Operational Review of the Health Care Corporation of St. John's

Executive Summary

March 2002

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1.1 Background and Objectives

Objectives of the Operational Review

The Minister of Health and Community Services decided to engage an external consulting team to conduct this operational review because of the deteriorating financial position of the Health Care Corporation of St. John's and its apparent inability to operate within available funds. The primary focus of this review has been to identify initiatives that will allow the Corporation to achieve a balanced budget and a more favourable working funds position as quickly as possible. The review has evaluated and identified opportunities for improvement in governance structures and processes; management structures and processes; operations and operating costs; and clinical efficiency

The Health Care Corporation of St. John's

The Health Care Corporation of St. John's was formed in 1995 through the merger of 7 predecessor health care organizations. The merger provided for the consolidation of acute, chronic and mental health care hospital services in St. John's under one board and management. The merger, the closing of an acute care facility, the introduction of program management and the construction of the new Janeway Hospital have been both tremendous challenges and significant accomplishments for the staff, medical staff, management and Board of the Health Care Corporation of St. John's.

Operating Deficits

However, the HCCSJ has had a deteriorating financial position since the merger. The Health Care Corporation of St. John's last had an operating surplus in fiscal 1997/98. In 2000/01 the operating deficit rose to $12.2 million (3.4% of revenue). At the time of this review, HCCSJ was projecting a deficit for fiscal 2001/02 of $4.1 million, and the forecast for 2002/03 was an operating deficit of about $13.0 million. Such operating losses are not conducive to the long-term financial viability of the organization.

Working Capital Deficit

In 1995/96 the Health Care Corporation of St. John's recorded a working capital deficit of $16,190,000. After several years of improvement (partially enabled by specific funding of $10,215,000 in 1998/99 from the DHCS to offset prior years' operating deficits) the working capital position worsened substantially in 2000/01 to a deficit of $28,258,000. The working capital situation is expected to worsen further in 2001/02.

Declining Productivity

The year over year change in service volumes are summarized in the following exhibit.

Service Volumes 1999/00 – 2000/01

	1999/00	2000/01	Change
Admissions	31,367	28,774	-8.3%
Births	2,304	2,231	-3.2%
Inpatient Weighted Cases	44,975	47,199	4.9%
SDS Weighted Cases	5,613	4,166	-25.8%
Patient Days	353,192	344,229	-2.5%
Medical Surgical Daycare	29,763	29,671	-0.3%
Endoscopy Procedures	9,428	10,364	9.9%
Dialysis Treatments	20,485	22,179	8.3%
Outpatient Clinic Visits	305,979	304,145	-0.6%
Emergency Visits	126,153	118,909	-5.7%

Volume changes do not explain the Health Care Corporation's increasing costs and deficits. Productivity is declining. Although admissions, surgical daycare procedures and patient days decreased from 99/00 to 00/01, paid hours have increased by 2.57%. Earned hours increased by 271,944 hours representing 139 FTEs.

1.2 Governance and Management

Hospital Governance

Hospital governance is the exercise of authority, direction and control over the hospital by the hospital's board of directors. Fundamental responsibilities of governance are:

- defining the purposes, principles, and objectives of hospital
- ensuring and monitoring the quality of hospital services
- ensuring fiscal integrity and long-term future of hospital
- arranging for and monitoring the effectiveness of the hospital's management
- approving annual operating plans and budgets of hospital

Defining & maintaining the purposes and principles of the hospital

We believe that a Vision/Mission Statement, Role Statement, Long Range Plan and Strategic Plan are critical to the successful governance and management of a hospital. Since the merger, the Health Care Corporation's planning activity has been appropriately focused on integrating, and rationalizing the programs and services of the predecessor organizations. The Health Care Corporation's Strategic Directions and Strategic Plan reflect the final stage of this process wherein the key focus is on stabilizing operations and developing an operating framework and management processes that will provide a foundation for future growth and development. However the Health Care Corporation has not yet formally, or fully articulated its desired role in responding to the health needs of the

communities that it serves, nor has it developed long-range or strategic plans to guide its future growth and development. In implementing and consolidating the merger, the Health Care Corporation seems to have relied on the programs and services of the predecessor organizations to define its current and future role. With the organizational merger, program and service rationalization and facility development almost complete, it is time for the organization to contemplate its longer-term future.

Ensuring the fiscal integrity and long-term future of the hospital

For the board of a hospital to be able to exercise its responsibility in ensuring the fiscal integrity and long-term future of the organization, the hospital must have strong processes for operational planning and budgeting and for reporting on progress in relation to these plans and budgets.

The Board is actively involved in reviewing and then approving the operating plan and budget for the Health Care Corporation. However, these are developed without reference to annual objectives and have repeatedly provided for operating losses. The principal focus of the Health Care Corporation's fiscal planning and management seems to have been looking for external solutions to its fiscal problem through increases in government funding. Although there has been attention to the care and service delivery processes of the Corporation there has been less attention to improving efficiency to mitigate the impact of increasing costs of labour and supplies to allow the Health Care Corporation to maintain patient volume while containing or reducing operating costs. The Corporation's fiscal focus seems to have been on increasing its funding from the Department of Health and Community Services. The rationale for this focus has been that the Health Care Corporation feels that its funding is significantly less than what is required, given its unique mandate to provide tertiary services to the residents of Newfoundland and Labrador.

Assuming that the Department of Health and Community Services would eventually confirm the Health Care Corporation's assumptions and decisions with respect to the adequacy of its operating funds, HCCSJ has proceeded to spend on Corporation operations in excess of the funding provided or committed by the Department. The Health Care Corporation has allowed its fiscal position to deteriorate. It is now forecasting a working funds deficit of approximately $35 million by the end of fiscal year 2001/02.

In the Spring of 2001, the Department asked HCCSJ to develop a plan and budget that would include any "action required by [the

Corporation] to live within its 2001-02 budget allocation."[1] The Minister stressed that "A balanced budget is essential in the current fiscal year, as no additional funding is available. We expect the Board to implement best practices and evidence-based measures to manage within the increased budget envelope." [2] The Board was further advised that the Department "cannot support measures that result in a reduction in access and quality, as these are inconsistent with [the Province's] budget strategy and with Government's desire to stabilize the system…"[3]

Through an extensive and extended process of review the Health Care Corporation was able to find potential operating cost reductions of approximately $6.4 million[4] or less than 2% of its operating budget and was left with a projected operating deficit of $6.6 million. Despite the explicit direction of the Minister, the Health Care Corporation was unable or unwilling to reduce its costs further. The Board, however, was convinced that there were no additional savings available to it that would not involve unacceptable (to the corporation and the Minister) reductions in service volume[5]. The Minister was "disappointed that the Board did not bring forward measures to achieve a balanced budget position" for 2001/2002.[6] The Health Care Corporation's inability to submit a balanced budget led to the government's decision to undertake this operational review.[7]

The Board of the HCCSJ needs to take more responsibility for the financial health of the Corporation. It should insist that management aggressively pursue opportunities to minimize costs through improved clinical and operational efficiency and/or reduced content of care before it seeks additional funding from the

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1 Letter from Robert Thompson, Deputy Minister, to George Tilley, CEO, dated April 19, 2001.

2 Letter from Julie Bettney, Minister, to Edwin Stratton, Board Chair, dated June 27, 2001.

3 Ibid.

4 Derived from the difference between the original deficit projection of $13 million to the final deficit projection of $6.6 million.

5 It should be noted that prior to the request from the Minister in 2001, the corporation had achieved significant efficiencies through the merger by reducing management and consolidating operations into a smaller number of sites.

6 Ibid.

7 Letter from Hon. Julie Bettney, Minister, to Ed Stratton, Chair dated November 2, 2001

department or it considers reductions in service volume. The Board's strategy in dealing with the Health Care Corporation's operating losses has put the financial health of the Corporation in jeopardy.

Monitoring Effectiveness of Management

We feel that the reporting structures and processes established by HCCSJ do not allow the Board to monitor the effectiveness of management. Although the Corporation's strategic directions communicate to management the Board's desires regarding the focus for management activity, management has not established a framework for formally and systematically reporting on its actions in relation to these directions. The Board is not receiving systematic reporting of the Health Care Corporations overall performance related to its:

- Responsiveness to community needs
- Quality of care
- Efficiency of care
- Organizational climate

As a result the Board is not able to track the Health Care Corporation's and management's performance or success in achieving the related corporate objectives.

Ensuring the Quality and Efficiency of Care

The Board QI Committee does not report standard indicators of quality or clinical efficiency to the Board on a routine basis. And there are no comparative data on quality (e.g. complications, infections, patient satisfaction) or efficiency (e.g. length of stay, use of ambulatory care, cost per weighted case) or utilization (admissions per population, occupancy). Without information on the quality of care and the Health Care Corporation's performance relative to its peers, it is not possible for the Board to know whether there are issues with respect to the quality of care at the Health Care Corporation. Without information about relative performance of HCCSJ with respect to efficiency and utilization, the Board is unable to determine whether the Corporation can live with available or fewer resources without harming quality of care and patient access to services. In the absence of such information, the Board has been forced to accept the assurances of management and the medical staff that there are no significant opportunities to achieve the Department of Health and Community Services goal of eliminating the deficit.

Management Structures & Processes

It is generally accepted in the hospital industry that management is "responsible for the effective and efficient operation of the hospital

in accordance with the direction set by the board".[8] The organizational health and effectiveness of a hospital is dependent on the successful execution of this responsibility.

Senior Management Organization

Senior management at the Health Care Corporation of St. John's is challenged by the need to operate acute, rehabilitation and chronic hospital care and support services on five sites while integrating programs and services across the sites. It has a small number of corporate officers overseeing a senior management team made up of program and functional centre directors. Clinical services are managed using a program management model. Support and administrative services are organized more traditionally using functional centre management. Management of both programs and services span the five facilities. This structure has been successful in allowing the corporation to significantly reduce the number of management positions from the number used by the legacy organizations.

Operational Planning & Budgeting

The current Senior Management of HCCSJ is committed to effective financial planning and management processes, and has made progress in strengthening these processes. The operational planning and budgeting process HCCSJ is an inclusive process that involves clinical and administrative leadership and the budget is built upon the input from the leadership team. However, the process does not formally include consideration of anticipated volume or productivity targets in determining required or budgeted hours for the Health Care Corporation as a whole, for the Corporation's programs or its patient care, therapeutic, diagnostic or support service departments. The budgeting process is supply driven in that it is built on last year's staffing and spending. It does not systematically take into account population need or demand for hospital care in that it does not start with projections of patient volumes.

[8] From "*Into the 21st Century: Ontario's Public Hospitals, Report of the Steering Committee, Public Hospitals Act Review.*" Ontario Ministry of Health, February, 1992.

Controlling Expenditures

Through its management structure and management processes, the management of the Health Care Corporation of St. John's has and is establishing structures and processes that will allow it to manage costs. However, until now, management has not been successful in aggressively managing and reducing costs.

Medical Staff Involvement in Management

The Corporate Team includes one physician, the Vice President of Medical Services. The program management structure provides an opportunity for involvement of the medical staff in the management of operations and in management decisions regarding the use of the Corporation's resources. Additionally, the Medical Advisory Committee (MAC) is available to allow the medical staff to exercise direction and control over the quality of medical care at the Health Care Corporation. Unfortunately, neither of these two structures is as effective in their respective roles as is needed by the Health Care Corporation.

Program Management

The most important role of the clinical chiefs in program management is to provide leadership and direction for medical staff participation in managing the effective and efficient use of Health Care Corporation resources. As is demonstrated clearly, the clinical chiefs have not been effective in in identifying and implementing opportunities to improve the clinical efficiency of the Corporation. HCCSJ is the least efficient of the major Canadian Academic Health Science Centres. The clinical chiefs have not provided the leadership necessary to correct this situation. And, management does not seem willing to be aggressive in insisting on medical staff adherence to processes for improving the efficient use of resources. Success in these efforts will be critical to the future viability of the Health Care Corporation (and the medical school).

Medical Advisory Committee

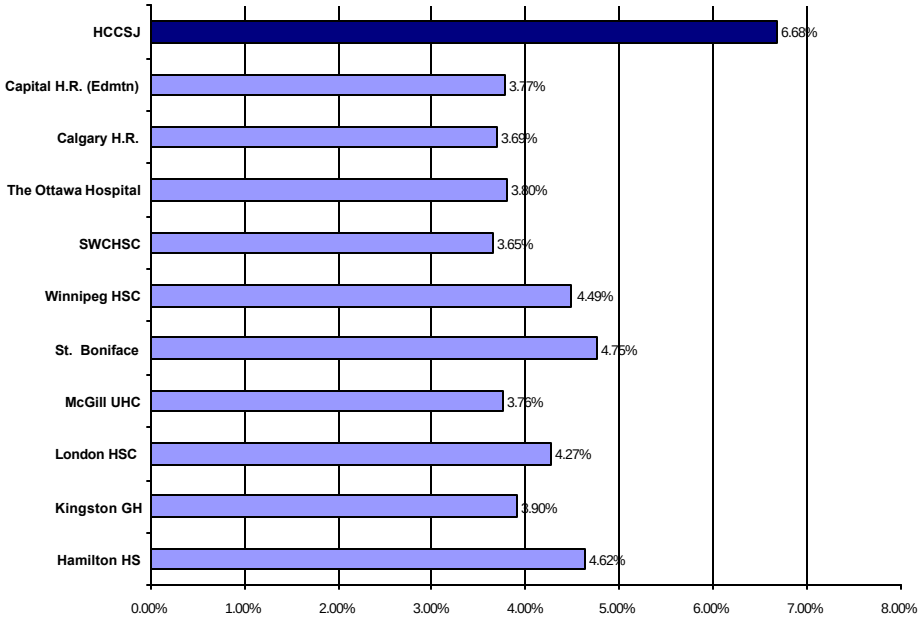
The Medical Advisory Committee does not seem to have any formal mechanism for measuring, monitoring or ensuring the quality of medical care at the Health Care Corporation. Of perhaps greatest concern, the MAC must become more involved in dealing directly with difficult and sensitive issues related to necessary discipline of medical staff. Also, the Health Care Corporation needs the MAC to become more actively involved in ensuring the quality and efficiency of care at the Health Care Corporation through more rigorous measurement, monitoring and enforcement of quality medical care.

Human Resources Management

There are three major areas of human resources management that require attention at HCCSJ: Attendance Management,

Performance Management and Labour Relations. These have been identified by the corporation and have been the subject of recent consulting studies. What is now required is effective and sustained implementation of improved human resources management processes. Most immediately, the Health Care Corporation needs to reduce employee absenteeism. The Human Resources leadership team acknowledges that there is significant opportunity and need to reduce the amount employee absence due to illness and/or accident and senior management has identified improvement in this area as a strategic imperative[9]. As is seen in the following exhibit, sick time usage at HCCSJ significantly exceeds that of any other major academic health science centre in Canada.

Sick Time Percentage of Total Worked Hours



1.3 Population Utilization of HCCSJ

Analysis of Population Utilization of HCCSJ Programs

Normally, urban populations served primarily by academic health science centres have relatively low utilization rates. The hospital utilization rate by residents of the St. John's region is 1,662 hospital separations per 10,000 age-gender standardized population. It is surprising that residents of St. John's are admitted

[9] It should be noted, although sick time usage at HCCSJ is extremely high in relation to other Canadian hospitals, HCCSJ has the lowest lost time experience of all the Health Boards in Newfoundland and Labrador.

to hospital more frequently than most other communities in the province. If the hospital utilization rate of the residents of St. John's were equal to the provincial average (excluding St. John's) there would have been over 4,000 fewer hospital separations of St. John's residents in 2000/2001. We also compared the utilization rates for the St. John's region with utilization rates for other academic health science centres. Our expectation was that we would find very similar utilization rates among these regions, given that the residents in the regions receive most of their hospital care in academic health science centres. The overall utilization rate for the residents of St. John's is the highest of all of the AHSC communities examined.

The relatively high rates of utilization of acute care hospitals by the residents of the St. John's region, compared to both other regions in the province, and to other academic health science centres, should prompt HCCSJ to carefully examine opportunities to reduce utilization. While high utilization rates are not necessarily evidence of inappropriate utilization, it is very unusual to see utilization rates in an academic health science centre that are higher than the average for the rest of the province.

Use of HCCSJ by residents of other parts of the province

Not only are residents of St. John's using relatively large amounts of hospital care at HCCSJ, the corporation is also a major provider of hospital services to all of the residents of the province. HCCSJ provides 51% of all inpatient and ambulatory procedure hospital separations provided for the residents of the province. As would be expected, the HCCSJ provides 96% of all Quaternary hospital care and 81% of all Tertiary hospital care in the province. But HCCSJ is also a major provider of primary and secondary care for residents of other parts of the province. And, of particular interest, the HCCSJ is the major provider of hospital care to the residents of the Avalon region. Even for Primary hospital care, 41% of the services used by Avalon region residents are provided, not in their home region, but in HCCSJ.

We estimate that the cost to HCCSJ of providing hospital care for non-residents of the St. John's region is approximately $62 million or 37% of the direct expenses for patient care at HCCSJ. Over $20 million of this expense is for residents of the Avalon and Peninsula Health Regions coming to HCCSJ to receive Primary or Secondary care which might be more appropriately provided by a local hospital.

1.4 Clinical Efficiency Opportunities

A key element of any acute care hospital's attempt to reduce expenditures is the identification of opportunities to reduce the use of inpatient days by shifting inpatient care to ambulatory care, by reducing in-process delays, and by reducing average lengths of stay in hospital. To estimate the opportunities to reduce the use of inpatient days, the operational review established targets for use of ambulatory care and for length of stay based on demonstrated performance benchmarks from Canadian teaching hospitals. Clinical efficiency performance targets for HCCSJ were set at the first quartile, i.e. the performance level where one quarter of hospitals (with sufficient volume) were more efficient and three-quarters less efficient. Using these first quartile targets we determined that the opportunity to reduce use of inpatient days is larger (in percentage terms) at HCCSJ than in any other Canadian teaching hospital. In 2000/01, if HCCSJ had achieved the first quartile clinical efficiency targets, it would have been able to care for the same number of patients while using 24.6% fewer inpatient days.

Clinical Efficiency Opportunities by Program

The exhibit following shows the impact of the clinical efficiency targets on each HCCSJ program. The estimate of the potential percent reduction in use of inpatient days and the related requirement for beds varies from 17.9% for the Child Health program (with 5.4% achieved through shifts to ambulatory procedures) to 34.6% for the Women's Health program. It should be noted that, even with bed closures, if the Health Care Corporation achieves the targeted levels of clinical efficiency, ***HCCSJ would be providing the same number of episodes of care, just using fewer patient days to provide this care.***

Estimated % Reduction in HCCSJ Inpatient Days through Achievement of First Quartile Targets by Program

Program	Cases to Shift to SDS	% IP Cases to Shift to SDS	% Days Saved Via Shift to SDS	% Days Saved Via LOS Redn	Total % Days Saved	Equiv. Beds to Save @ 90%
Cardiac Care	92	2.4%	0.4%	22.0%	22.4%	28
Child Health	799	25.6%	5.4%	12.5%	17.9%	9
Medical	753	11.0%	2.2%	20.2%	22.4%	40
Mental Health	20	1.1%	0.1%	26.0%	26.1%	38
Surgery	1,274	20.7%	3.2%	21.0%	24.1%	46
Womens Health	230	3.8%	1.5%	33.1%	34.6%	29
Grand Total	3,168	11.4%	1.9%	22.7%	24.6%	189

Potential Operating Cost Savings of $15.6 Million Through Clinical Efficiency

We estimate that the potential cost savings from this reduction in the use of inpatient days could be as much as $22.3 million[10]. However, because of potential issues with CIHI data comprehensiveness, accuracy and comparability, and potential interaction of clinical and operational efficiency savings, we suggest a reduced savings target of $15.6 million, or 70% of the calculated opportunity. Achieving these savings likely will require an increased investment in utilization management processes and increased use of outpatient clinics at HCCSJ. We estimate that these will require increased annual spending of $1.76 million. Thus, we estimate that the net savings from clinical efficiencies can be as much as $13.84 million.

1.5 Operating Efficiency

A major objective of this review was to identify potential opportunities for HCCSJ to improve the efficiency and cost effectiveness of selected functional centres and services. The potential scope and magnitude of improvements in productivity that the functional centres could achieve was determined through on-site interviews, observations, data analyses and comparisons with the performance of peer hospitals. For purposes of this review it was agreed by the project's Steering Committee that the performance of the HCCSJ's functional centres would be compared against a peer comparator group comprised of selected Canadian teaching hospitals.

Potential Operating Cost Savings of $16 Million Through Improved Operating Efficiency

For each functional centre we initially considered a performance target equivalent to the top quartile level of productivity achieved by the peer group. Based on the comparative analyses and on-site reviews we have determined that it would not be appropriate and/or feasible for many hospital functional centres to achieve the top quartile level of performance. In these areas we have suggested a less aggressive target. Based on our review and

[10] We have simulated the impact on weighted cases of the reduction in inpatient days by assuming that the first days saved are ALC days and that any additional days saved are at the CIHI "routine and ancillary per diem rate". This is lower than the average cost/rate per day of the inpatient stay for the case type. We have also included the impact of the additional RIW weighted cases that must be added to support increased ambulatory procedure volumes. Workload in this analysis is measured as equivalent weighted cases. The days that might be saved by achieving the target rates of clinical efficiency have been converted to a measure of equivalent weighted cases. The estimated potential reduction in workload has been calculated as equivalent to 7,443 RIW-weighted cases, or 14.5% of the actual RIW-weighted cases of HCCSJ in 2000/01.

analysis of departmental performance we have suggested a target reduction in net annual operating costs of $16 million[11]. (Realization of some of these cost savings will require one-time severance/termination costs and capital investments for renovations and/or technology acquisition.)

1.6 Implementation Plan

Because of the serious and deteriorating state of the Health Care Corporation's finances, we urge the Corporation to focus its first efforts on reducing its operating costs through the identified clinical and operational efficiencies. Once these efforts have been initiated it should then turn its attention to implementing the recommendations of this report related to improving its governance and management structures and processes. The proposed implementation plan involves initiatives related to:

- Organizing for change
- Redesigning care processes to achieve savings from clinical efficiencies
- Redesigning work processes and systems to achieve savings from improvements in functional centre productivity that can be achieved without a facilitating capital investment
- Implementing recommended improvements in management processes
- Implementing recommended improvements in governance structure and processes
- Implementing savings from improvements in functional centre productivity that require a facilitating capital investment.

The following table presents our suggested scheduling of initiatives to improve efficiency of the HCCSJ. It also presents estimates of the savings that will be achievable in each year. For the purposes of this exercise, we have assumed no changes in patient volume, content of care or the unit cost of labour, supplies and services from 2001/02.

As can be seen, over the next 3 years, the HCCSJ should be able to achieve almost all of the savings from the improvements in clinical and operational efficiency identified in this review. These

[11] Although we are confident that the recommended functional centre productivity targets are achievable, the operational efficiency savings estimates may be overstated slightly because of inaccuracies in HCCSJ's MIS trial balance data that could not be corrected as part of this study.

changes will provide a reduction in the Corporation's operating costs of almost $30 million. This should provide for elimination of the Corporation's operating losses in 2002/03 and provide for the gradual elimination of its working capital deficit. Ultimately, assuming continued funding support by the department, the reduced running rate of expenses for the HCCSJ will provide it with the ability to accumulate working capital to support new patient care initiatives for the community.

Cost Savings Implementation Schedule

			2001/02		2002/03		2003/04		2004/05	
	Area	Initiative/Recommendation	FTEs	Dollars	FTEs	Dollars	FTEs	Dollars	FTEs	Dollars
Short-Term Operating Cost Savings										
	Corporate	Minimize call in for sick relief	-3.51	-$152,549	-21.09	-$915,294	0.00	$0	0.00	$0
	ORs/PARRs	Temporary Closure of One OR	-0.50	-$26,467	0.00	$0	0.00	$0	0.00	$0
Clinical Efficiency Cost Savings										
		Reductions in patient days			-135.65	-$7,800,000	-271.30	-$15,600,000	-271.30	-$15,600,000
		Ambulatory Clinic Investment			6.96	$400,000	21.91	$1,260,000	21.91	$1,260,000
		Utilization Management Analysts and Tools			5.22	$300,000	8.70	$500,000	8.70	$500,000
Operational Efficiency Cost Savings										
	Bell Island	Conversion to Ambulatory Care Centre	0.00	$0	0.00	-$177,134	0.00	-$708,534		-$708,534
	Emergency Depts.	Discontinue Janeway Telephone Lines	-0.50	-$27,829	-3.00	-$166,975	-3.00	-$166,975	-3.00	-$166,975
		General Productivity Improvements	0.00	$0	-6.33	-$352,318	-12.66	-$704,636	-12.66	-$704,636
		General/Janeway ER Consolidation	0.00	$0	0.00	$0	0.00	$0	-6.80	-$378,478
	ORs/PARRs	PARR Productivity Improvements	0.00	$0	-1.89	-$117,413	-3.77	-$234,826	-3.77	-$234,826
		OR Productivity Improvements	0.00	$0	-1.22	-$75,442	-2.44	-$150,883	-2.44	-$150,883
	Critical Care	CCU Productivity Improvements	0.00	$0	-5.85	-$364,074	-11.69	-$728,149	-11.69	-$728,149
		ICU Productivity Improvements	0.00	$0	-17.26	-$1,074,782	-34.51	-$2,149,565	-34.51	-$2,149,565
	Nursing Administration	Reduce Administrative Directors	-0.50	-$44,543	-3.00	-$267,258	-3.00	-$267,258	-3.00	-$267,258
	Medical/Surgical Program	Medical Program Productivity Improvements	0.00	$0	-10.57	-$588,032	-21.13	-$1,176,063	-21.13	-$1,176,063
		Surgical Program Productivity Improvements	0.00	$0	-5.92	-$329,498	-11.84	-$658,996	-11.84	-$658,996
	Child Health	Reduce Janeway Management Structure	-0.17	-$12,568	-1.00	-$75,411	-1.00	-$75,411	-1.00	-$75,411
		PICU Productivity Savings	0.00	$0	-4.09	-$227,365	-11.56	-$643,412	-11.56	-$643,412
		NICU Productivity Savings	0.00	$0	-6.65	-$369,850	-19.95	-$1,110,386	-19.95	-$1,110,386
		Pediatric Inpatient Productivity Savings	0.00	$0	-10.67	-$593,876	-32.17	-$1,790,533	-32.17	-$1,790,533
	Mental Health	Psychiatry Unit Productivity Improvements	0.00	$0	-16.14	-$898,049	-32.27	-$1,796,099	-32.27	-$1,796,099
	Rehab & Continuing Care	Reduced Management Structure	-0.17	$12,568	-1.00	-$75,411	-1.00	-$75,411	-1.00	-$75,411
		Chronic Care Productivity Improvements	0.00	$0	-5.42	-$301,827	-10.83	-$603,654	-10.83	-$603,654
		Intermediate Care Improvements	0.00	$0	-2.53	-$141,020	-5.06	-$282,039	-5.06	-$282,039
	Allied Health	Productivity Savings	0.00	$0	-7.50	-$396,341	-15.00	-$792,681	-15.00	-$792,681
		Replace PCC model with Program Council M	0.00	$0	-1.56	-$106,267	-6.25	-$425,068	-6.25	-$425,068
	Pharmacy	Reduced Management Structure	-0.17	-$13,515	-1.00	-$81,091	-1.00	-$81,091	-1.00	-$81,091
	Housekeeping	Reduced Management Structure	-0.33	-$22,782	-2.00	-$136,689	-2.00	-$136,689	-2.00	-$136,689
	Dietary	Reduced Management Structure	-0.50	-$30,578	-3.00	-$183,469	-3.00	-$183,469	-3.00	-$183,469
		Operational Cost Savings (Staff and material	0.00	$0	-9.58	-$559,231	-19.16	-$1,118,461	-19.16	-$1,118,461
	Health Records	Productivity Savings	0.00	$0	-6.05	-$196,843	-12.10	-$393,686	-12.10	-$393,686
	Information Systems	Increase Support	0.00	$0	5.50	$410,355	11.00	$820,710	11.00	$820,710
Estimated Total Annual Cost Saving Opportunities			-6.35	-$318,263	-272.26	-$15,460,604	-506.09	-$29,473,265	-523.89	-$29,851,743