

CHI Learning & Development System (CHILD)

Project Title

Reduce Frequency of Open Charge Codes to Bill Patients For Frequently Used Consumables
Used During Their Surgery in Operating Theatre

Project Lead and Members

Project lead: Eliza Wang

Project members: Veronica Yong, Wong Lai Chin, Rohani Kamsani, Christopher Del

Mundo Sevilla, Mary Jane Flores, Averie Lim, Lim Ling Ling, Vivian Tan

Organisation(s) Involved

Ng Teng Fong General Hospital

Aims

Reduce frequency of open charge code to bill patients for frequently used consumables during their surgery by 30% by 30 Jun 2019.

Background

See poster below

Methods

See poster below

Results

See poster below

Lessons Learnt

Constant communication of correct information to the right people is important to reduce gaps across process, roles and responsibilities.

Conclusion

See poster below



CHI Learning & Development System (CHILD)

Project Category

Care & Process Redesign

Keywords

Ng Teng Fong General Hospital, Care & Process Redesign, Quality Improvement, Workflow Redesign, Charge Code, Consumables

Name and Email of Project Contact Person(s)

Name: Eliza Wang

Email: wang_hsing_u_eliza@nuhs.edu.sg

REDUCE FREQUENCY OF OPEN CHARGE CODES TO SAFETY BILL PATIENTS FOR FREQUENTLY USED CONSUMABLES Z **PRODUCTIVITY USED DURING THEIR SURGERY IN OPERATING THEATRE** PATIENT EXPERIENCE QUALITY MEMBERS: ELIZA WANG, VERONICA YONG, WONG LAI CHIN, ROHANI KAMSANI, CHRISTOPHER DEL MUNDO SEVILLA, MARY JANE FLORES, **VALUE**

Define Problem / Set Aim

AVERIE LIM, LIM LING LING, VIVIAN TAN

Problem

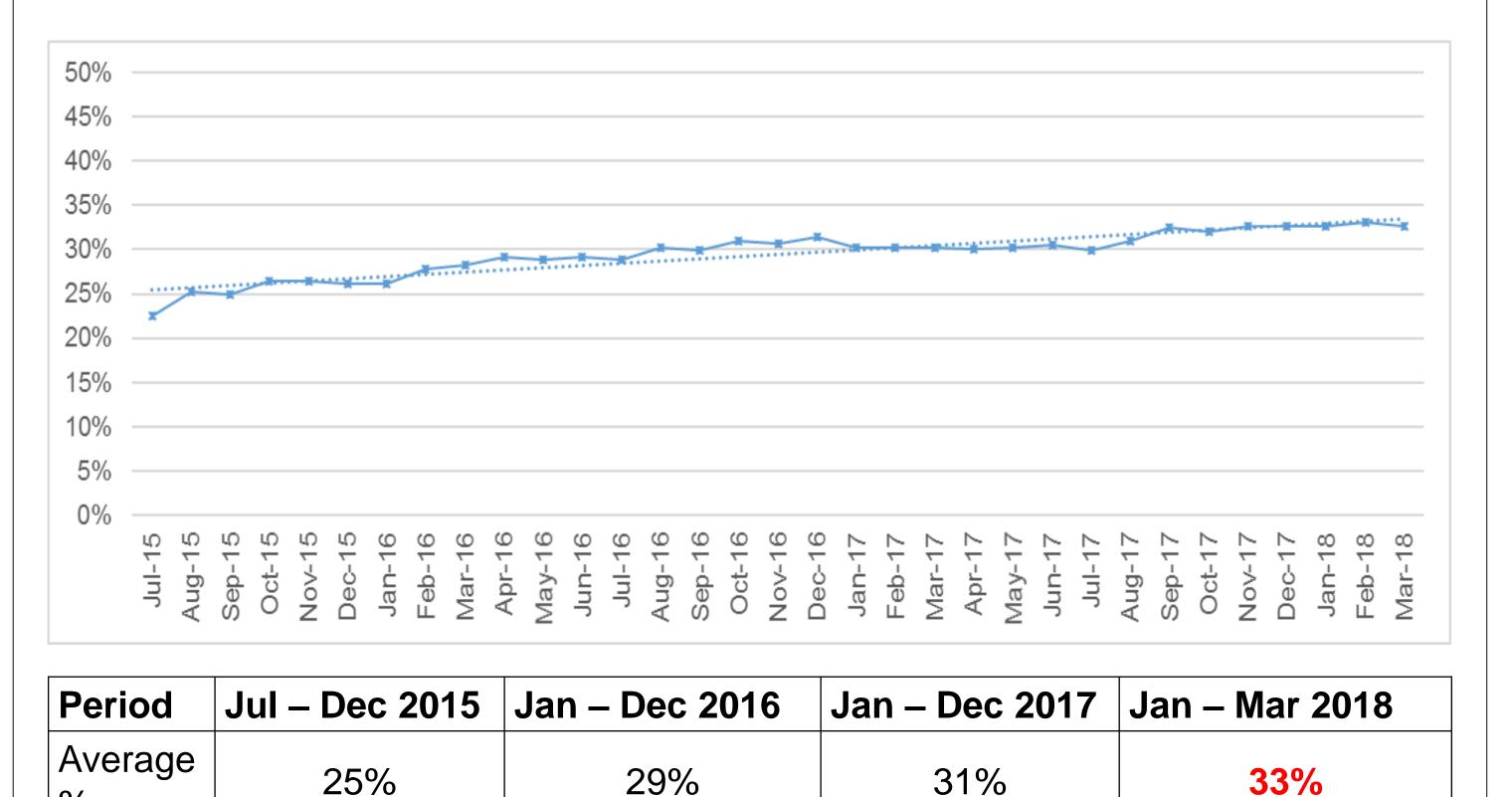
From Jul 2015 to Mar 2018, approximately 30% of Operating Theatre's (OT) consumables that were used on patients during their surgery were billed using the open charge code MC9999.

Aim

Reduce frequency of open charge code to bill patients for frequently used consumables during their surgery by 30% by 30 Jun 2019.

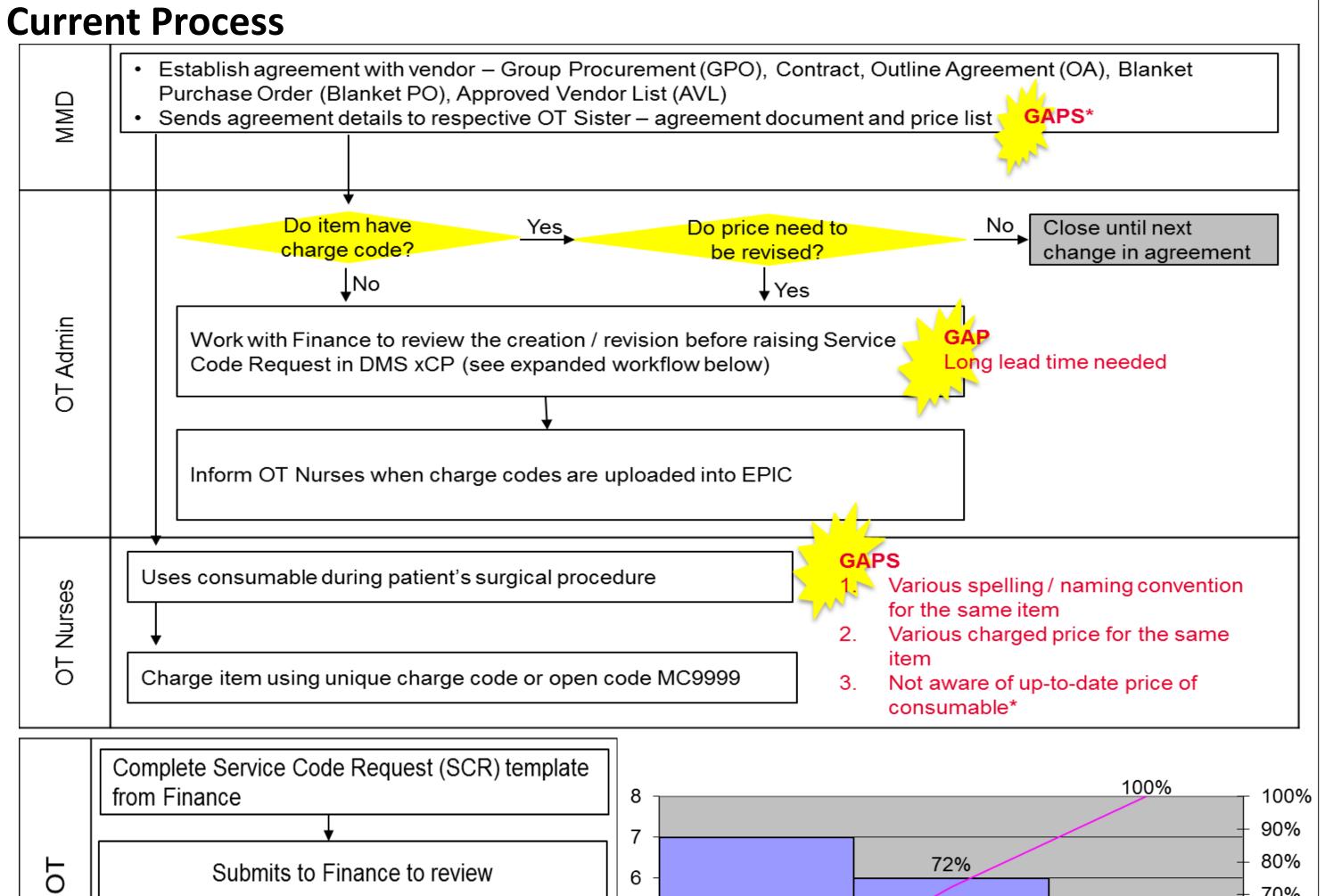
Establish Measures

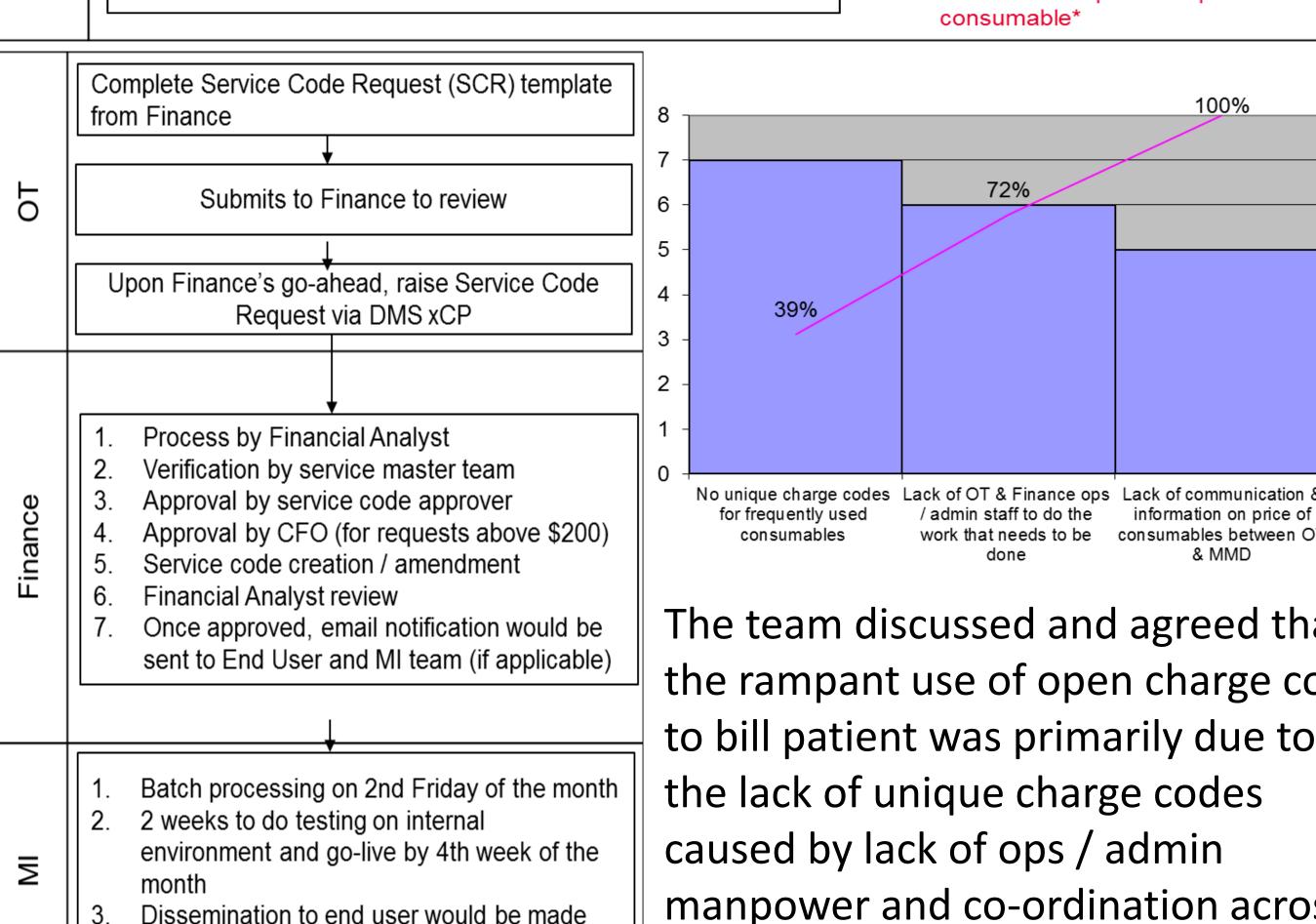
Chart 1 - Percentage of Consumables Billed Using Open Charge Code from Jul 2015 to Mar 2018



The increasing average percentage of consumables billed using open charge code corresponds with the progressive opening of more operating theatres since July 2015.

Analyse Problem





through service area rep

The team discussed and agreed that the rampant use of open charge code to bill patient was primarily due to the lack of unique charge codes caused by lack of ops / admin manpower and co-ordination across OT, MMD & Finance.

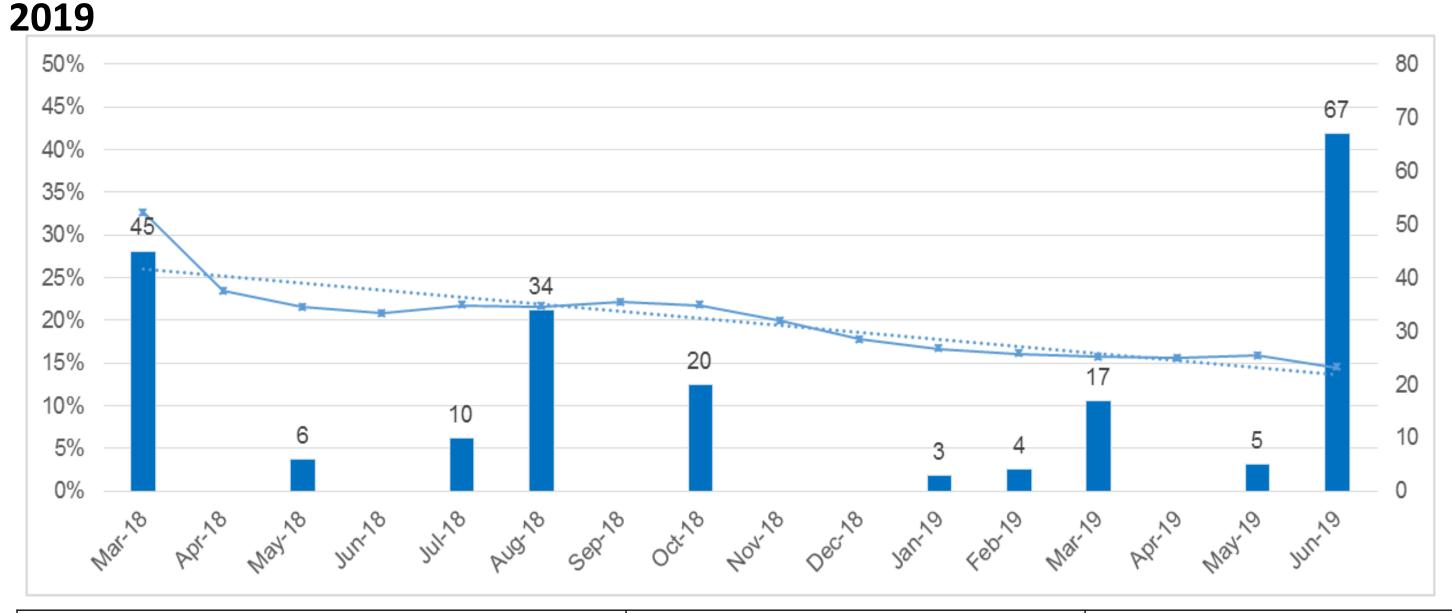
Select Changes

Root Cause	Possible Solutions	
No unique charge codes for frequently used consumables	1	Work out process, roles and responsibilities with MMD
	2	Create unique charge codes
	3	Hire more OT & Finance ops / admin staff

The first possible solution was addressed in a Quality Improve Project "Inventory Management of Non-Standard AU Consumables in OT" while the third possible solution was partly resolved with completed hiring of the OT Admin team in September 2017. With that, the team focused on solution 2 to create unique charge codes for frequently used consumables in OT.

Test & Implement Changes

Chart 2 - Number of Unique Charge Codes Created and Uploaded into EPIC against Percentage of Consumables Billed Using Open Charge Code from Mar 2018 to Jun



Period	Mar 2018 – Dec 2018	Jan – Jun 2019
Number of unique charge codes created and uploaded into EPIC	115	96
Average % of consumables billed using open charge code	21%	16%

With OT Admin, Nurses, MMD and Finance coming together in the process leading up to creating unique charge codes for the most frequently used consumables in OT, 211 such codes were created, reducing the frequency of OT using the open charge code by 52% as of 30 Jun 2019.

Spread Change/ Learning Points

Next Steps

To create more charge codes for less frequently used consumables, before moving into creating package codes for consumables, then consignment items and implants. This would be a continuous review and work in progress with our Finance colleagues as future system changes such as Next Generation Electronic Medical Record (NGEMR) and Billing Transformation (BT) may change our current process, roles and responsibilities.

Spread Change

Possibility of spreading to other service areas / locations in NTFGH, NUHS and perhaps across clusters.

Learning Points

40%

30%

20%

10%

- Gaps upstream in the process between MMD & OT have subsequent knock-on impact to the process between OT & Finance. These gaps upstream between MMD & OT is addressed in another Quality Improve Project "Inventory Management of Non-Standard AU Consumables in OT".
- Constant communication of right information to right people is essential to minimize gaps across process, roles and responsibilities.

