

CHI Learning & Development (CHILD) System

Project Title

Becoming a One-Stop, Digital-First Patient Service Centre in CGH

Project Lead and Members

Project lead: Tan Mei Fen

Project members: Desmond Khoo, Cai Yanlong, Adeline Wong, Miki Ongi, Sophie Ow,

Leong Man Qing, Lee Xuan-Ting, Joan Loh, Lam Gia Thieu, Lin Xiang Peng, Garrett

Chua, Dilys Quek, Zheng Shilong

Organisation(s) Involved

Changi General Hospital

Healthcare Family Group(s) Involved in this Project

Healthcare Administration

Applicable Specialty or Discipline

Healthcare Administrators

Project Period

Start date: 2021

Completed date: 2024

Aims

- 1) To be better equipped as a One-Stop centre given the current range of in-demand queries, from billing to patient complaints, at PSC;
- 2) Support greater sustainability of operations and empower visitors to self-help for payment and simple bill enquiries, with the aims of:
 - a. Increased adoption of digital platforms by 50%;
 - b. Reduced demand for traditional counter setting by 50%.



CHI Learning & Development (CHILD) System

Background

The Patient Service Centre (PSC) at Changi General Hospital is a multifaceted centre that not only provides elective admission services, but also manages all sort of walk-in enquiries with the increasing absence of patient-fronting counters like Business Office, Health Information Management Services and Office of Patient Experience in CGH. Due for renovation, the team took the opportunity to review PSC's existing operating model, evolved needs, and identified two main areas for change.

Methods

See poster appended/below

Results

Between Sep'23 to Feb'24:

- Use of digital platforms for payment and bill enquiries had increased from 29.2% to 80%.
- 2. Use of e-Pay e.g., Health Buddy increased from 28% to 31% and use of self-help kiosks increased from 2% to 3%.
- 3. Counter payment and bill enquiries had reduced by ~40% from 865 to 529.

Conclusion

Drawing inspiration from award-winning solutions within the SingHealth cluster, the remodelled PSC with its new operating model aligns with the Smart Nation initiative to increase digital adoption and literacy while supporting greater sustainability of our operations. In view of COVID-19, the new PSC is future-proofed against pandemics and prepares the hospital to cater to an expected increase in future workload.

Like an oak tree, the redesigned PSC thereby aims to continue being a one stop centre with no wrong-door policy, while helping visitors navigate around the digital initiatives.

Project Category



CHI Learning & Development (CHILD) System

Care & Process Redesign

Quality improvement, Job effectiveness, Workflow redesign

Technology

Digitalisation, Digitisation, Internet of Things

Keywords

Kiosk, Billing, Admission Services, Walk-in enquiries, One stop centre, Patient complaints, Patient service centre.

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Becoming a One-Stop, Digital-First Patient Service Centre in CGH

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Background

The Patient Service Centre (PSC) at Changi General Hospital is a multifaceted centre that not only provides elective admission services, but also manages all sort of walk-in enquiries with the increasing absence of patient-fronting counters like Business Office, Health Information Management Services and Office of Patient Experience in CGH. Due for renovation, the team took the opportunity to review PSC's existing operating model, evolved needs, and identified two main areas for change.

Mission Statement

- 1) To be better equipped as a One-Stop centre given the current range of in-demand queries, from billing to patient complaints, at PSC;
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Analysis

With these, the team looked towards Nationally Awarded solutions to reimagine PSC's physical layout and redesign its operating model. One-Stop: Referencing to OTH1 Public Service Centre, the concept of co-locating several departments in the same area was ideal but with feasibility considerations in mind, modified to simply having a discussion room for other departments to meet patients and NOKs as and when their expertise was required, and including AIC² in the vicinity as an augmented resource for financial assistance in the community.

<u>Digital-First:</u> To cushion the impact of increasing workload, it was noted that 77% of PSC workload in January to June 2023 was on payment and bill enquiries. Given that a large proportion of these could have been resolved digitally, the team embarked on a study to identify root causes that were hindering uptake of digital means and reference to several SingHealth implementations: ¹ Our Tampines Hub, ²Agency for Integrated Care

S/N	Root causes	Nationally awarded solution(s)	Adopted Solutions
1	Lack of digital means/ platform to submit enquiries, accessibility, and education	SGH BO Transformation: Digitised forms, chatbot, eService landing page NDCS "Digital First" Clinic: Wall mural of QR codes for patient education	Digitised forms, created BO chatbot and CGH e-Services Landing Page, with a customised approach focusing on common queries at PSC. QR codes to digital services were incorporated on tablet lock screen instead. Step-by-step collateral on Health Buddy payment was developed.
2	Staff lacked training/ awareness to promote the use of digital services	SGH SOC: The Digital Ambassador	Staff in PSC were trained to serve as 'triage cum digital ambassador'.
3	Presence of counters encouraged patients to seek human assistance	NDCS "Digital First" Clinic: Counterless layout to promote "digital first"	Re-modelling PSC physical space to support a tiered operating model: Digital-first at triage area, followed by escalation to service at inner counters for complex enquiries.
Tiered Operating Model			



Old Patient Service Centre





Tablet Frontage

Tier 2:

Counter Service

Redesigned Patient Service Centre

at Redesigned PSC

Tier 2: Counter Service

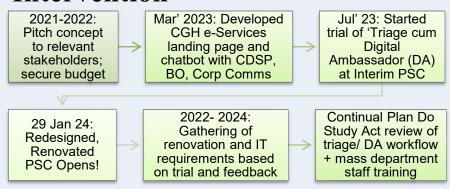
Tier 3: Escalate to respective depts



to respective dept

New model

Intervention



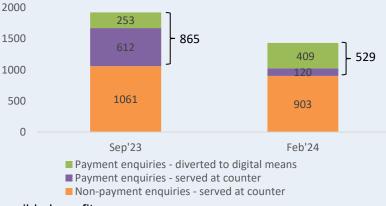
Throughout implementation, the team rigorously tested the e-Service solutions, collected feedback from staff, users and worked closely with IT to resolve the issues. In response to some visitors' uneasiness at being directed to self-help, staff were on-hand to guide and educate them. Email blasts were also sent to internal stakeholders to seek their support in aligning with PSC's new operating model and encourage all to use e-Services first.

Results

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- 2) Use of e-Pay e.g., Health Buddy increased from 28% to 31% and use of self-help kiosks increased from 2% to 3%
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No. of enquiries served at PSC (Sep'23 - Feb'24)



Intangible benefits:

- 4) Greater convenience for patients/ NOKs who are empowered to make payments from home instead of travelling to the hospital
- Staff are better able to focus on value-added work over counter
- 6) Reduced number of banking errors with less payment collection

Conclusion

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