



Ross Memorial Hospital

Presentation to CE LHIN Board of Directors

July 21st, 2009

Ross Memorial Hospital

~ Exceptional People Committed to Providing Exceptional Care ~

Presentation Overview

1. Background
2. HAPS 2009/10
3. 2008/09 Cost Saving / Revenue Strategies
4. 2009/10 Cost Saving / Revenue Strategies
5. Volume Trends

Background

Budget = \$80 M

Funding / Cost History

	<u>2008/09</u>	<u>2009/10</u>
Funding increases	2.3%	1.9%
Labour costs	4.7%	3.7%
Total expenditures	3.9%	3.4%
Gap in funding	\$1,110,000	\$1,200,000

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HAPS 2009/10

As previously submitted		(\$1,500,000)
- PCOP funding not realized in 2008/09	(\$550,000)	
- Unbudgeted 2008/09 Growth Funding	<u>\$241,146</u>	<u>(\$308,854)</u>
2009/10 initial shortfall		(\$1,808,854)
Cost savings/revenue generation		\$1,306,700
2009/10 Growth funding assumed		\$321,528
Labour adjustment costs		<u>(\$336,300)</u>
Remaining shortfall		(\$516,926)

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2008/09 Cost Saving/ Revenue Strategies

Initiative Description

- Reduce paid hours, overtime, food, & IV supply costs
- Reduce costs through inventory control & CIVA program
- Reduce paid hours by reducing &/ or transferring services
- Reduce paid hours by voice recognition transcription, etc.
- Reduce RN:RPN ratio
- Eliminate WAN circuit & some 3rd party support
- Reduce paid hours & sick replacement costs
- Reduce paid hours by transferring &/or combining services
- Reduce paid hours by transferring services to ED &/or ICU
- Increase revenue by adding volumes & reducing no-shows
- Reduce paid hours, nurse:patient ratio, & overtime
- Reduce supply costs & increase revenues
- Reduce paid hours by fewer O.H.& S. service hours
- Reduce support for 3rd party and paid hours
- Reduce RN:RPN ratio & beds when OR volumes allow
- Reduce overtime & callback by shifting staffing to evening

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2009/10 Cost Saving/ Revenue Strategies

Functional Centre

Revenue Generating

Mental Health

Parking Revenue

Medical & Critical Care

Medical & Critical Care

Laboratory

Laboratory

Diagnostic Imaging

Diagnostic Imaging

Surgical Program

Initiative Description

Increase HOCC Revenues

Increase parking rates

Increase preferred accommodation revenue

Implement drug vending machine in the ER

Provide Holter and Loop Monitor patient service

Increase charges for delisted referral tests

Provide placements for two radiography students

Carotid Ultrasound Revenue

Open an additional private room

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2009/10 Cost Saving/ Revenue Strategies (Cont'd)

Functional Centre

Initiative Description

Cost Saving

Surgical Program

Surgical Program

Surgical Program

Surgical Program

Reduced overtime due to evening shift

Paid hours reduction

Changes to processes and supplies

One week closure of ORs for elective procedures in the summer

Pharmacy

Drug Utilization Savings

Continuing Care

Reduce number of Palliative Care beds to six

Continuing Care

Change the RN/RPN staffing mix on Continuing Care

Administration

Management Staff reduction - Education, IT, & Mental Health

Support Services

Reduce security coverage by 12 hours/day

Support Services

Staffing reduction - Purchasing

Support Services

Weekend staffing reduction - Housekeeping

Support Services

Reduce Cafeteria server hours in the evenings

Support Services

Implement energy efficiency measures

Support Services

Reduce groundskeeping expenses

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2009/10 Cost Saving/ Revenue Strategies (Cont'd)

Functional Centre

Initiative Description

Cost Saving

Laboratory

Paid hours reduction

Laboratory

Limit lab testing to hospital inpatients and outpatients

Mental Health

Paid hours reduction

Medical & Critical Care

Change KVO IV to saline lock - ER

Medical & Critical Care

Reassign one ICU bed to Medical Unit

Medical & Critical Care

Eliminate escort duty for Carotid Doppler exams - Medical Unit

Medical & Critical Care

Change IV tubing from 3 port to 2 port - ER

Medical & Critical Care

Discontinue use of linen sheets on stretchers in fast track - ER

Medical & Critical Care

Implement Breathe Easy Program to reduce oxygen utilization

Medical & Critical Care

Discontinue use of NCR forms for physician orders

Diagnostic Imaging

Film, supply, and maintenance savings - digital Mammography

Diagnostic Imaging

Eliminate use of custom labels in DI

Medical Staff

Savings from reduced requirement for Internal Medicine locums

Ambulatory Care

Paid hours reduction

Information Technology

Renegotiate support costs

Patient Flow

Staffing reduction - Utilization Management

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Volume Trends

	<u>2008/09</u>	<u>Last 3 Years</u>
Inpatient admissions	0%	3%
Inpatient days	5%	29%
Percent occupancy	93%	75%
Emergency visits	(3%)	(5%)
Surgical day care	8%	23%
Outpatient clinics	5%	49%
Lab tests	12%	36%
Diagnostic Imaging exams	5%	25%

ALC Volumes

Days in hospital spent waiting for a Long Term Care bed:

2007/08 **11,586**

2008/09 **14,768**

This represents a 27.5% increase in ALC days over 2007/08.

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