



# SOUTH BRUCE GREY HEALTH CENTRE

CHESLEY | DURHAM | KINCARDINE | WALKERTON

## BUDGET RECOVERY ACTION PLAN FAQ

### Why are we taking these steps?

Our expenses continue to be higher than our revenues, and as a result, we need to reduce our expenditures by approximately \$1.2M to get back to a balanced position.

The hospital is required to cover any year-end deficit from our own cash reserves. Using our cash reserves to cover operational deficits is not sustainable, and erodes the hospital's ability to support needed investments in new construction, renovations, new equipment, and information technology.

### What are the cost pressures facing SBGHC?

- The hospital is often the place of last resort. On average every day, SBGHC is caring for eight patients that have completed their acute stay and are waiting for their next destination, whether it be home or long-term care. As well, mental health patients often wait in our sites for a bed at a schedule 1 acute hospital;
- SBGHC still provides a considerable amount of outpatient work that the hospital is not funded for, and should be completed outside of the hospital in a community setting;
- Our patients are staying considerably longer in our hospital than the provincial average for the top typical diagnoses. If SBGHC moved halfway to the average provincial length-of-stay (LOS), SBGHC would require 3 less beds in Kincardine and 3 less beds in Walkerton;
- SBGHC hospitals are only staffed to 60% of our reported bed numbers, which gives the impression to our staff, public and our partners that we are operating more beds than what we actually do;
- We are a small hospital operating a very successful Family Birthing Centre which by its nature is more costly to operate;
- Management oversight after hours in small multi-sited hospitals is limited;
- Our non-urgent transportation costs have grown from \$50K to \$450K in the last five years;
- Our security costs have grown from \$5K to \$130K in the last 3 years.

### Does SBGHC receive extra funding for volume increases?

SBGHC does not receive extra funding when patient volumes increase. As a small hospital, we operate within a global budget with one allocation of funds from the Ministry of Health and Long-Term Care that supports all of our programs and services. For example, our Family Birthing Centre continues to see an increase in volumes, up 18% this year alone. The extra cost associated with this increase comes out of our global budget.



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### **Why is SBGHC's length of stay higher than the provincial average?**

There are a number of factors that contribute to SBGHC's length of stay being higher than the provincial average. Our process for identifying the estimated date of discharge (EDD) when a patient is admitted needs improvement. When a patient is admitted, a target discharge date should be identified based on the patient's diagnosis so that our physicians, staff, the patient and family are all working toward the same goal. Having a better process in place for EDD would also improve our process around discharging patients on weekends. We also need better hand-offs between our nurses and between the physicians.

### **What is the impact of these changes to patients?**

The guiding principle behind all of the strategies in the Action Plan is to maintain high quality patient care and ensure that we continue to have four strong, viable hospital sites. The strategies are intended to create efficiencies that will have minimal impact on patients and staff.

The changes to outpatient laboratory services will have minimal impact on patients. Instead of coming to the hospital for bloodwork, patients may be directed to the medical clinic instead, which at all of our sites is either attached to the hospital or on the same property. This location will vary at each site, and will be communicated widely with patients prior to implementation. SBGHC staff will continue to draw your blood, and your samples will be sent to a private lab company for testing. Patients will see some additional benefit as their lab results will be able to be accessed electronically if they desire.

The change to transcription services will not be noticeable to patients, and we would have a guaranteed turn-around time.

The proposed changes to non-urgent transportation will be of benefit to patients, as it will decrease the amount of time that patients will have to wait as they move between our four sites.

The Seniors' Care Centre will provide a better experience for patients awaiting discharge in an acute care setting for extended periods. The Seniors' Care Centre will provide patients with increased activation, physiotherapy, occupational therapy, socialization through congregate dining and other activities. Families may have farther to travel to access the care provided in the Seniors' Care Centre, however, the level of care is much more appropriate for those patients requiring alternate level care.

**QUALITY HEALTH CARE – CLOSE TO HOME**



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## **What is the Senior's Care Centre?**

The Seniors' Care Centre is similar to the Restorative Care Unit (RCU) at our Chesley Site. The RCU focuses on helping patients regain their independence after the acute phase of an illness with the expectation that they will be able to return home. The Seniors' Care Centre will have the same focus on activation, physiotherapy and socialization, for patients who are awaiting discharge to an alternate destination, such as long-term care. The five RCU beds are included in the ten Seniors' Care Centre beds.

## **Will the RCU remain open as a regional program?**

Yes, the RCU will remain open as a regional program. If a request is received from a neighbouring hospital and there is a bed available, we will continue to be good system partners and accept that patient.

## **How will the integration of the Special Care Unit (SCU) beds into the regular bed complement affect patient care?**

The SCU beds are staffed at a lower nursing ratio than a regular bed – this means that one nurse may care for one, two or three patients as opposed to five patients as you would see in a regular inpatient bed during the day shift. Over the last three years, the occupancy of the SCU beds in Kincardine and Walkerton have been quite low, averaging 30-55% capacity. Many of the patients that are admitted to the SCU could be cared for within our acute bed complement. If an increased level of care is required, we have the ability to reassign the duties of a charge nurse to provide this care. Patients will continue to receive the high quality care that they expect from SBGHC.

## **What is the impact to our staff?**

The strategies outlined in the Budget Recovery Action Plan are intended to create efficiencies that will have minimal impact on patients and staff. However, staff salaries and benefits are the largest expense of our organization, and therefore, some reductions will occur.

We anticipate that there will be a reduction in 3-5 positions within the OPSEU Service Bargaining Unit after all of the options are explored to minimize layoffs (early retirement, voluntary exit, bumping). The remainder of staff affected will be redeployed in another needed capacity within the hospital.

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**Will there be an impact on Patient Registration staff if outpatients are not registering for lab work?**

It is likely that the change to outpatient laboratory services will create capacity for Patient Registration staff at each site to perform other responsibilities to support the organization, such as Patient Movement and Flow and short notice staffing (fielding and replacing sick calls, up-staffing).

**What will happen to patients that require same-day blood work for chemotherapy and other urgent needs?**

There will be a same-day process put in place for urgent sample collection and processing. A separate requisition will be developed for physicians to utilize this process, and patients will register as an outpatient at the hospital for their lab work to be completed.

**How long will the budget recovery effort take?**

The timelines for implementation will vary depending on the strategy. However, the strategies will be implemented as swiftly as possible because the longer the implementation is delayed, the longer it will take to realize the savings. We will take steps to ensure that the details around the implementation are communicated as effectively as possible. Our goal is to be balanced by the end of the 2019-2020 fiscal year, ending March 31, 2020.