Project Title

Streamline SMF Workflow to Improve Productivity and Reduce Claim Discrepancy

Project Lead and Members

Project lead: Abdul Rashid Jailani

Project members: Quek Hui Chen, Molly Koh, Qiu Wenjing, Chen Changwu

Organisation(s) Involved

Jurong Community Hospital

Project Period

Start date: March 2018

Completed date: June 2019

Aims

1. Streamline workflow to improve productivity and assign accountability.

2. Ensure 100% of the claims submitted to AIC are correct, with minimal rectification required.

Background

In the past, the Senior Mobility Fund (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.

The SMF workflow have multiple touchpoints. This increases the error in application and claims, as well as time wastage with various stakeholders having unclear accountability.

This project was done in Jurong Community Hospital. The team consists of many departments, which includes Occupational Therapy, Physiotherapy, Pharmacy and Medical Social Worker.

Methods

We analysed our problem by constructing a flowchart of our current process to establish some probable root causes:
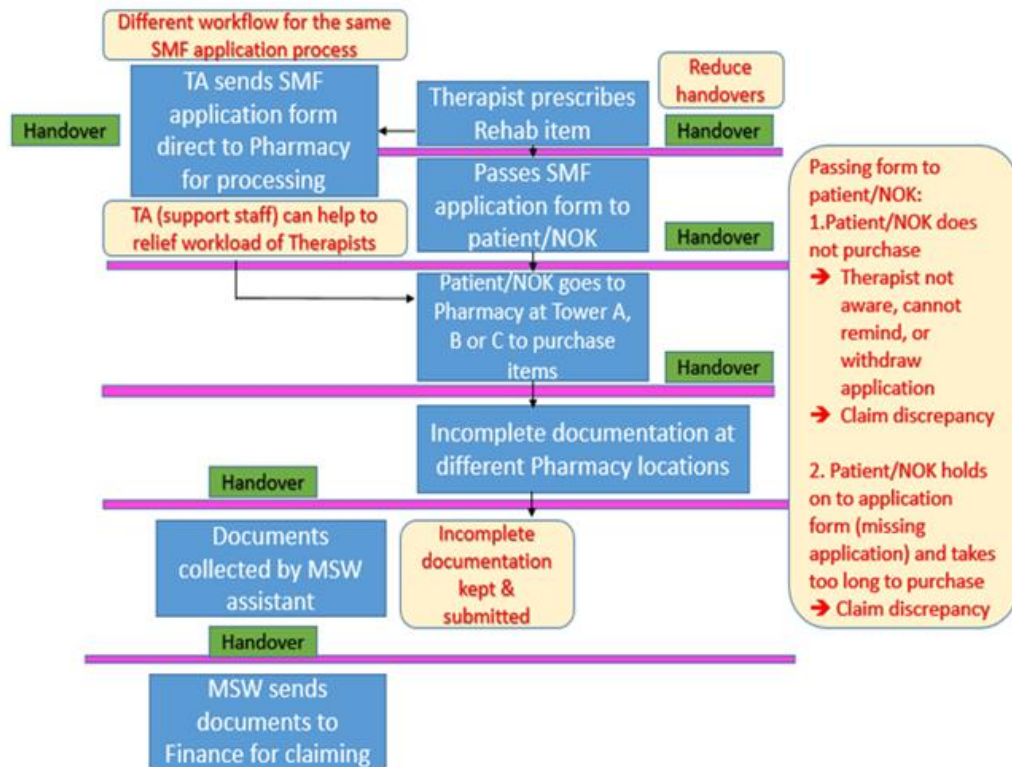
A revamped workflow to remove unnecessary steps and stakeholders were established:
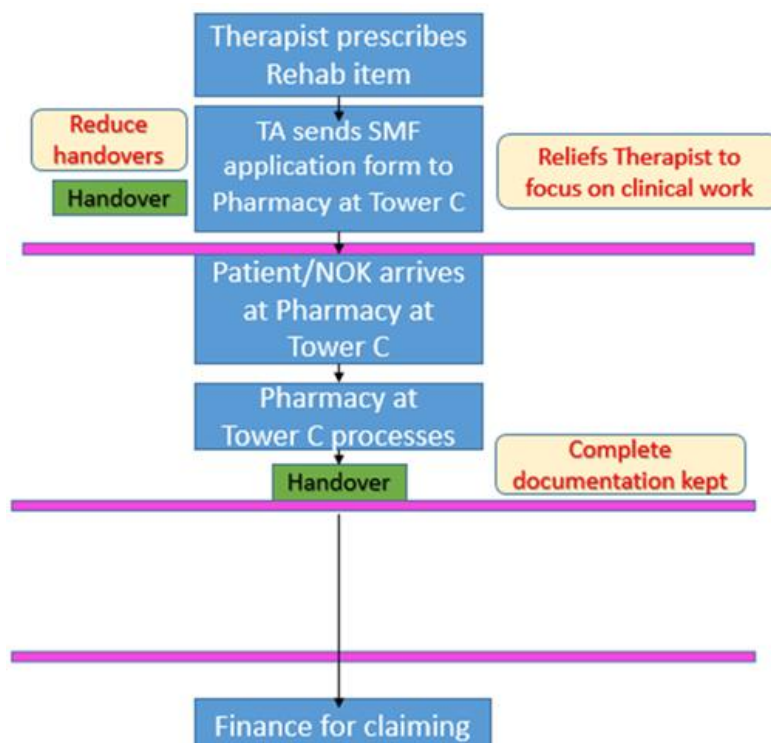
Probable root causes identified:

- No ownership and clarity on who is responsible for each step

- 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

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

Discussion Points	Decisions & Advantages
Reduce steps in workflow and use of TA?	1. Reduce the steps in the workflow from 6 to 4. 2. TAs reduce therapist's workload so that they can focus on clinical work.
Involvement of MSW Admin Assistant to collate and submit documents, and check for unclaimed devices?	1. Pharmacy to collate, check and send documents direct to finance to reduce handover and errors.
All SMF applications to be submitted to one retail location or allow all retail locations to process SMF?	Pharmacy at tower C to process SMF applications. 1. Reduce the steps and the workflow from 6 to 4. 2. Reduce handovers from 6 to 2. 3. Eliminate unnecessary steps and stakeholders. 4. Proper documentation reduces checking time and claim discrepancy investigation.

Results

We implemented and tested the changes using the PDSA cycle:

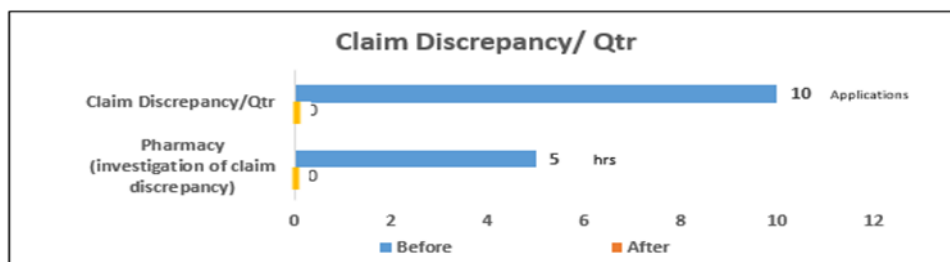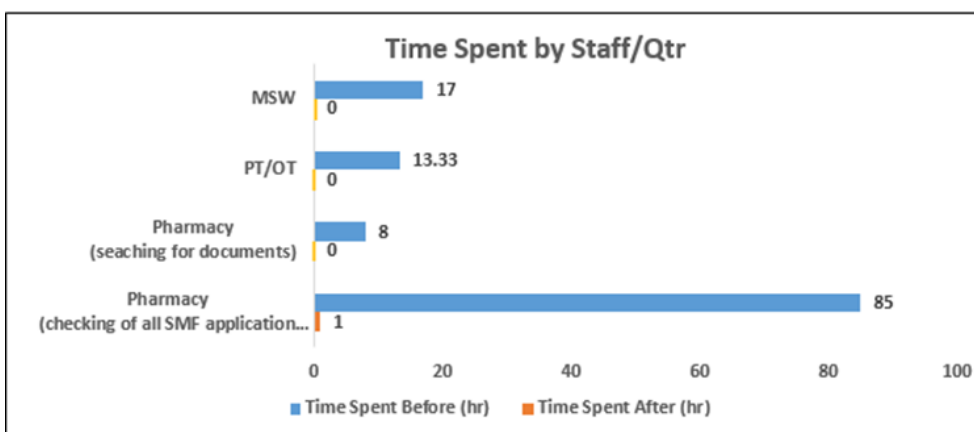| Cycle	Plan	Do	Study	Act
1	Implemented the revised workflow in July 2018	All involved departments were briefed on the new workflow	Staff involved not familiar with the new workflow, resulting in SMF applications forms given to patient/NOK direct	Educate and remind staff on the new workflow during roll calls and meetings
2	Continuation of revised workflow	Nil obstacles and challenges encountered	-	To continue with this workflow

Fig 1.

Fig 2.

Time spent by staff	Time spent / case (min)	No. of cases / Qtr	Time spent before (hr)	Time spent after (hr)
MSW	3	340	17	0
PT/OT	5	160	13.33	0
Pharmacy (searching for documents)	30	16^	8	0
Pharmacy (checking of all SMF application claims)	15	340	85	1
		Total	123.33	1

^: Number of cases requiring thorough investigation/ Qtr

Fig 3

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 123.33 hrs per quarter was saved for the staff of various disciplines, which could be used for productive work.

Subsequent 2nd and 3rd quarters of FY19 achieved similar results of zero discrepancy, allowing further more time to be channeled to other areas for more productivity and efficiency.

Lessons Learnt

Colleagues of different disciplines working together on this project not only helped us to improve the productivity and quality of our work, but it also brings us closer together as a team and let us better understand each other's roles in the care of our patients.

Conclusion

Working as a team can help each other to see the blind spots that is impossible if done individually. Team members also bring new perspectives and ideas, which are essential precursors to solving problems.

With this project, we ensure that patients who need a rehabilitative item go home with one to assist with their daily living. Patients who do not collect the item will be flagged up, followed up and directed back to therapists, if required, for further assistance. Applications that need to be withdrawn will also be known and withdrawn timely. We are also able to ensure 100% accuracy in our claims to AIC, with minimal need for investigation. Time saved for the various staff involved can be used in a more productive manner in other areas such as taking care of patients.

Project Category

Workforce Transformation

Keywords

Workforce Transformation, Quality Improvement, Care & Process Redesign, Jurong Community Hospital, Plan-Do-Study-Act, Process Improvement, Productivity, Senior Mobility Fund

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STREAMLINING SMF WORKFLOW TO IMPROVE PRODUCTIVITY AND REDUCE CLAIM DISCREPANCY

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

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

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

Establish Measures

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

We analysed our problem by constructing a flowchart of our current process to establish some probable root causes:
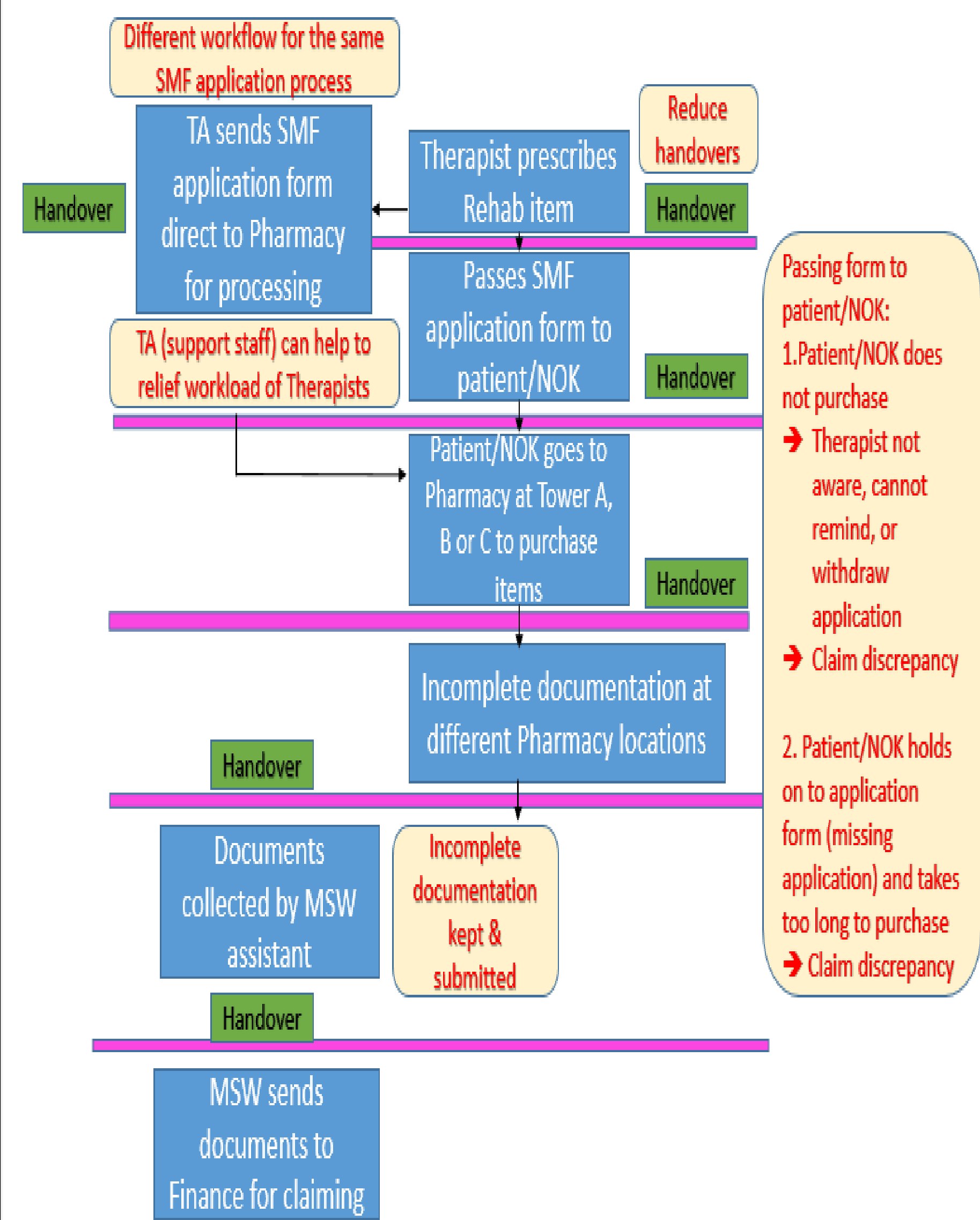
What are the probable root causes?

- No ownership and clarity on who is responsible for each step
- 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.
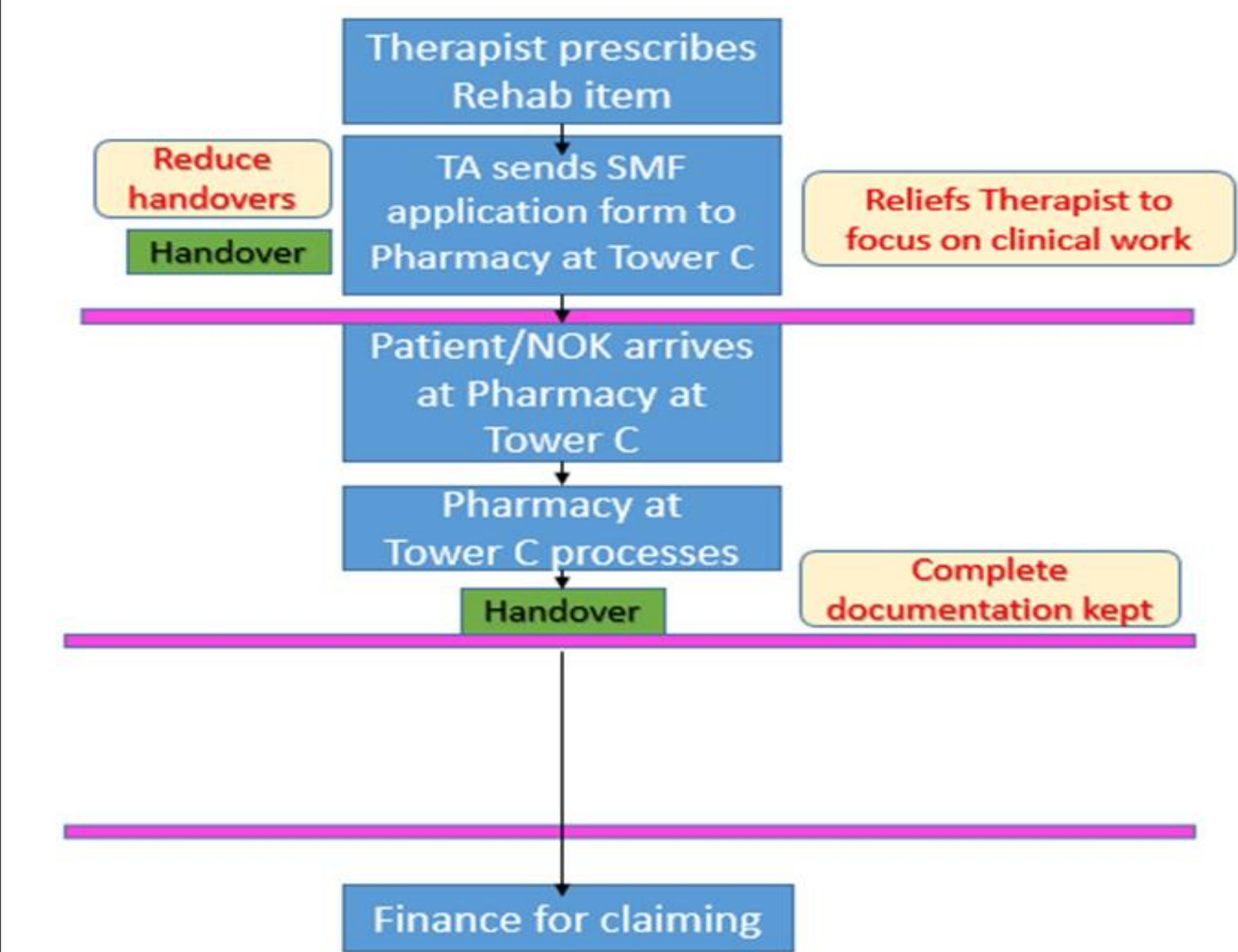
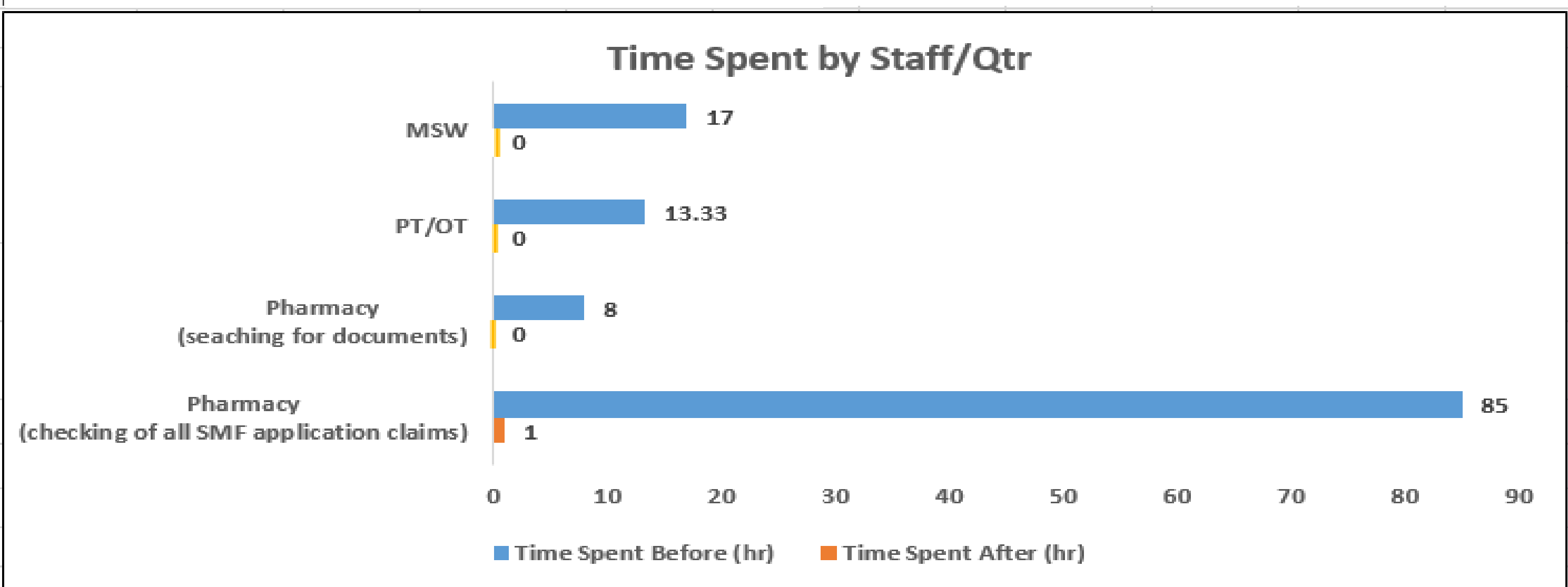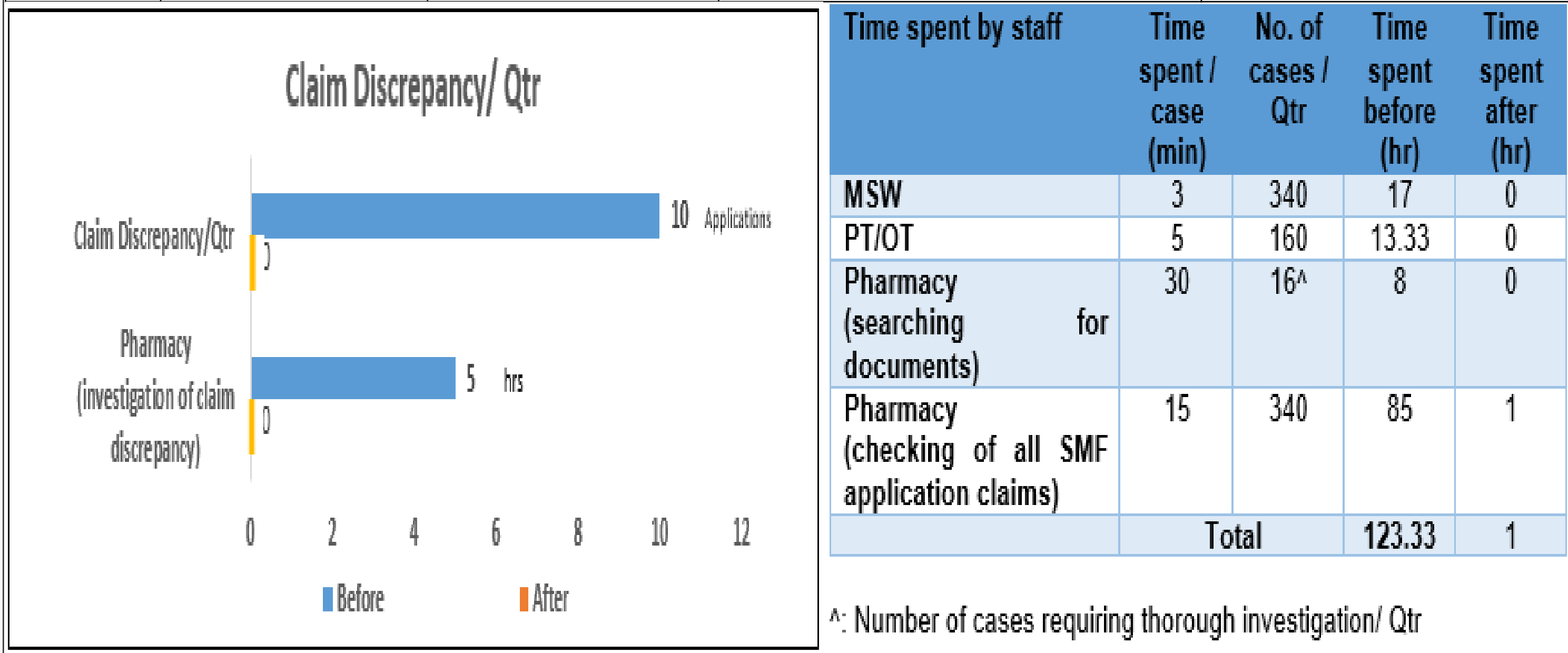Revamped workflow to remove unnecessary steps and stakeholders

Select Changes

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

Discussion Points	Decisions & Advantages
Reduce steps in workflow and use of TA?	1. Reduce the steps in the workflow from 6 to 4. 2. TAs reduce therapist's workload so that they can focus on clinical work.
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All SMF applications to be submitted to one retail location or allow all retail locations to process SMF?	Pharmacy at tower C to process SMF applications. 1. Reduce the steps and the workflow from 6 to 4. 2. Reduce handovers from 6 to 2. 3. Eliminate unnecessary steps and stakeholders. 4. Proper documentation reduces checking time and claim discrepancy investigation. 5. Full awareness and ownership of each stage of SMF application (whether patient passes on and therefore requires withdrawal, or follow-up on pending unclaimed devices).

Test & Implement Changes

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.

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Spread Changes, Learning Points

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 **123.33 hrs** per quarter is saved for the staff of various disciplines, which can be used for productive work. Subsequent 2nd and 3rd quarters of FY19 achieved similar results of zero discrepancy, allowing further more time to be channelled to other areas for more productivity and efficiency.

Communication and teamwork among various departments is crucial. Constant reminder is given and feedback from users are acknowledged for further improvement. Reducing unnecessary steps in a workflow, minimizing handovers and assigning accountability can help to improve productivity, efficiency as well as quality of work.

Ng Teng Fong General Hospital

Jurong Community Hospital

Jurong Medical Centre