

2011/12 Business Plan

Mitigations

Capital District Health Authority



Definitions: Mitigations to bring funding pressures back within the targeted funding. Mitigations can include redistribution of existing resources, utilization of changes, low priority program cut-backs/eliminations, etc. Mitigations should be the least sensitive and service implication options available. **Mitigation strategies can not include unapproved funding assumptions from Department of Health and Wellness.**

FTE Reductions - a comprehensive HR strategy is being applied for FTE reductions at CDHA, this strategy will comply with union collective agreements and labor law. This strategy calls for the use of regular attrition in making FTE reductions, layoffs will be a last resort.

Mitigations	FTEs	Beds	2011/12 Total Mitigations	Lead(s)	Examples
Acute Care					
Administrative support: Finance, Decision Support, Information Technology, Material Management, Human Resources, Health Information Services, Medicine Admin., Communications, Legal, etc.... (Eliminate system duplication, realign and streamline services to better support patient/clinical needs.)	40.20	N/A	4,626,673	Whitewood	Working with Bell and the provincial government, we have made changes to add flexible cellular/data usage contracts to reduce our costs by \$15,000/month or \$180,000 in a year. Numerous vacancies eliminated in administration portfolios (e.g. Finance, InformationTechnology Services, Health information service, etc.) Vacancies have been created through a hiring freeze. Workload will be managed through realignment of roles/process efficiencies. Layoffs will be a last resort. Citizen Engagement portfolio: operating budget reductions \$160,000. Planning to reach target is underway.

<i>Mitigations</i>	<i>FTEs</i>	<i>Beds</i>	<i>2011/12 Total Mitigations</i>	<i>Lead(s)</i>	<i>Examples</i>
<p>Ambulatory/Community: No service reductions, efficiency, reorganization, restructuring, streamlining, supply reductions.</p>	11.70		1,433,067	Bond	<p>Better use of technology (e.g. Kiosks) and streamlined support services (centralized registration, booking processes, etc.) Expense reduction in use of 1-800 Interpreter Services--There has been a growing need for outpatient physiotherapists to require interpreter services to offer the most appropriate care to the diverse population we serve. In 2010, \$10,000 was spent on face to face interpreters for outpatient physiotherapy clients. The physiotherapists are unable to access the available 1-800 number available Capital Health as there are no phone lines/dual headsets available in the treatment cubicles/private room. Physiotherapists identify that much of their interpreter needs could be addressed with access to the 1-800 number. Face to face interpreters will still be required for complex hands on teaching that is not successful thru the 1-800 number. Investment in a phone line, dual headset phone and wireless headset (important for patients with neck/upper limb dysfunction) will show cost savings.</p>

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<p>System support: Diagnostic Imaging, Food, Rehabilitation Services, Pharmacy, Housekeeping, Laboratory Services, Engineering services, etc... (Eliminate system duplication, realign and streamline services to better support patient/clinical needs.)</p>	20.20	N/A	2,782,663	Baird	<p>Food and nutrition services has reduced the number of extra inpatient meals prepared to better match typical demand each day. Historically, about 100 extra meals have been prepared at each serving to allow for new admissions, transfers, etc. However, many were unused especially on weekends when volume is down and Mondays and Tuesdays, which have higher volumes of patients who do not require meals. This changes is expected to save \$83,000 this year.</p> <p>In pharmacy, certain medications within a drug classification can be substituted for other medications with no change in efficacy, but at a reduced cost. For example, various antibiotics may be interchanged. In drug use management projects the protocols/prescribing of specific drugs are reviewed by a multidisciplinary group (Physicians, Nurses and Pharmacist) to ensure the most appropriate medication is being used. Results focus on certain medications themselves or processes for medication use that may have to be adjusted or changed to meet new criteria. Costs relating to all medications are routinely reviewed to ensure strength, volume, package size, format is appropriate.</p> <p>FTE reductions via improved use of technology (e.g. Voice Recognition)</p>
<p>Revenue - General revenue rate & utilization increases & facility space revenue opportunities</p>			518,000	Whitewood	<p>This year's business plan anticipates a small increase in our shareable revenue. Shareable revenue sources include: facility rentals, out-of-province billing for outpatient services, out-of-country patients , preferred accommodation billing, recovery of costs charged to other districts for services such as our Laboratory, cafeteria revenue, interest revenue, other revenue, federal government revenue, WCB patient revenue</p>
<p>Bed Utilization - 2 weekend beds, 3 beds at Eastern Shore Memorial Hospital, other efficiency streamlining</p>	3.70	3	766,048	Bond	<p>At Eastern Shore Memorial Hospital on average only five of eight beds are in use. Staffing will be changed to reflect that by taking three beds out of regular use. But should there be a need, for instance if someone from the community requires a bed for palliative care, we could staff one of those unused beds in addition to the five in daily use.</p>

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<p>Bed Utilization \$2.1M Target – major themes include: virtual beds, clustering ALC patients, Conservable Days, Bed mapping, Bed alignment with Facilities Master Plan Specific efficiency opportunities include:</p> <ul style="list-style-type: none"> • Co-horting of sub-acute patient populations with appropriate programming and care environments - efficiencies will be gained through composition of appropriate clinical compliment and care environments • Closing full units and re-aligning patients and clinical teams to other in-patient areas - economies of scale and efficiencies gained and will provide cost savings through fix cost reductions, shared services, and supplies • Process Efficiency - care and discharge planning as well as standardized utilization protocols to ensure consistent practice related to flow of patients through the continuum of care <p>It is estimated that the gain from these efficiencies will equate to the reduction of beds numbers in the range of 1 nursing unit.</p>	24.00	15	2,118,996	Bond Butt Janes	<p>The Clinical Flow Operations Group (CFOG) is responsible for developing practical strategies and making recommendations on how Capital Health can use available resources better while improving the quality of care. These strategies are focused primarily around the distribution and use of inpatient beds throughout the QEII, to create additional bed capacity within the hospital system. The goal is to move towards 90% bed occupancy, which will allow Capital Health to better respond to daily, seasonal and emergency demand for inpatient beds.</p> <p>Activities: standardized plans for bed use; bed mapping to align with longer term master facility plan; re-allocating beds among services to ensure they are more appropriately matched with the real/historical/typical demands of different patient populations; better align complimentary services within facilities;</p> <p>- sharing of clinical teams, support services and supplies to increase efficiency; creation of a sub-acute care program.</p> <p>This work will NOT reduce the total number of beds.</p>
<p>Streamlining of Management (VPs, Directors, Managers) Target 10% reduction over 3 years</p>	8.00	N/A	815,166	MacNeil	<p>Streamlining of management (VPs, directors, managers) FTEs through merging of accountability/responsibility via vacancies, retirement & attrition. Target 8 FTEs in year 1. Criteria to assess need to fill vacancies is in development.</p>
<p>Ambulatory Care Clinic Administration: Registration improvements, process refinement, booking processes, service duplication</p>	TBD	N/A	750,000	Bond Butt Janes	
<p>Travel Budget Reductions</p>	N/A	N/A	500,000	Bryden	<p>Expanded Travel Policy under development. Travel was under budget last year due to travel restrictions implemented in fiscal 2010/2011. A feeze remains in effect for discretionary travel.</p>
<p>Review Service Delivery Models of Non Core Support: (Printing, Audio Visual, etc.)</p>	N/A	N/A	500,000	Whitewood Snow Townsend	<p>A plan to review these service models as a regular course of business.</p>

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Other Mitigation Strategies: WCB Rate Reduction; HANS Membership reduction; DI/Lab (Appropriateness of utilization); DI/Lab Service Contract Review; Reduce File Storage Costs - scanning vs. storage; downsize HI/VG Staff Shuttle, Energy conservation - heat, lights, computers usage after business hours; Reduce Printer/paper utilization,	N/A	N/A	459,720	Whitewood Baird Townsend Snow McGrath	Downsize Halifax Infirmary/Victoria General staff shuttle and specimen transfer to a passenger van. Energy conservation (e.g. heat, lights, auto computer shut down, etc.) Printing/copying review in progress with consultant - draft report with recommendations shortly to save costs. The departments of Pathology and Laboratory Medicine and Diagnostic Imaging are both actively reviewing their services to ensure that the right tests/exams are available at the right time for patients, so that they contribute meaningfully to patient care.
One time pressure: Working Notice/Severance cost estimate			-3,439,417	MacNeil	To ensure we meet our commitments (legal, moral) we have created contingency funds to support affected staff in the event layoffs are necessary.
One time pressure: Transition & Timing of Implementation			-3,265,994	Whitewood	CEO/VPs will review BP implementation status on monthly basis through a navigation team. Quarterly budget will be allocated as appropriately required by programs implementing.
The CDHA contributions to AFP's is currently broken down into 3 categories: 1. Leadership Stipends , Operational FTEs (Clerks, secretaries, Transcription, coordinators and RN's) and 3. General Operational Supplies. To achieve the mitigation requirement of \$400,000 for fiscal 2012 the VP Medicine portfolio will work with our AFP partners to achieve that target by focusing on the general operational supply allocations.			400,000	Carr	Identifying areas for pooling and leveraging resources to ensure an appropriate level of support and functioning.
Provincial Initiatives (EMI & Shared Services)					
<u>EMI - Innovation Fund Approved Initiatives</u>					
Staff Scheduling	N/A	N/A	303,000	MacNeil	Better use of technology (e.g. Staff Scheduling System) in order to reduce need for overtime in clinical portfolios. Steering committee in place.
EMI - Shared Service Initiatives	TBD	N/A	220,480	Whitewood	Better use of technology (e.g. Provincial SAP System). Finance, Payroll, Human Resources, Materials Management (Including GPO), Information Technology, Health Information Services

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Total Acute Care Mitigations:	107.80	18	9,488,402		
<u>Primary Care</u>				Hall	
Realignment of Primary Care portfolio - We are not anticipating an impact to patients. We are hoping to reduce staff by attrition.	0.20		150,000	Edwards	Not anticipating an impact to patients. Reduce staff by attrition.
One time pressures: Working Notice/Severance & Transition & Timing of Implementation			-68,218	Edwards	
Total Primary Health Mitigations:	0.20	0	81,782		
<u>Mental Health</u>				Hall	
Restructuring and staff mix changes	9.40		1,030,000	Croxall	Restructuring and staff mix changes through Model of Care. Ongoing Changes: 6.0 positions eliminated through retirement, vacancies, ending of assignments.
One time pressures: Working Notice/Severance & Transition & Timing of Implementation			-548,215	Croxall	
Total Mental Health Mitigations:	9.40	0	481,786		
<u>Addiction Services</u>				Hall	
Reduce vacant positions	2.00		150,000	Briggs	Reduce positions effective April 1st positions were vacant and not filled.
One time pressures: Working Notice/Severance & Transition & Timing of Implementation			-75,445	Briggs	
Total Addiction Services Mitigations:	2.00	0	74,555		
<u>Continuing Care</u>				Hall	
Total Continuing Care Mitigations:	0.00	0	0	Robbins	
<u>Public Health</u>				Hall	
Restructuring of public health staff -	1.50		140,000	Young	
One time pressures: Working Notice/Severance & Transition & Timing of Implementation			-66,525	Young	
Total Public Health Mitigations:	1.50	0	73,475		
<i>Total Mitigations:</i>	120.90	18	10,199,999		

Required to offset pressures. Add lines as necessary. Attach business case if available. Ensure impact analysis is included - staffing, service delivery, etc.