Presentation Outline

• Productivity Monitoring
  – Achieving Results
  – Template Buy vs. Build

• Controlling Non-Salary Expenses
  – Supplies, Capital Costs

• Performance Improvement Plans
  – Developing, Implementing, Monitoring
  – Template Example
One area in hospital operations that has gone largely untouched is **reducing the cost of delivering safe, quality health care**.

This is where new thinking about workforce productivity, case management, and lean processes and policies can reduce the cost of running a hospital. Hospital leaders can transform their organizations into leaner, faster and better organizations—with sustainable improvements.

Source: How to Make Productivity Gains Possible and Profitable
Shawna O'Neill and Cary Gutbezahl, M.D. - June 28, 2010 in HHN Magazine online site.
PRODUCTIVITY MONITORING AND IMPROVEMENT
Hospital leaders often fear that efforts to improve productivity will alienate staff or lessen quality.

Including all stakeholders, redesigning processes and working toward national benchmarks will ensure that productivity improvements stick.

Source: How to Make Productivity Gains Possible and Profitable
Shawna O'Neill and Cary Gutbezahl, M.D. - June 28, 2010 in HHN Magazine online site.
Start with the End in Mind

- Improved hours per unit of service
- Improved cost per unit of service
- Improved patient outcomes
- Improved customer satisfaction
- Improved staff satisfaction
- Reduction in harm events

Sustainable process and work flow improvements – are the critical drivers. Not working harder – faster and with fewer resources.
HealthTech - Productivity Improvement Program

1. Implementation
   - Findings shared with management team
   - Identify and prioritize work process redesign opportunities and other projects
   - Develop tools to achieve and monitor progress
     • staffing plans
     • position control
     • daily and biweekly productivity tracking monitors

2. Sustainability
   - Regular reviews by facility leadership
   - Performance Improvement / Patient Flow improvement
   - Annual updates to targets
   - Basis for establishing FTE and salary budgets
HealthTech - Tools and Resources

1. Productivity data base
   - Updated monthly

2. Productivity Manual
   - Definitions
   - Targets
   - Unit of measurement

3. Examples and recommendations for “roll-up” departments (essential for small rural facilities where staff work in multiple departments during the same shift)
Causes of Poor Productivity

• Waste of time
• Waste of ideas
• Waste of machinery / equipment
• Waste of manpower
• Waste of space

What are some examples of each?

Which ones are occurring at your facility?
Strategy 1 – Effective Leadership

1. Invest / provide education and support for department managers/directors, charge nurses, shift supervisors, department leads/supervisors

2. Ensure that leaders / managers are knowledgeable and understand concepts of staffing management

3. Provide regular information and feedback to staff and key stakeholders
Strategy 2 - Collaborate

1. Work collaboratively with other departments

2. Don’t make changes that improve your productivity but decrease that in another department’s without agreement
Strategy 3 – Reduce Overtime
Types of Overtime

- Planned
- Incidental
- Emergent

Expensive!
Overtime Reduction

• Look at overtime every pay period
• Look for hours – dollars – percent
• Drill down to understand WHY

Your Strategy will depend on the “reason” for incurring overtime
Drill-Down to Understand

<table>
<thead>
<tr>
<th>OT Review</th>
<th>Incidental End of Shift</th>
<th>Sick Call Replacement</th>
<th>Planned Call Back</th>
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<tr>
<td>Mon</td>
<td>6</td>
<td>24</td>
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<tr>
<td>TOTAL</td>
<td>17</td>
<td>60</td>
<td>35</td>
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<table>
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<tr>
<th>Staff</th>
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<tr>
<td>Mary</td>
<td>10</td>
</tr>
<tr>
<td>Ted</td>
<td>2</td>
</tr>
<tr>
<td>Jim</td>
<td>5</td>
</tr>
</tbody>
</table>
Strategy 4 - Align Schedule / Staffing With Volume

1. Schedule based on historical volume including highs / lows
2. Develop / utilize alternative shifts
3. Understand “minimum” staffing requirements
4. Do not schedule for “what if’s”
5. Analyze the hours ancillary departments are open for business
Strategy 5 – Develop Flexible Labor Pool

1. Utilize on-call / per-diem / part-time / float pool to fill in during periods of peak census, cover sick calls, etc.

2. Consider “in-house registry”
   - Caution! – can easily be abused if you don’t have “rules”
Strategy 6 - Monitor and Adjust Staffing “Real Time”

1. Review staffing compared to budget each shift and make changes as needed

2. Utilize shift supervisors / charge nurses to monitor and reassign workload throughout the day – ensure they know what the targets are and that they are accountable

Research has demonstrated that lower quality of care occurs as a result of both being over and under staffed
Strategy 7 – Right Staff Mix

1. Review and adjust delivery model and skill mix to most effectively and efficiently meet the needs of patients / facility
Strategy 8 – Invest in Cross-Training

1. Invest in cross-training as a “requirement” of employment
   - Easier when requirement of all staff to cross-train to at least one other area
   - You must provide education
Strategy 9 - Develop Staffing Rules

1. Develop staffing rules to ensure there is staff coverage when it is needed
   - Vacation
   - Requested days off
   - Number of staff who can be off at any one time
Strategy 10 - Eliminate Contract Labor

1. Invest in local colleges / schools to “grow your own”

2. Measure contract labor utilization and staff vacancy rate and set improvement targets – you will only improve what is important enough to measure
Strategy 11 - Benchmark

1. Benchmark with other facilities of similar size / complexity
   - Identify not only what they are doing but “how” they are doing it
   - Don’t expect a “perfect match”

2. Benchmark with yourself
Strategy 12: Invest in Work Redesign

Work redesign and process improvement are not “theoretical” but an essential component of effective staffing management

1. Invest in work redesign
   - Evaluate how work is done – look at processes
   - Remove rework / redundancy from the system
   - Utilize technology

2. Invest in clinical improvement
   - Use clinical protocols
   - Focus on prevention of complications
   - Focus on error prevention and patient safety

3. Invest in people
   - Team training
   - Performance Improvement skills
   - Reward efforts

4. Measure
   - Utilize measurement methodologies
BEST STRATEGY: Make a Plan

Start With Where You Are Now

Compare to Your Budget and Independent Productivity Targets

Calculate the Variance (Hours and $)

Identify Where and Why the Variance is Occurring

Review / Research Best Practice

Create A Plan

Celebrate Success
Productivity Tool Components

- Unit of Measure
- Service Units
- Worked Hours (Productive Hours)
- Overtime Hours
- Paid Hours
- Contract Hours
- Salary Expense
- Contract Labor Expense
- Actual vs. Budget
Productivity Desired Outputs

- Hours Worked per Unit of Service
- Worked FTE’s
- Paid FTE’s
- Overtime %
- Worked to Paid Ratio
- Salary Expense per Unit of Service
- Comparison to Budgeted Targets
- Comparison to External Benchmarking Targets
Buying Advantages and Disadvantages

• Advantages
  – Template built and ready to go
  – Units of Service and Definitions established
  – External benchmark data available
  – Staff education available
  – Multiple vendors to choose from
  – Definitions and benchmarks constantly updated

• Disadvantages
  – Up front cash outlay required with possible annual renewal fees
  – Various options and price levels to choose from
Building Advantages and Disadvantages

• Advantages
  – Template built to your need and specifications
  – No up front expenses except for the investment of time (which may be more expensive in the long run)

• Disadvantages
  – Units of Service and Definitions need to be written or located from an independent source
  – External benchmark data not easily available
  – Staff education needs to come from within or an external consulting expense incurred.
  – A viable working template needs to be created
## Unit of Service Varies by Department

- Med-Surg, ICU, SNF - Patient days
- Labor & Delivery - Deliveries
- Housekeeping, Maintenance - Square Feet
- General Accounting, IT - Net Revenue
- Clinics, Home Health - Visits
- Surgery - Minutes
- HR, Staff Education - Paid FTEs
- Radiology, PT - Procedures
Unit of Service

- **Worked Hours per unit of service** is the number that shows how well managers are match staffing to volume.

- **Paid Hours per unit of service** is the number that shows how well managers are managing “overall” staffing and productivity.
  - Some time may not be controllable (i.e. vacation hours / holiday hours, etc.)
  - Vacation / sick / holiday may not always need to be replaced.
Critical Questions

How do I compare to my budget?

How do I compare to external benchmarks?

Am I improving?
ADMITTING AND OUTPATIENT REGISTRATION
Target = 0.35 worked hours per total registration

Definition:
The Admitting and Outpatient Registration Department admits patients for hospital services. This department admits both inpatients and outpatients providing services by: assisting with filling out admission forms, scheduling admission times, accompanying patients to rooms or service areas after admission, arrangement of admission details; verifying insurance and obtaining pre-authorization of services.

Standard Unit of Measure:
The number of registrations is the unit of measure.
Count each registration conducted for outpatient, inpatient, and emergency room. When hospital registration staff conducts the registration function for clinics, count each registration as well. When clinic staff conducts clinic registrations, the count resides in the clinic productivity target.
**Date of 1st Current FY Period End:** 07/03/10  
**FYE:** 06/30/11

**Hospital/System Name:** Southwest Health Center  
**Number of days in current reporting period:** 14

**Reporting Period Ended:** 03/12/11  
**Number of days in YTD reporting period (Total reporting period):** 252

**Pay Period Number:** 18  
**Number of Periods in Fiscal Year:** 26

**LOOKUP Period (Insert Line 22 #):** 27  
**Number of Licensed Acute Beds:** 45

**State:** WI  
**VP (Last Name):** Voss

**RFO (Last Name):** Stringer  
**Annual Net Revenues (in millions):** $31

**Urban or Rural:** Rural  
**YTD Adjusted Patient Days:** 14628

**Current Period Adj Patient Days:** 693  
**Budgeted Overtime as a % of Worked Hours:** 0.97%

**Budgeted Worked to Paid Ratio:** 88.30%  
**Hosp Pharmacy Supplies Nursing Home (Y or N):** Y

**Year to Date Average Daily Census:** 8.6

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**DEPARTMENT STATS:**

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<thead>
<tr>
<th>Dept #</th>
<th>Department Stat Description</th>
<th>Pay Period Ending</th>
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<th>MONTH ENDING</th>
<th>Pay Period Ending</th>
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<td>73</td>
<td>98</td>
<td>106</td>
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**BUDGETED UNITS PER STAT:**

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**TOTAL PAID HOURS:**

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**PAYROLL $’s:**

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<td>$35,075</td>
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**CONTRACT LABOR $’s:**

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## DEMO HOSPITAL

### Pay Period: 05/18/2013 - 05/18/2013

**Hours per Stat**

<table>
<thead>
<tr>
<th>Rollup Category 1</th>
<th>Unit of Measure</th>
<th>Hrs/Stat or FTE-Actual</th>
<th>HT-Target</th>
<th>Hospital Target</th>
<th>HT-Variance</th>
<th>Hospital Variance</th>
<th>Actual</th>
<th>HT-Target</th>
<th>Hospital Target</th>
<th>HT-Variance</th>
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<tbody>
<tr>
<td>Labor and Delivery</td>
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<td>-</td>
<td>0.00</td>
<td>24.00</td>
<td>24.00</td>
<td>24.00</td>
<td>24.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>Nursing Administration</td>
<td>Worked FTEs/Net Revenue &gt;$20M</td>
<td>72.0</td>
<td>6.19</td>
<td>5.00</td>
<td>5.00</td>
<td>(1.19)</td>
<td>(1.19)</td>
<td>6.19</td>
<td>5.00</td>
<td>5.00</td>
<td>(1.19)</td>
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<tr>
<td>Outpatient Care - tx rm</td>
<td>Worked Hours/Visit</td>
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<td>2.61</td>
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<td>1.11</td>
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<tr>
<td>Intensive Care Unit</td>
<td>Worked Hours/Patient Day</td>
<td>54.0</td>
<td>17.28</td>
<td>18.00</td>
<td>18.00</td>
<td>0.72</td>
<td>0.72</td>
<td>11.66</td>
<td>12.15</td>
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<td>0.49</td>
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<tr>
<td>Special Care / Monitored Bed Unit</td>
<td>Worked Hours/Patient Day</td>
<td>128.0</td>
<td>11.20</td>
<td>18.00</td>
<td>18.00</td>
<td>6.80</td>
<td>6.80</td>
<td>17.91</td>
<td>28.80</td>
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<td>Telemetry Unit</td>
<td>Worked Hours/Patient Day</td>
<td>128.0</td>
<td>2.76</td>
<td>12.00</td>
<td>12.00</td>
<td>9.24</td>
<td>9.24</td>
<td>11.66</td>
<td>12.15</td>
<td>12.15</td>
<td>0.49</td>
</tr>
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</table>
| Pediatrics Unit | Worked Hours/Patient Day | - | 0.00 | 12.00 | 12.00 | 12.00 | 12.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00%
| OB Pre-Term/GYN & Post Partum | Worked Hours/Patient Day | 38.0 | 14.55 | 8.50 | 8.50 | (6.05) | (6.05) | 6.91 | 4.04 | 4.04 | (2.88) | (2.88) | 0.00 | 7.97 | 86.78% |
| Nursery Level II | Worked Hours/Patient Day | 29.0 | 8.70 | 8.50 | 8.50 | (0.20) | (0.20) | 3.15 | 3.08 | 3.08 | (0.07) | (0.07) | 0.00 | 3.78 | 83.53% |
| OB/Delivery/Nursery or LDRP | Worked Hours/Patient Day | 14.0 | 56.39 | 24.00 | 24.00 | (32.39) | (32.39) | 9.87 | 4.20 | 4.20 | (5.67) | (5.67) | 5.44 | 10.48 | 94.21% |
| Wound Healing Center | Worked Hours/Visit | 92.0 | 3.19 | 1.50 | 1.50 | (1.69) | (1.69) | 3.67 | 1.73 | 1.73 | (1.94) | (1.94) | 0.04 | 3.72 | 96.85% |
| Emergency Department | Worked Hours/Visit | 1,214.0 | 2.55 | 2.25 | 2.25 | (0.30) | (0.30) | 38.69 | 34.14 | 34.14 | (4.55) | (4.55) | 5.44 | 41.05 | 94.27% |
| Employee Health / Infecton Control | Worked FTE/Net Revenue | 72.0 | 1.00 | 0.90 | 1.00 | 0.00 | 0.00 | 1.00 | 0.90 | 0.90 | 0.00 | 0.00 | 0.00 | 1.00 | 100.00% |
| OB Pre-Term/GYN & Post Partum | Worked Hours/Stat | 110.0 | 10.44 | 0.00 | 8.50 | (10.44) | (10.44) | 14.35 | 0.00 | 11.69 | (14.35) | (14.35) | 1.26 | 17.04 | 84.23% |
| Medical Unit | Worked Hours/Patient Day | 196.0 | 8.99 | 8.50 | 8.50 | (0.49) | (0.49) | 22.03 | 20.83 | 20.83 | (1.21) | (1.21) | 1.12 | 24.58 | 89.65% |

**Pharmacy**

| AntiCoag Clinic | Worked Hours/Dose | 122.0 | 0.00 | 0.05 | 0.05 | 0.05 | 0.05 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00%

**Surgery**

| Surgery/Central Sterile | Worked Hours/Surgery | 6,274.0 | 0.18 | 0.10 | 0.10 | (0.08) | (0.08) | 14.18 | 7.84 | 7.84 | (6.33) | (6.33) | 0.04 | 15.59 | 90.94% |
| Central Sterile | Worked Hours/Case | 97.0 | 1.51 | 1.50 | 1.50 | (0.01) | (0.01) | 1.83 | 1.82 | 1.82 | (0.01) | (0.01) | 0.00 | 2.21 | 82.77% |
| Recovery Room | Worked Hours/Case | 94.0 | 2.53 | 1.50 | 1.50 | (1.03) | (1.03) | 2.97 | 1.76 | 1.76 | (1.21) | (1.21) | 0.00 | 3.48 | 85.28% |
| Ambulatory Surgery | Worked Hours/Case | 100.0 | 3.09 | 2.70 | 2.70 | (0.38) | (0.38) | 3.86 | 3.38 | 3.38 | (0.48) | (0.48) | 0.16 | 4.96 | 77.81% |
| G I Lab | Worked Hours/Case | 37.0 | 4.19 | 1.50 | 1.50 | (2.69) | (2.69) | 1.94 | 0.69 | 0.69 | (1.24) | (1.24) | 0.32 | 2.09 | 92.81% |
| Pain Clinic | Worked Hours/Visit | 37.0 | 2.00 | 2.70 | 2.70 | 0.70 | 0.70 | 0.93 | 1.25 | 1.25 | 0.32 | 0.32 | 0.00 | 0.93 | 100.00% |

**Therapy**

| Physical Therapy | Worked Hours/Modality | 1,727.0 | 0.72 | 0.45 | 0.45 | (0.27) | (0.27) | 15.48 | 9.71 | 9.71 | (5.76) | (5.76) | 0.00 | 30.95 | 50.00% |

**Sub-Total Therapy**

### Total

| 477.99 | 450.98 | 468.86 | 27.01 | (9.13) | 3.38% | 537.99 | 88.85% |

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**HTMS Productivity Module – Pay Period Report**
## DEMO HOSPITAL

**Productivity for Fiscal Year Ending 12/31/13**

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<tbody>
<tr>
<td><strong>Medical Unit</strong></td>
<td></td>
<td><strong>6015</strong></td>
<td><strong>7,874.50</strong></td>
<td><strong>1,873.75</strong></td>
<td><strong>2,064.50</strong></td>
</tr>
<tr>
<td>Worked Hours/Patient Day ADC &gt;15</td>
<td></td>
<td>Regular Work Hours</td>
<td>7,874.50</td>
<td>1,873.75</td>
<td>2,064.50</td>
</tr>
<tr>
<td>Overtime Work Hours</td>
<td></td>
<td>283.25</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Contract Hours</td>
<td></td>
<td>0.00</td>
<td>149.50</td>
<td>17.75</td>
<td>62.00</td>
</tr>
<tr>
<td>Total Paid Hours to Employees</td>
<td></td>
<td>8,586.00</td>
<td>2,162.50</td>
<td>2,162.25</td>
<td>2,144.00</td>
</tr>
<tr>
<td>Total Paid $$'s for Period</td>
<td></td>
<td>$204,907.91</td>
<td>$53,926.00</td>
<td>$50,880.72</td>
<td>$50,132.03</td>
</tr>
<tr>
<td>Average Hourly Wage</td>
<td></td>
<td>$23.87</td>
<td>$24.94</td>
<td>$23.53</td>
<td>$23.38</td>
</tr>
<tr>
<td>Productivity Units</td>
<td></td>
<td>911.00</td>
<td>242.00</td>
<td>233.00</td>
<td>205.00</td>
</tr>
<tr>
<td>Average Units / Day</td>
<td></td>
<td>16.27</td>
<td>17.29</td>
<td>16.64</td>
<td>14.64</td>
</tr>
<tr>
<td>Worked Hours/Unit</td>
<td></td>
<td>8.95</td>
<td>8.36</td>
<td>8.94</td>
<td>9.86</td>
</tr>
<tr>
<td>Hospital Target Worked Hours/ Unit</td>
<td></td>
<td>8.50</td>
<td>8.50</td>
<td>8.50</td>
<td>8.50</td>
</tr>
<tr>
<td>Hours Over/Under Target for PP</td>
<td></td>
<td>414.25</td>
<td>(33.75)</td>
<td>101.75</td>
<td>279.50</td>
</tr>
<tr>
<td>Labor Costs Over/Under Target</td>
<td></td>
<td>$9,663.47</td>
<td>($841.62)</td>
<td>$2,394.32</td>
<td>$6,535.40</td>
</tr>
</tbody>
</table>

### Bar Chart: Labor Costs Over/Under Target

**Period #**

<table>
<thead>
<tr>
<th>Period</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>2000</td>
</tr>
<tr>
<td>3</td>
<td>4000</td>
</tr>
<tr>
<td>4</td>
<td>6000</td>
</tr>
<tr>
<td>5</td>
<td>8000</td>
</tr>
</tbody>
</table>

---

**HTMS Productivity Module – Department Report**
Non-Salary Expense Control

- Supplies
- Purchased Services
- Physician Fees
- Repairs & Maintenance
- Utilities
- Insurance
- All Other Operating Expenses
- Capital Costs
Supply Expense

• Excluding salaries and benefits usually the next highest expense line item
• GPO Participation – MedAssets, Premier, Amerinet, Etc.
• Supply standardization policy
• Benchmarking supply cost
  – Facility wide
  – By department
  – By procedure
Purchased Services

• Evaluate annually for continued need
• Periodic cost benefit analysis on high cost items
• Periodic RFP’s on high cost items
• Do not allow contracts to just roll over
• Explore collaborative arrangements with other providers
Other Operating Expenses

• Physician Fees – Not much opportunity
• Repairs & Maintenance – Depends on age of plant
• Utilities – opportunities but usually small
• Insurance – shop around
• All other expenses – a number of small items if you are willing to put in the time
Capital Expenses

• If you belong to a GPO – use them!!!
• Get competitive bids
• Don’t just look at price
  – Add-ons
  – Warranties/Extended Warranties
  – Ongoing service costs
  – Customer service responsiveness
  – Physician preference – sometimes overrated
• Continually evaluate the market for potential interest savings on current debt
Performance Improvement Plans

• Developing

• Implementing

• Monitoring
Performance Improvement Plan

Components

• Goal statement
• Detailed listing of expense savings and revenue enhancements
• Designated responsible party for completion
• Implementation Date
• Current fiscal year impact to bottom line
• Annualized bottom line impact
• Status update/comment section
Performance Improvement Plan

Implementation

• Be realistic in setting a goal.
• Be even more realistic in the setting of objectives
• Get input from every employee on potential objectives
• You need visible buy in from everyone; from the CEO to the lowest paid employee
• Make sure the entire organization is involved
Performance Improvement Plan

Monitoring

• Hold the responsible parties, responsible
• Monitor progress weekly, bi-weekly or no less than monthly
• Keep the entire organization aware of the progress made and the efforts still needed
• Acknowledge minor milestones and celebrate the larger ones
## Sample Recovery Action Plan (RAP)

Our goal: identify and realize opportunities to increase revenues and reduce expenses. The overall goal is to identify $2.5 million. Our team approach involves managers, staff and physicians. We are all stakeholders, personally and professionally vested in keeping our hospital financially viable, so we may continue providing quality services and maintaining advanced technology on behalf of the people we serve. Our immediate objective is to meet or exceed our budgeted operating margin by the end of Fiscal Year 2013. In doing so we will create efficiencies moving forward.

<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>RESPONSIBLE PARTY</th>
<th>EFFECTIVE DATE</th>
<th>2013 CHANGE TO NET INCOME</th>
<th>ANNUALIZED CHANGE TO NET INCOME</th>
<th>STATUS/COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Association IMPACT REPORT - items not included elsewhere</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOPS reduction</td>
<td>CFO</td>
<td>01/01/13</td>
<td>$(1,215,000)</td>
<td>$(1,215,000)</td>
<td>fiscal cliff-total not budgeted $2.5M</td>
</tr>
<tr>
<td>ACA inpatient hospital</td>
<td>CFO</td>
<td>01/01/13</td>
<td>$(80,000)</td>
<td>$(80,000)</td>
<td>fiscal cliff-total not budgeted $2.5M</td>
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<tr>
<td>ACA outpatient hospital</td>
<td>CFO</td>
<td>01/01/13</td>
<td>$(56,000)</td>
<td>$(56,000)</td>
<td>fiscal cliff-total not budgeted $2.5M</td>
</tr>
<tr>
<td>Physician Meaningful Use</td>
<td>CIO</td>
<td>04/01/13</td>
<td>$120,250</td>
<td>$120,250</td>
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<tr>
<td>Convert Off Site ER to Urgent Care</td>
<td>Project Team</td>
<td>04/01/13</td>
<td>$686,867</td>
<td>$915,823</td>
<td>Presented to Board 2/28</td>
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<tr>
<td>Shift Renal Dialysis from off site to on site - Add 2 Stations on site</td>
<td>Project Team</td>
<td>04/01/13</td>
<td>$91,000</td>
<td>$121,333</td>
<td>Presented to Board 2/28</td>
</tr>
<tr>
<td>Endoscopies on 2 Saturdays per Month</td>
<td>Project Team</td>
<td>04/13/13</td>
<td>$166,647</td>
<td>$281,419</td>
<td>Presented to Board 2/28</td>
</tr>
<tr>
<td>Clinics Conversion to FQHC - totals included in items below</td>
<td>Project Team</td>
<td></td>
<td></td>
<td></td>
<td>Presented to Board 2/28</td>
</tr>
<tr>
<td>Procedures split billing beginning 9/1/12</td>
<td>Patient Account Manager</td>
<td>01/01/13</td>
<td>$108,789</td>
<td>$108,789</td>
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</tr>
<tr>
<td>Facility E&amp;M (other than MCR) 2013</td>
<td>Patient Account Manager</td>
<td>01/01/13</td>
<td>$228,193</td>
<td>$228,193</td>
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<tr>
<td>Medicaid increase to pro fee 2013-2014</td>
<td>Patient Account Manager</td>
<td>01/01/13</td>
<td>$56,027</td>
<td>$56,027</td>
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<tr>
<td>Transitional Care code reimbursement</td>
<td>Patient Account Manager</td>
<td>01/01/13</td>
<td>$46,035</td>
<td>$46,035</td>
<td></td>
</tr>
</tbody>
</table>
QUESTIONS
THOUGHTS
GREAT IDEAS
Contact Data

Kevin T. Stringer – Assistant Vice President
HealthTech Management Services

kevin.stringer@ht-llc.com