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Decreasing the number of charge omissions for cardiac surgery patients

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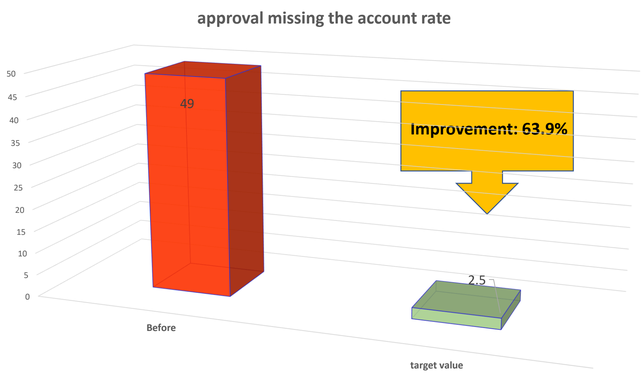
126

INTRODUCTION

Charge omissions waste the efforts of colleagues and result in a loss of trust in the institution. The study by Tsai and Cheng (2020) shows that hospitals face fines, or patients return for refunds, when disease complexity is high, physicians are unfamiliar with disease code, or when staff login omissions or overcharge occur. Based on the principles of non-wastage of medical resources and decrease in the charge omission rate of cardiac surgery patients, problems such as staff unfamiliarity with pricing operations, incomplete patient payment, unclear price list, and lack of knowledge of patient movements were analyzed from August 2021 to August 2022. A multidisciplinary team formulated countermeasures and confirmed and standardized results to implement patient-centric services.

AIM

A problem-solving method was used. Pre-improvement performance was 69.9%; expected improvement =79.6%*80%=63.9%, target =69.9%*(1-63.9%)=25.3%, and an average of 2.5 anomaly cases will decrease every month.



RESULTS

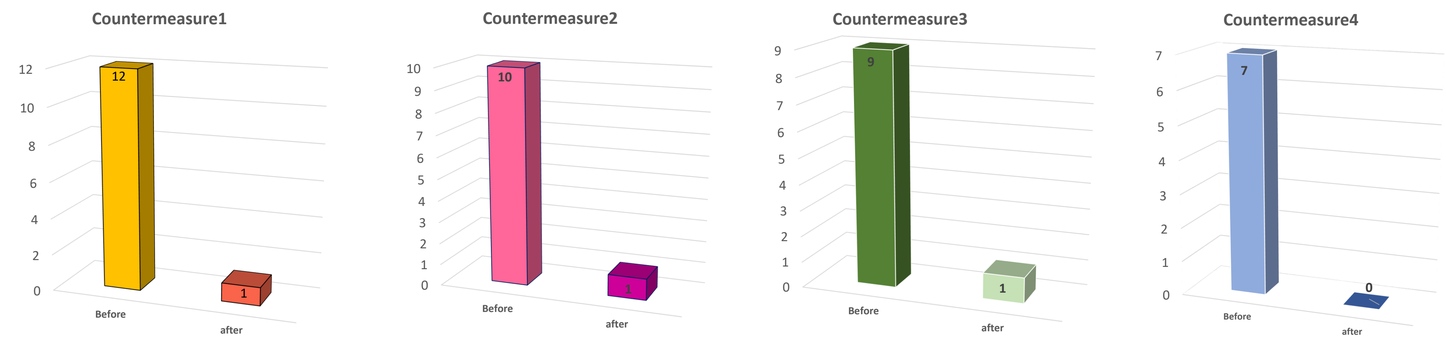
Identification of personnel, information, and process causes: (1) unclear price calculation; (2) cashier unfamiliarity with pricing list; (3) patient did not go to the counter to get the bill; (4) cashier did not know whether patient had entered the operating theater; (5) cashier unfamiliarity with process.

Countermeasure 1: Be more serious!Give you a piece of my mind Cause: Unclear price list
Problem: Staff Countermeasure
The blue color was used for filling to differentiate from the black text in the price list

Countermeasure 2: Make it obvious
Cause: Cashier is unfamiliar with the price list and process Problem: Personnel, process
1.Creation of bill cue card to improve familiarity with the price list
2.Second confirmation by cashier
3.“☑” is marked at the bill and cardiac surgery price list after verification, and dual reconfirmation is conducted in the operating theater

Countermeasure 3
Name of countermeasure: Can’t forget your smile Cause: Patients do not go to the counter to get the bill Problem: Personnel
1.The billing and outpatient surgery examination procedure flow chart was pasted on the windows
2. The “Please go to the counter for bill payment” stamp was used to stamp the operating theater price list, and the operating theater staff handed over the price list to the patient for them to go to the counter for bill payment before being discharged.
3. Immediate communication with caregiver, use of translation software

Countermeasure 4: Every contact leaves a trace
Cause: Counter staff does not know whether the patient has entered the operating theater Problem: Information Countermeasure
The “operating theater entry” stamp is used to stamp the outpatient bill, and operating theater staff will pass the operating theater bill and outpatient bill to the patient for them to take to the counter.



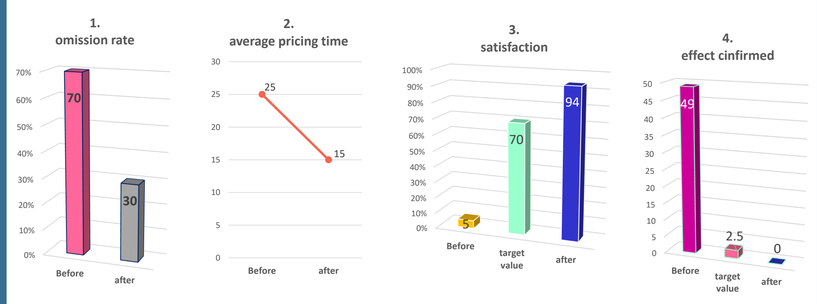
METHOD

Current situation

Cardiac surgery cases were Data reviewed, and satisfaction in the survey was only 5%. The billing process lasted an average of 25 minutes/case. The operating theater material pricing list was used to design the current operation’s anomaly factor checklist. Medical orders, management, and surgery records were verified; the cashier billing process was inspected, and the amount of medical material returned to the shelf was tracked. The survey results found 70 billing events and 21 were complete events.

CONCLUSIONS

1. The omission rate dropped from 70% to 30%
2. Patient waiting time reduced from 25 minutes to 15 minutes
3.Satisfaction increased from 5% to 94%
4. The number of missed accounts dropped from 49 to the target value of 2.5, and follow-up tracking was 0.



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