



**Deficit Recovery Plan  
Implementation Plan Dashboard**

	LEAD	STATUS	UPDATE/ ISSUES	Estimated Operating Savings 09-10 (\$000s)	Estimated Operating Savings 10-11 (\$000s)	Estimated Operating Savings 11-12 (\$000s)	Net impact on the 10-11 Budget (\$ 000s)	Capital	Severance	FTE Impact	Bed Impact
<b>A MEDICAL AND CLINICAL STRUCTURE</b>											
<b>1 Implement new medical staff structure</b>	David M.	Complete			-90	-120					
<b>B CLINICAL EFFICIENCIES (BED CLOSURES) WITHIN MAHC</b>											
<b>1 More timely discharge of inpatients</b>											
i. Reduce average length of stay (LOS) (excluding Emergency Department)	David M.	<input checked="" type="checkbox"/>	Decision Support working with clinical leaders to analyze internal data to identify areas where changes can be made to help drive efficiency.			349			215	23.1	3.3
<b>C CLINICAL EFFICIENCIES (BED CLOSURES) REQUIRING SYSTEM SOLUTIONS</b>	David M.										
<b>1 More timely transfer of Alternate Level of Care (ALC) patients</b>	Bev Mc.	<input checked="" type="checkbox"/>	Home First Program in planning stage. Additional discussions underway with CCAC.			1,155			712		10
i. Work with community partners and the LHIN to facilitate earlier discharge to more appropriate care setting			Lean methodology in Emergency Department aid in focussing on discharge processes for ALC population Quality Improvement Plan includes ALC metrics MRP Collaborative to focus on initiatives to enable achievement of Quality Improvement Plan initiatives. Wound Care and falls Prevention initiatives underway								
<b>2 More timely transfer of orthopaedic and mental health patients</b>	David M.					400			246		
i. Orthopaedic Transfers: Work with Royal Victoria Hospital and the LHIN to facilitate		<input checked="" type="checkbox"/>	MAHC participating on regional Bone and Joint Committee to develop common clinical pathways and impact flow.								0.3
ii. Mental Health Transfers: Work with Schedule 1 Mental Health Facilities to facilitate more timely transfer	David M.	<input checked="" type="checkbox"/>	MAHC continues to advocate and support the siting and sizing of mental health beds in a medical model								2.6
<b>D OPERATIONAL EFFICIENCIES - PATIENT SERVICES</b>											
<b>1 Closure of Burk's Falls Acute Care Beds (7) &amp; Urgent Care Centre</b>	Harold F.	Complete		640	1807	1807			357	18.4	7
<b>2 Reduction of Outpatient Rehab</b>	Harold F.	Complete			100	100			18	1	
<b>3 Closure of Gravenhurst Diagnostic Imaging Clinic</b>	Harold F.	Complete	Accounting error only to correct expense side of budget. Savings at \$36K for 1011.		36	36	-20			0.2	
<b>E OPERATIONAL EFFICIENCIES - CLINICAL SERVICES</b>											
<b>1 Reduction in Nursing Coordinators - redefinition of role</b>	Bev Mc.	Complete		40	257	257	0			2.5	
<b>2 Food &amp; Nutrition Services</b>							0				
i. Reduce inpatient clinical dietetic coverage by one day per week at both sites and outpatient coverage by one day per week at Huntsville	Harold F.	Complete		27	36	36				0.6	
ii. Reduction of patient food costs through menu changes	Harold F.	Complete			85	85					
iii. Dietetics Software Program standardization and possible change	Harold F.	Complete			3	3					
<b>3 Changes in Surgical Services</b>										0.13	
i. Optimizing OR Performance: Staggered nursing schedule	Bev Mc.	Complete		3	3	3	3				
ii. Optimizing OR Performance: Assessment of opportunities, gaps, and program	Bev Mc.	Complete	Workplan complete. Decision support report recommends acquisition of Anzer surgical program module in early 2011. To be incorporated into 2011-12 budget	0	0						
iii. Optimizing OR Performance: Endoscopy staffing change	Bev Mc.	Complete		4.1	4.1	4.1					
iv. Ophthalmological Surgical Services Consolidation	Bev Mc.	Complete	Review complete and recommended that given the lack of identified benefits at this time, ophthalmology to continue to be offered at the two sites.		29	29	29				
v. OR Seasonal Schedule	Bev Mc.	Complete	A total annualized savings of \$74,250 will be realized in 2011 - 12. <input checked="" type="checkbox"/> Due to timing delay, only 10 days of savings will be realized for 2010-11 at a total of ~\$41,250.		80	80	33				
vi. Anaesthesia Agreement	Barry M.	Complete	Agreement to develop new MOU document.	0	0	0					
<b>4 Changes in Emergency Services</b>							0				
i. Reduction in replacement & overtime, will not replace fist vacant shift on days and evenings	Bev Mc.	<input checked="" type="checkbox"/>	HIO consulting has worked with MAHC on the PIP project in the ED and MAHC has been very successful. COS has aligned the MRP collaborative with improving discharge planning to promote earlier and complete discharges and hopefully reduce readmissions as a result. We continue to reduce OT and sick time replacement in the ED	17	49.6	49.6					
ii. Standardize practice and reduce admission rates at both sites	Bev Mc.	<input checked="" type="checkbox"/>									
iii. Reduce Staffing 11.25 hours per day, nine months per year	Bev Mc.	<input checked="" type="checkbox"/>			171	187.4					
iv. Reduce Summer Clerk Hours	Bev Mc.	Complete			28.4	28.4					
<b>5 Additional Dialysis station</b>	Bev Mc.	<input checked="" type="checkbox"/>	Support from LHIN and Ontario Renal Network to move forward with the 6 station model and renovations for water system upgrade. MAHC is waiting for final approval from the MOHLTC to go ahead with the renovations		31	61	0	150			
<b>6 Decrease in Diagnostic Imaging (DI) Staffing</b>	Harold F.	Complete			73	98	0			0.5	
<b>7 Increase in Diagnostic Imaging (DI) Revenues</b>	Harold F.	Complete		71	71	100	0				
<b>8 Introduction of Point of Care Testing (POCT)</b>	Harold F.	Complete			54	108	54	133		2	



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<b>F OPERATIONAL EFFICIENCIES - CORPORATE SUPPORTS</b>											
<b>1 Reduction in Housekeeping Staff</b>											
i. New protocols implemented to enable change in cleaning frequencies and changes to linen distribution	Harold F.	Complete	\$74K in 1112 removed, additional resources required for infection control purposes.		62	0	0			1.52	
<b>2 Streamlined operations in ES</b>											
i. Plant maintenance scheduling changes to eliminate scheduled weekend call backs	Harold F.	Complete			69	81	0				
ii. Preventative maintenance program	Harold F.	Complete									
<b>3 Consolidated Switchboard</b>											
i. Working with Bell Canada to implement equipment and connectivity.	Brian T.	Complete	Successful implementation September 7, 2010			72	78	3		1	
<b>4 Change in cafeteria strategy - replacement of service with enhanced vending</b>											
	Harold F.	Complete	Upon further investigation 2010-11 budgeting errors were discovered and have impacted net savings for current fiscal year.		65	130	166.5		170	4	
<b>5 Replacement of Chiller at the HDMH Site</b>											
	Harold F.	Complete			35	35	0				
<b>G GOVERNANCE</b>											
<b>1 Review of key performance indicators</b>											
	Board	Complete	Quality Framework complete, to be approved by Board December 9, 2010. Quality Improvement Plan presented to Board February 2011 - final revisions underway.	0	0	0					
<b>2 Review of governance practices</b>											
	Board	Complete	Governance review complete, Board to review at special meeting in January 2011	0	0	0					
<b>H ORGANIZATIONAL STRUCTURE</b>											
<b>1 Exploration of Outsourcing options</b>											
	Board	Complete	Trillium Health Centre has concluded that they do not wish to enter into a contract for management of MAHC. Recruitment of CEO and CFO underway	0	0	0					
<b>2 Pharmacy Service</b>											
	Harold F.	Complete	Cheryl Dakin, Integrated Director Pharmacy Services was appointed and began working with MAHC November 1, 2010.	0	0	0					
<b>3 Investment in Finance Systems</b>											
	Tim S.	<input checked="" type="checkbox"/>	Payroll consolidation project approved; opportunity to receive new software, project to be implemented by July 2011.	0	0	40					
<b>I INVESTMENT IN INFORMATION TECHNOLOGY INFRASTRUCTURE</b>											
<b>1 Strategic and Priority Information Management/Technology Plan</b>											
	Brian T.	Complete						400			
<b>Total</b>				802.1	3131.1	5220.5	297.5	686	1718	54.95	23.2
<b>PROJECTED DEFICIT (inclusive of DRP initiatives)</b>					(4200)	(1500)	(4468.5)				
<b>J ADDITIONAL INITIATIVES NOT INCLUDED IN DEFICIT RECOVERY PLAN</b>											
<b>1 Management Structure reorganization</b>											
	Barry M	Complete	Reduction of 2 management positions achieved with a re-organization of portfolios.		200	200				2	
<b>2 Overtime Initiative</b>											
	Karen B.	Complete	Comprehensive review of overtime conducted, implementation of resource teams to aid in reduction		250	TBD					
<b>3 Relationship Change with Fairvern Nursing Home</b>											
	Barry M	Complete	Some MAHC services to be extended to March 31, 2011. Discussions continue.	0	0	0					
<b>4 Request for Additional Base Funding through NSM LHIN to Ministry</b>											
	Board/ Barry M	<input checked="" type="checkbox"/>	Request submitted for addition \$4.5 M for 2010/11 and \$1.5 M for 2011/12. MOHLTC approved \$4.5 M for 2010/11.	0	4500	1500	4500				