

MANAGING DROP CHARGES AT MEDICINE CLINIC

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- SAFETY
- PRODUCTIVITY
- QUALITY
- COST
- PATIENT EXPERIENCE
- TEAMWORK
- COMMUNICATION

Define Problem, Set Aim

In Apr – Jun'19, Medicine clinic encountered high numbers of lab drop charge in comparison with the rest of the clinics. On average, the clinic had 2 lab drop charge incidents every work day.

When lab drop charge occur, rework/rectification of the errors will need to be done to ensure that patients were charged appropriately for the services done. This involved significant amount of time and effort involving staff from the Lab, Business Office and Clinic.

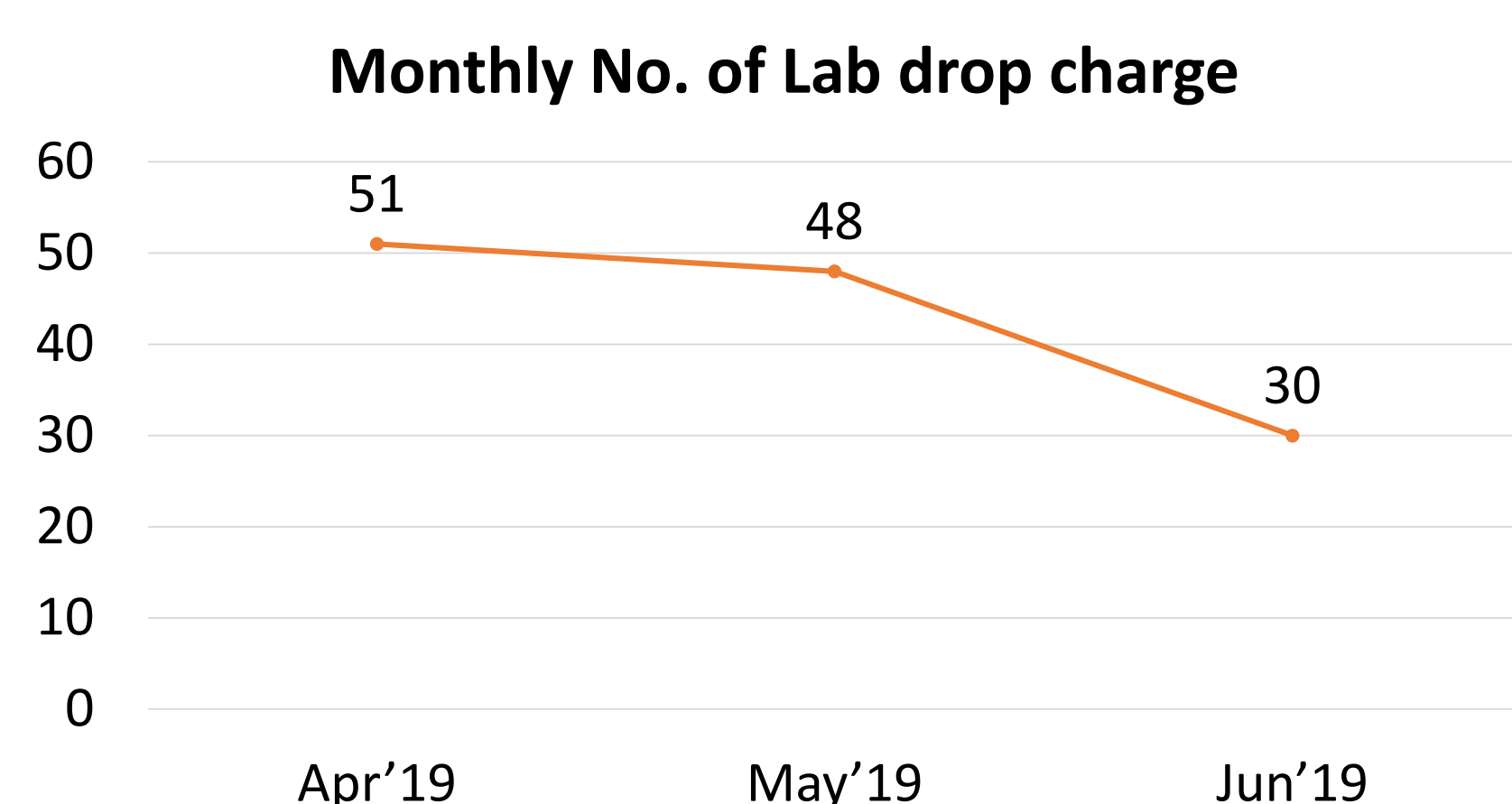
Aim

Medicine Clinic aims to decrease monthly lab drop charges incidences by 50% by Dec'19

Establish Measures

Current Performance

The number of lab drop charges was 51 and 48 in the months of April and May'19. In June'19, there was a decrease of the incidence of lab drop charges, mainly due to reduced clinic workload as a result of the school holidays.

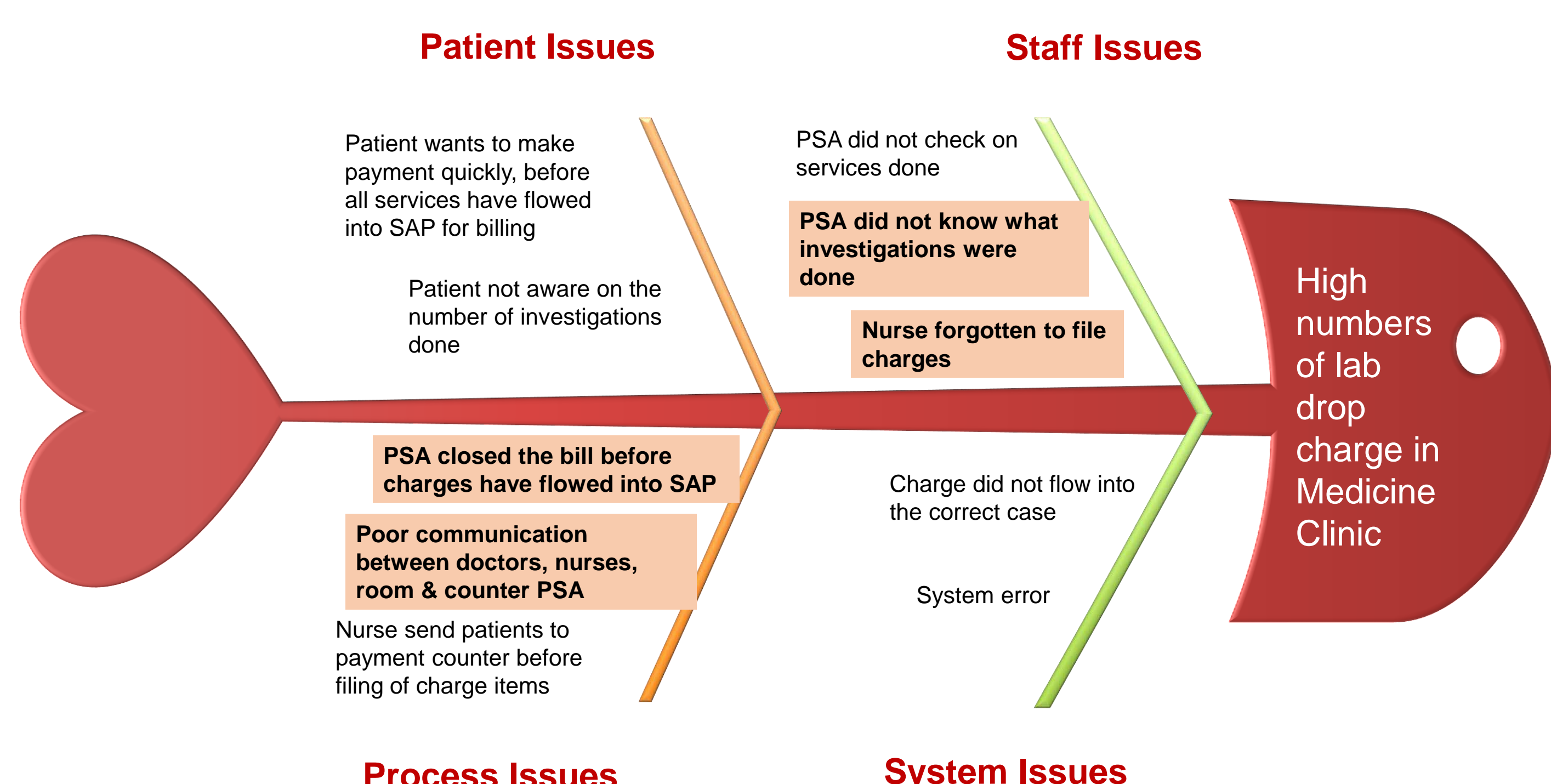


Analyse Problem

The team investigated on the reasons causing the lab drop charge and prepared a fishbone diagram. Base don table below, current workflow and staff issues had contributed to the most number of lab drop charges in the clinic.

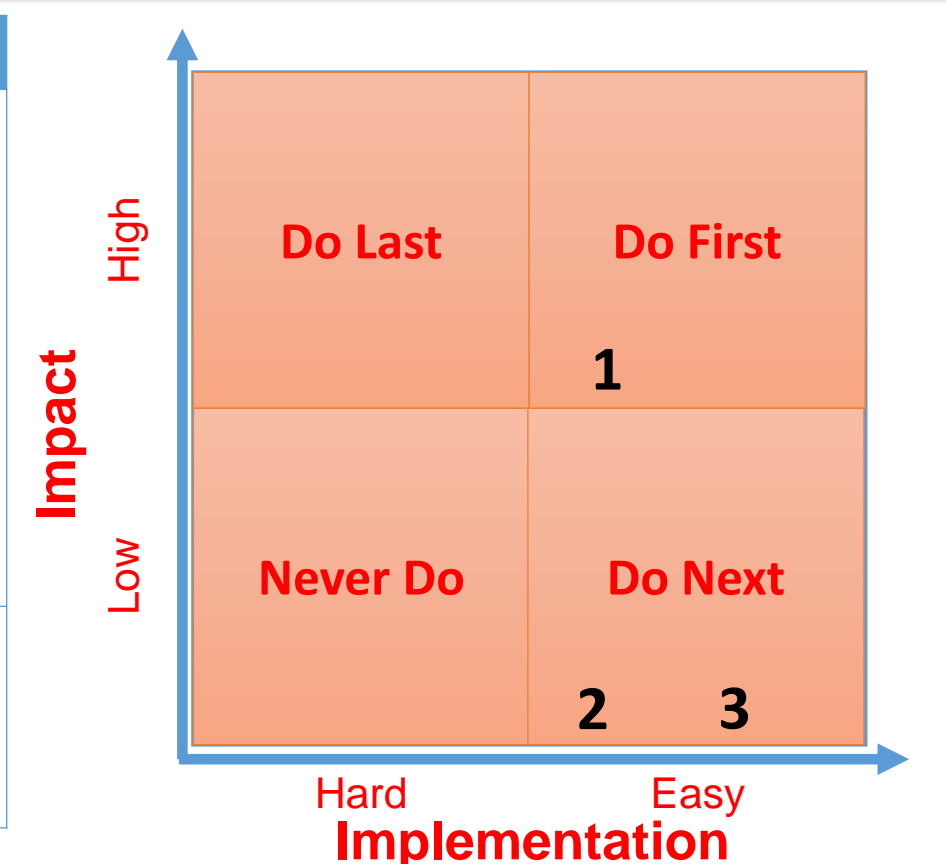
Reason	Apr-19	May-19	Jun-19
Services charged filed after bill was closed	22	12	10
Services charged but did not flow into SAP	9	11	7
Nurse/Doctor/Tech forgot to drop charges	0	6	5
EPIC system error	0	0	0
Services charged. No amendments needed	20	19	8

Probable root causes – Fishbone diagram



Select Changes

Root cause	Probable solution
<ul style="list-style-type: none"> • Biller did not check on the services done • Patient want to settle payment quickly 	1 Counter PSA to double check the number of investigations done vs billable services in SAP before generating the bill to patient
<ul style="list-style-type: none"> • Biller not aware of what and how many items to charge 	2 Clinic nurses to indicate the number of investigations done for each patient in appointment desk
<ul style="list-style-type: none"> • Nurse send patients to payment counter before filing of charge items. 	3 Nurse to change workflow – ensure charges are filed before sending patients to billers.



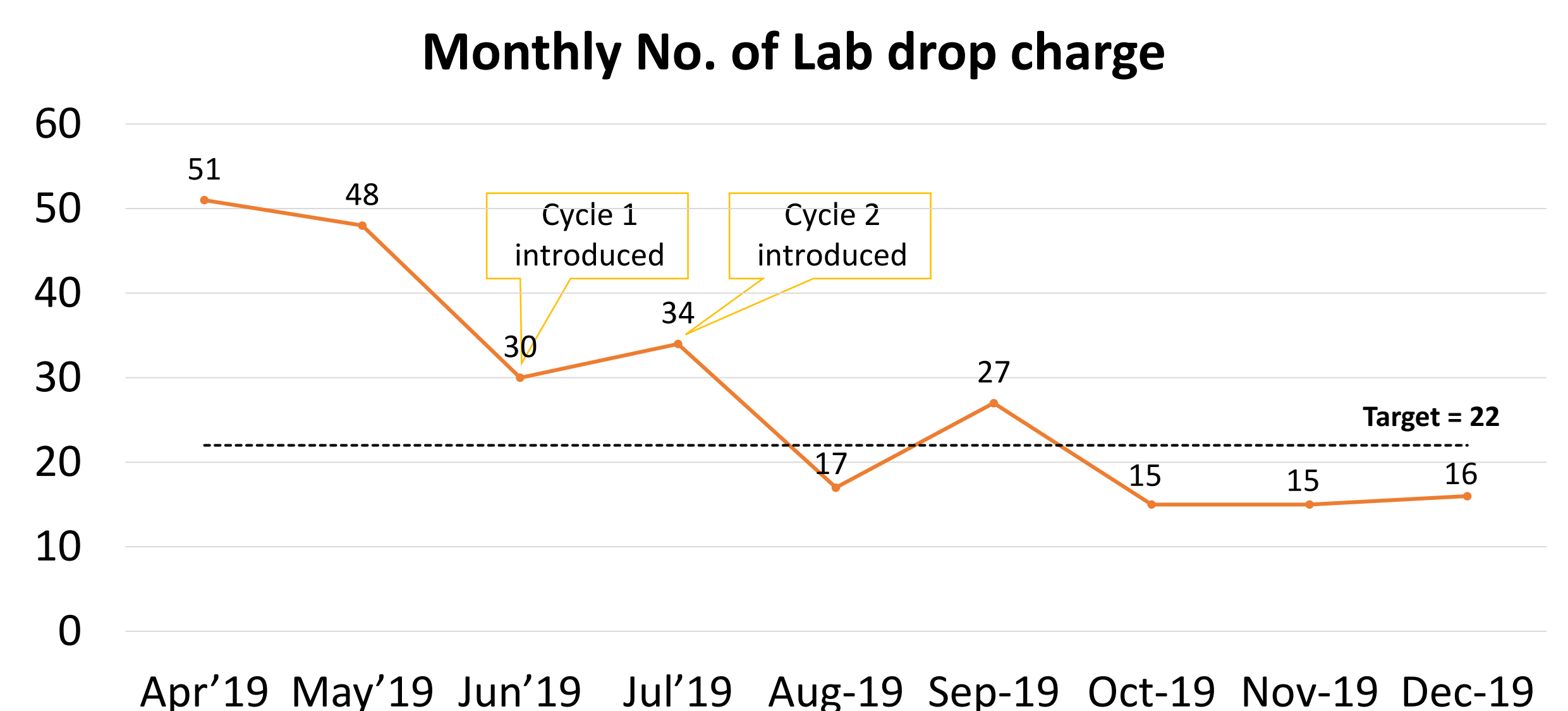
Test & Implement Changes

CYCLE	PLAN	DO	STUDY	ACT
1 (July'19)	<p>PS3 To ensure that charges are filed promptly</p> <p>PS1 To double check that the charges flow into SAP before patient is billed</p>	<ul style="list-style-type: none"> • Nurses to print sticky labels promptly so that charges can be fired • Sticky labels to be printed before patient's queue is sent to the counter for billing • Counter PSAs to wait for about 10mins after patient's queue is sent to them before proceeding to bill patient 	<ul style="list-style-type: none"> • Nurses are able to adapt to the workflow • While more time was given for charges to flow into SAP, the team still realized that the number of services charged after bill was closed did not drop 	<ul style="list-style-type: none"> • To adopt the workflow • To improve on this workflow by providing counter PSAs with the number of investigations done during the visit. This will be done through nursing team's input
2 (August'19)	<p>PS2 Improve communication between Counter PSA and Nurse with regards to the number of investigations done for patient</p>	<ul style="list-style-type: none"> • Clinic nurses will indicate the number of investigations done for each patient in the visit comments in EPIC • Counter PSA will need to double check the number of investigations done vs billable services in SAP before billing patient 	<ul style="list-style-type: none"> • The process change allowed the counter PSA to be aware of the number of investigations done • For cases where charges failed to flow after some time, counter PSA can also pre-empt patient to expect an adjusted bill 	<ul style="list-style-type: none"> • To adopt the workflow

Date:	29/7/2019	Status:	Arrived
Time:	8:20 AM	Length:	5
Visit Type:	{TT} NTFGH GENERAL MEDICINE [101011608]	Department:	A32 GENERAL MEDICINE
Provider:	GM TREATMENT SERVICES	CSN:	
Referring Provider:		Case w Visit No.	
ASN:	10788987		
Notes:	blood x3 urine x2		
Arrival Time:	8:03 AM		

Cycle 1 was carried out in July'19. The solution involved minor changes in workflow for the nurses and counter PSAs. While the implementation steps were easy, it did not bring about a decrease in the number of lab drop charges for the month. Through feedback from the staff, the team realized that the steps did not solve the issue of staff knowing what investigations were done during the patient's visit.

Cycle 2 was carried out in August'19 and it involved direct communication between the nurses and counter PSA through EPIC. The effect of Cycle 2 is significant. The number of lab drop charges has decreased from a monthly average of more 43 cases in Apr – Jun'19 to 16 cases in Dec'19, representing a **63% drop**.



Spread Changes, Learning Points

The improvement project is successful as the stakeholders (Nurses & PSAs) have a common goal to aim for. They recognised the issue at hand and were eager to prevent unnecessary rework as it will add to their daily responsibilities. As such, the team was able to get buy-in from the stakeholders relatively easily.