



Town Hall- Budget January 17, 2013

Happy New Year.

Health care is ever changing.

As I have discussed before the growth of healthcare as compared to the rest of the economy is not sustainable.

Health care consumes some 47% of the Ontario Provincial budget.

If healthcare costs are growing at seven to ten percent per year while the rest of the economy, including tax revenue, that is used to pay for healthcare, is growing at barely one to two percent it does not take a mathematician long to figure out if something is not done healthcare costs will soon swallow up our economy.

We are not alone in this regard. Just look south of the border for one example.

The new funding formula introduced a few months ago by the Ministry of Health and long term care for hospitals tries to slow down that growth.

At the same time the Ministry of Health is introducing these changes we are met with a zero percent increase in overall hospital operating funding. At this point the Ministry of Health is redistributing existing healthcare dollars among hospitals.

Although the formula takes into account the age and health of your community it also takes into account population growth. Although Windsor does have an aging population so does everyone else. In fact, as compared to other areas of the province, over the next 25 years Windsor's growth of its over age 65 population is going to be 24%. The lowest in the province of Ontario. Dramatically lower.

When it comes to overall population growth Windsor/Essex is projected to be under 1% growth over the next 5-7 years.

As a result when dividing up the existing healthcare dollars monies from Windsor/Essex are going to fast growing areas across the Province.

For Windsor Regional Hospital this means that by April 1, 2013 our base funding will be reduced by over \$4 million. That is over \$4 million less than we had in March 31, 2012.

To be clear this is a reduction in funding not just a freeze in funding.

This is at the same time internal expenses continue to increase. The total gap projected for next fiscal year when you combine the loss in revenue and increase in expenses is approximately \$11 million dollars.

The only thing that saves us is the fact that we saw this coming in 2008 and made some changes to our operations.

This has resulted in a balanced budget each year since including the current year. Out of the last 18 years we have had five balanced operating budgets – 4 of them the last four years.

In order to cap the growth of healthcare expenses the government did not only have to freeze or reduce annual operating funding but had to cap/reduce growth spending.

Therefore, instead of opening 58 more beds at our Tayfour campus post construction, the government is only approving and funding the opening of approximately 10 beds each year for the next 6 years.

This is happening to everyone that is waiting for growth funding post construction. I can tell you we have been advocating for this to be changed considering the fact that the promised long term care facility was to be in operation 3 years ago and our community has been prejudiced as a result of the ongoing delay.

To date, the government has not responded positively to any of our proposals.

This is because if they agree with us and provide funding to open more beds locally faster then what are they going to do with the identical requests elsewhere across the province?

We are not alone in this struggle. In fact, our problems/issues are probably in the middle of the pack as compared to other jurisdictions in the province. That does not make our problems seem easier day-to-day but puts what our province is struggling with in perspective.

Remember our government has a \$14 billion dollar deficit projected this year. Debt of \$250 billion plus. The first \$10 billion of revenue it brings it each year goes towards interest alone on that debt. That is the first 10% of the revenues they receive just go to pay interest on debt.

Let me put this into perspective for you.

It is as if your annual salary was \$10,800. However, you spent \$14,800 a year. This required you to finance the deficit of \$4000 somehow. You turn to your credit card and

it already has accumulated debt of \$24,000 on it. At the same time your credit limit on you credit card is \$15,000.

Over the past few months we have worked internally on coming up with plans to be prepared to balance our operating budget for next year. Decisions did not come easy and were difficult to make. I hate this part of what I do.

We have met with the union leadership on the changes that are being made and we will be informing the various individual areas next.

The over arching goal throughout all of this was to protect patient services and as many hospital jobs as possible while addressing this reduction in funding and internal growth in expenses.

As we move forward we have to focus on the following.

Right now data indicates that our actual length of stay for patients is higher than expected. It is our data.

Our data shows we are operating more beds than we require. In any given day our data says we have some 30-40 more acute care beds in operation than needed. This has nothing to do with ALC's.

I gave this example before but it is worth repeating.

At Windsor Regional we have 100,000 patient days per year for 20,000 patient admissions.

Therefore, each patient, on average stays 5 days.

Assume everyone's actual length of stay equals their expected length of stay.

If each of those stays were just ½ day more than expected we would have to accommodate an extra 10,000 patient days.

With 300 acute care beds, this is 33 more beds needed per day per year.

That is our issue. Every ½ day counts.

Our goal is to either justify the work we are doing or possibly reduce beds. Otherwise, the government will continue to reduce our funding even further. How do we do this? Documentation. Clinical documentation.

It is primarily physician documentation. Our physicians are aware of this and have been working on this the last 4 years with positive results. However, the buck stops here.

Timely completion of acuity summary forms and discharge summaries is not up for negotiation. In addition, the quality of the completion is not up for discussion. Completion itself is not enough they have to be completed timely, thoroughly and accurately. If not patient services will be reduced and jobs will be lost.

If we do this in a timely and accurate fashion the patient's expected length of stay will hopefully equal to or exceed actual length of stay.

This concept applies to Complex Continuing Care as well with respect to the accurate capturing of the RAIs.

At the same time we have to take a leadership role in our partnership with CCAC. We have to ensure our patient's discharge plans are not made the day to be discharged but the day they are admitted. What are the plans when mom or dad leaves our facility? What is available at home or in the community for them? That has to start on admission to avoid delays at discharge. ½ day delays add up. We cannot count on or blame someone else for not showing up to work.

In most part, we know our patients are sick and should be in hospital. However, at this point, due to less than optimum documentation, that is not being reflected in our data and as a if not changed will result in further funding reductions unless we make changes.

As stated our professional staff is aware of these issues and is committed to working on fixing them and is actively fixing them.

We all need to support that work and do our share.

All of us play a role in this.

This is ensuring

- Patients in the ED are seen in a timely, efficient and safe manner
- All Lab and DI tests for patients are done in a timely and safe fashion
- Patients are transported in a timely fashion between tests and appointments
- All beds are carbolized in a timely fashion
- All transfers between campuses are not delayed
- All coding of documented charts is accurate and any issues addressed
- We all wash our hands to avoid spreading of HAI's that increase length of stay.

I could go on and on. Hopefully you appreciate how everyone plays a role in this process. However, any delay in any part of the patient's journey adds up to extending the overall length of stay. If caused by us then we are penalized for it.

In closing I know we all of stresses outside of the hospital. I ask that you take advantage of all the services we have to offer to help you cope. At a minimum continue to reach out to your teammates and ask them for help.

If you see someone struggling approach them and ask if they need your help then get that help for your team member. For those of you that felt they had nowhere to turn and asked me to help you know I am there for you and others.

As Ridley Barron stated do not grow weary. That is not tired. We can all get tired. However, if you roll over in bed when that alarm clock goes off and you cannot come into the hospital because it is only become a job for you then it is time to reflect on another career. Because coming into the hospital like that will harm a patient, family and yourself. Calling in sick when you are tired only places additional pressure on your team members.

We need every one of you on your game all the time. Our patients and families deserve nothing less.

Therefore, please take a moment today to reflect on how you need to ensure you are taking care of yourself and your fellow team members.

Again, any questions you can email me. I will send out a link with the video and written version of this presentation along with a link to send me emails.