

Questions and Answers About the Budget

Q. I understand we have beds that are tied up by ALC patients awaiting LTC AND other destinations. Are we still charging ALC patients \$54/per day to be in an acute care bed? Why can't we increase the charge to a higher amount after 2-3 months, therefore to encourage patients and their families to take the first available bed in the community. Or in cases of patients awaiting Rehab I don't see why we can't also charge those patients ALC fees, like we do for patients awaiting Complex Care beds. Perhaps this will also encourage some of these patients to make the effort to go home sooner (ideally with CCAC services) instead of sitting around and waiting 2-3 weeks for a Rehab bed.

A. We are limited with the daily amount we are allowed to charge patients that are designated ALC for LTC. We cannot charge more than the maximum daily rate we are charging now. Patients ALC for CCC are also charged. We do not charge a co-pay and cannot charge a co-pay for Rehab beds. As a result we cannot charge an ALC rate for Rehab. The reason we can charge an ALC rate for LTC and CCC is because, but for the lack of beds, these patients would be in those beds paying the co-pay fee.

Q. How soon will the affected areas be informed on the changes being made and the cuts if any?

A. As stated during both town halls we have met with the Union Executives and will be informing the impacted areas and staff over the next 7-10 days. This is required process under our collective agreements and also to respect those areas impacted. Once all this is completed we will inform everyone of that fact.

Q. When is the planned opening of the additional beds at SMH? What are the delays?

A. I explained at the Town Hall that we have NOT received the funding for the final 6 SMH beds as we were supposed to receive at the end of the project. Those additional beds will be funded probably over the next 3-4 years. I do not have exact timing other than the complete 58 additional beds (CCC, Rehab and SMH) at Tayfour are being funded over a 6 year period as explained rather than immediately.

As a result we have been left with funding for a partial unit. We are going to, in a safe manner, open "flex" beds in this unit, with low acuity patients (patients ready for discharge) when the need arises. This will continue until we receive full funding for the remaining 6 SMH beds.

Q. What about capital purchases to buy new UP-TO-DATE equipment to safely and effectively care for our patients? Are these purchases going to cease or are they counted for in the budget?

A. Windsor Regional Hospital needs to ensure we have a source of funding (Hospital or Foundation) to purchase capital equipment. If we balance our annual budget, we would normally have \$6 - \$8 million each year available to replace and refresh capital equipment. Since we have not yet balanced our budget, we are planning on setting the capital equipment budget at \$3 million. We will revisit our operating budget at the 6 month mark and if balanced adjust our capital budget as necessary. We are committed to ensuring we provide quality care to our patients in a safe and effective manner within available resources which includes capital equipment.

Q. I attended the budget meeting today and was just thinking that you should open an online suggestion box on how staff feel we can save money. There are some wonderful employees within our organization who share our common vision who may offer some really good suggestions. Even the small ones can add up.

A. Individual can submit ideas to the Genius Lab. This allows anyone to provide ideas on how to promote safety and also suggest cost saving ideas.
