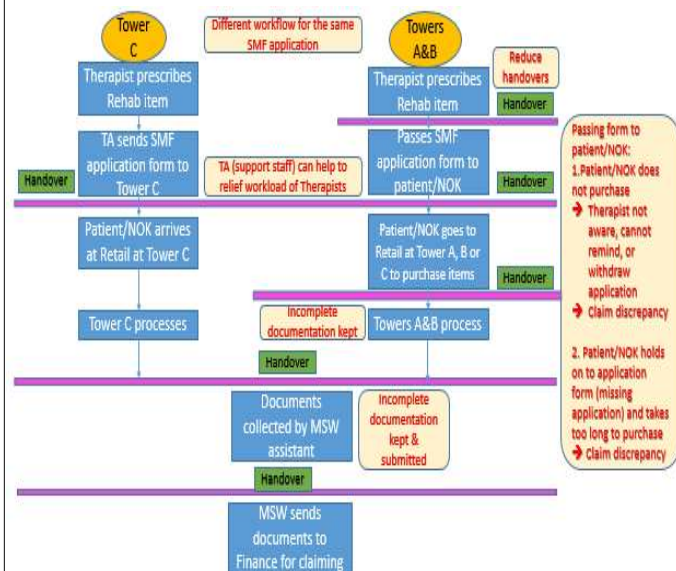
Establish Measures

What is your current performance?

The revised workflow was implemented in July 2018. Prior to that in March 2018, the SMF process was very onerous with many handovers between various departments, resulting in incomplete documentation, claims discrepancies, with stakeholders not aware even if there were withdrawal of applications, or items were not collected by patient but claim application was submitted. As there was no proper handover and documentation, it took many man-hours to investigate each discrepancy, sometimes with no answers.

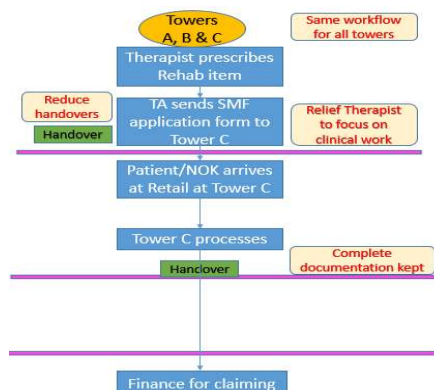
Analyse Problem

What is your current process?



What are the probable root causes?

- ✓ No ownership and clarity on who is responsible for each step
- ✓ Different workflows for NTFGH and JCH
- ✓ Unnecessary steps, many handovers and stakeholders involved in the workflow
- ✓ No proper documentation, resulting in missing or incomplete documents
- ✓ Not aware of what happened to each SMF application, and whether withdrawal is needed.



Revamped workflow to remove unnecessary steps and stakeholders

Select Changes

What are the probable solutions? What are the solutions selected?

How will this be piloted?

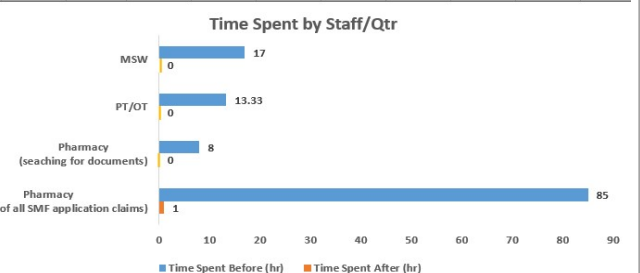
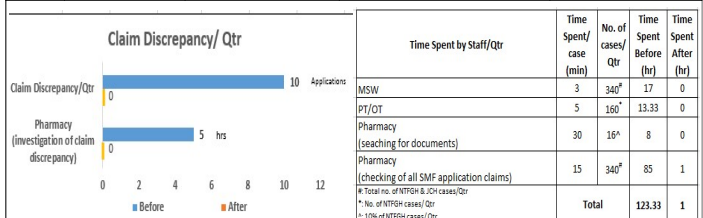
Meetings were held with stakeholders (MSW, OT, PT, Pharmacy) to reach an appropriate solution:

Discussion Points	Decisions & Advantages
All towers to align to one workflow, including use of TAs?	Streamline workflow so that all towers utilize the same workflow. 1. Reduce the steps in the workflow from 10 to 5. 2. TAs reduce Therapists' workload so that they can focus on clinical work.
Involvement of MSS Admin Assistant to collate and submit documents, and check for unclaimed devices?	Pharmacy to collate, check and send direct to Finance to reduce handovers and errors.
All SMF applications to be submitted to one Retail location or to allow all Retail locations to process SMF?	Lifecare in Tower C to process SMF applications. 1. Reduce the steps in the workflow from 10 to 5. 2. Reduce handovers from 6 to 3. 3. Eliminate unnecessary steps and stakeholders. 4. Keeping proper documentation reduces checking time and claim discrepancy investigation. 5. Total awareness and ownership of the stage of each SMF application (whether patient passes on and therefore requiring withdrawal, follow-up on pending unclaimed devices).

Test & Implement Changes

How do we pilot the changes? What are the initial results?

CYCLE	PLAN	DO	STUDY	ACT
1	Implemented the revised workflow in July 2018.	All involved departments were briefed on the new workflow.	Staff involved not familiar with the new workflow, resulting in SMF application forms given to patient/NOK direct.	Educate and remind staff on the new workflow during roll calls and meetings.
2	Continuation of revised workflow.	Nil obstacles and challenges encountered	-	To continue with this workflow



Spread Change/Learning Points

What are the strategies to spread change after implementation?

All parties involved in the new process flow have been communicated to and constantly reminded during meetings and via emails to adhere to the revised workflow. The most recent claims processing in the 1st quarter of FY19 showed that 100% of the claims submitted were correct, with no need for rectification(s). A total of 122.33 hrs per quarter is saved for the staff of various disciplines, which can be used for productive work.

What are the key learnings?

Communication and teamwork among various departments is crucial. Reducing unnecessary steps in a workflow, minimizing handovers and assigning accountability can help to improve productivity, efficiency as well as quality of work.