

The Art of Financial Management



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

Inga Rannard, CPA, CGA

Financial Planning Lead, St Boniface Hospital

Tom Peemoeller, CPA, CGA

Financial Planning Manager, Acute

Winnipeg Regional Health Authority

Learning Objectives

- Understand at a high level, the organizational administrative structure, financial support structure and funding process
- Understand the components of a budget
- The basics of financial management
- Forecasts & projections
- Introduction to reports & SAP tools

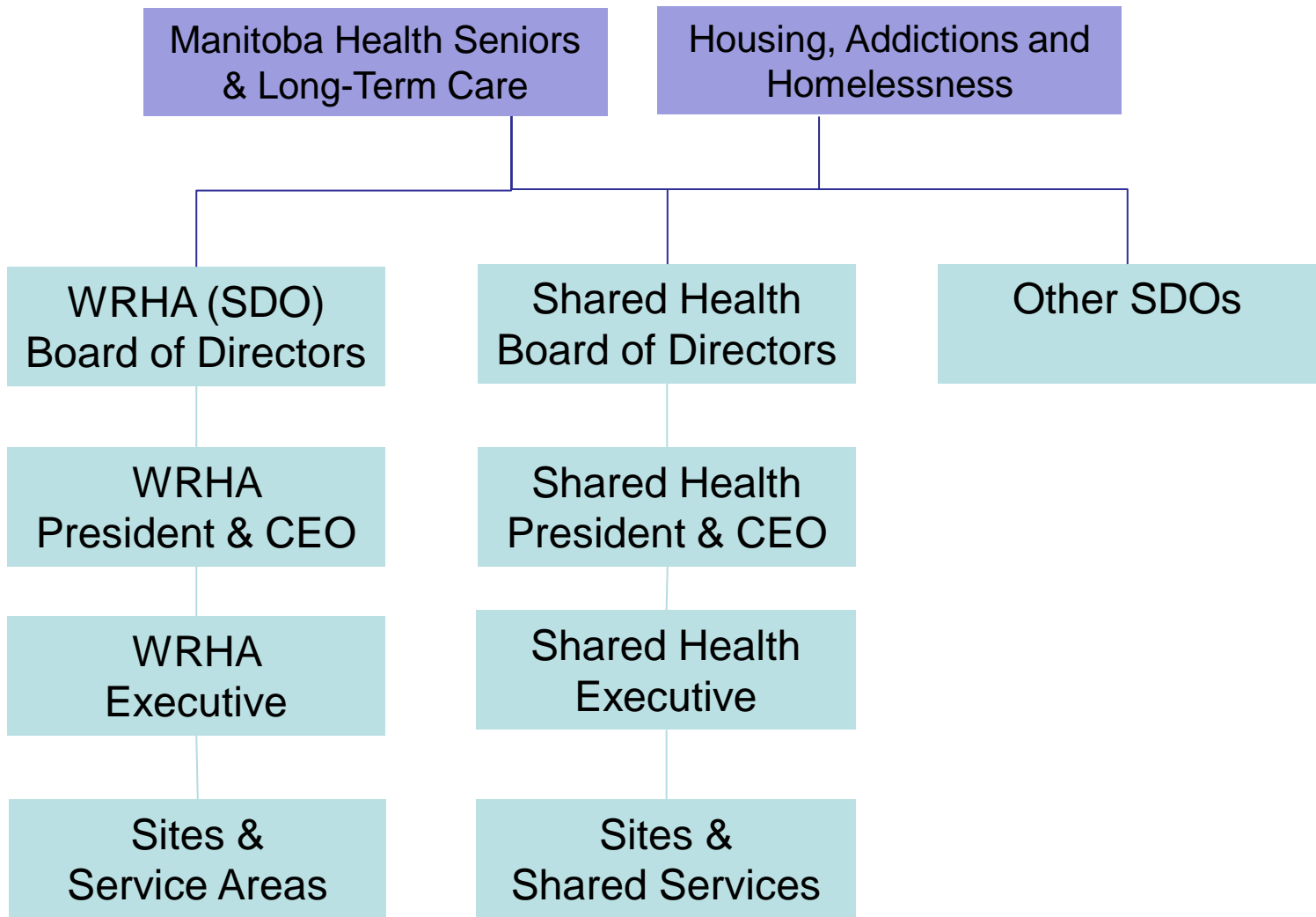


Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

Overview

How Finance Supports Our Operations

Accountability Hierarchy



Financial Roles & Responsibilities

- **Senior Executive and Leadership Table** includes Executive Leadership members from the WRHA and from each site and service area within the WRHA.
- **Sites & Service Areas:** Provide services within available resources

Financial Roles & Responsibilities

- WRHA Finance is led by the **Chief Financial Officer (CFO)**. Responsibilities of the CFO include:
 - Financial Accounting and Reporting
 - Monthly cost centre reports, dashboard reports
 - Financial Planning
 - Develops budgets, prepares forecasts and variance analysis
 - Performance & Business Planning
 - Business case, project mgmt, performance improvement
 - Reporting to Board and executive leadership about financial position of the organization

Overview of Financial Support for Sites & Service Areas

- Each site/sector has its own Financial Planning resources – providing analytical support for the site
- Certain financial services are provided centrally
- All of these individuals work closely together to support front line Managers, Directors and site and Regional Executive

Key Financial Projects Right Now

- Simplifying financial reporting so information is easily accessible and relevant to all Managers
- Rebuilding budgets so that they accurately reflect the resources that each cost centre needs to do their work – this includes staffing (direct & indirect) and supplies (direct and indirect)
- Supporting work related to Sustainability
- Promoting financial management culture & staff development
- Streamlining the forecast process & enhance monthly variance explanation process



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

Overview

Funding

WRHA Funding

- Currently WRHA's combined annual baseline funding from MB Health Seniors & Long-Term Care and Housing, Addictions & Homelessness is approximately \$2.2 billion.
- Funding recipients include all acute care facilities and services, corporate & regional programs, community health services, personal care homes, grant-funded agencies and medical remuneration.

WRHA Funding

- Four streams of funding provided to WRHA:
 - **Baseline Operating:** Replenished annually except for one-time funding or for any transfers out of our SDO
 - **Capital Operating:** Operating costs associated with newly completed capital projects
 - This funding later becomes Baseline Operating once normalized operating costs are established.
 - **Medical Remuneration:** Funding for salaried and contract physicians, Clinical & Physician Assistants.
 - **Capital:** Funding for construction and equipment
- Funds are not interchangeable between these streams



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

Overview

Budget Development

Definition of Budget

- A **Budget** is a financial plan for allocating our resources (human, supplies, equipment etc.) for a specific period of time. We budget at the Cost Centre level and our budgets cover a fiscal year (April 1 – March 31st).
- We use two kinds of budgets: **operating** (everyday expenses like salaries and supplies) and **capital** (equipment or construction over \$2,000 with a useful life > 1yr)

Budget Redevelopment Project

- The work to standardize wage budgets based on standard models of care for nursing inpatient units was done as part of the Clinical Consolidation process. There was also work done to centralize services like surgery, mental health, sub-acute and orthopedics to a smaller number of sites instead of all sites providing all types of services.
- Future plans include working on the supplies budgets for nursing inpatient units and tackling other areas of service (e.g. Emergency departments, Renal services, non clinical areas etc.).

Budget Development Assumptions

The following are considered as part of budget redevelopment:

- Level and type of activity
- Whether this is a one-time activity or ongoing activity
- Hours of operation for the activity
- Space availability and requirements
- Direct Staffing mix (e.g. 3 RNs, 1 HCA), and staffing ratios (e.g. 1 RN to 5 inpatients), Hours Per Patient Day (HPPD)
- Direct supply costs (med/surgical, drugs, laundry, office supplies, etc.)
- Indirect staffing and supplies (e.g. housekeeping, health records, security etc.)

Development of Operating Budgets: Understanding Non-Salary Costs

What costs are charged to your cost centre:

- Items delivered from the site warehouse
 - Medical and surgical supplies, lab or pharmacy items
- Reusable items delivered to the unit
 - Laundry and Linen
- Purchased services – agency staff
- Miscellaneous administrative costs
 - Office supplies / cell phone costs
- Staff travel and development
- Patient travel
- Small equipment and repairs

Development of Operating Budgets: Costs Charged to Other Cost Centres

There are also costs which are incurred related to activities of your unit/area/department, but do not get charged to your cost centre:

Clinical:

- Diagnostic imaging & services
- Allied health (Pharmacy, OT, PT, SLP, Respiratory, etc)
- Medical Remuneration

Non-Clinical:

- Housekeeping, maintenance & facility management
- Patient Food
- Security
- Health information services

Development of Operating Budgets: Understanding Salary Costs

- An FTE (Full Time Equivalent) represents the number of hours worked by a full-time employee in one year
- Annual hours for positions are specified through collective agreements
- For example, the annual hours for a 1.0 FTE hospital nurse are 2015, calculated as follows:

**7.75 hours per day x 5 days per week x 52 weeks per year =
2,015 hours**

- Within WRHA there are positions based on:
 - 2,080 annual hours (8 hours per day) – PCH, Home Care**
 - 2,015 annual hours (7.75 hours per day) – Nursing, HCA (Acute)**
 - 1,950 annual hours (7.5 hours per day) – Admin Clerks**
 - 1,885 annual hours (7.25 hours per day) – Community**

Exercise:

How much does it cost?

- A new inpatient unit requires 5 full-time nurses per shift.
- There are 3 shifts per day.
- The unit operates 7 days per week

**What do you think it will cost for the 5 nurses in the new unit?
How many FTEs do you think that will be?**

(Hint: look at slide 18 to determine which hours per day to use in your calculation)

- **Baseline Staffing** is the number of FTEs required to provide a specified service based on an established/standard model of care.
- For inpatient units, Hours per Patient Day (HPPD) standards are set regionally based on national benchmarks and these standards would require a baseline nurse staffing budget of 21.0 FTEs:

Hours per nursing shift	7.75
Nurses per shift	5
Shifts per day	3
Days per week	7
Weeks per year	<u>52</u>
7.75 x 5 x 3 x 7 x 52 weeks = annual baseline hours:	<u>42,315</u>
42,315 annual hours divided by 2,015 hours (1.0 FTE):	21.0 FTEs

FTE Cheat Sheet

When you are trying to figure out HOW MANY FTEs does it translate to if I want to add service/personnel – use the following as a guide:

Shift Type	Calculation	Baseline FTEs
<i>One standard shift per week</i>	$7.75 \times 1 \times 1 \times 1 \times 52 / 2015$	0.2 FTEs
<i>5 days a week, one shift/day</i>	$7.75 \times 1 \times 1 \times 5 \times 52 / 2015$	1.0 FTEs
<i>7 days a week, one shift/day</i>	$7.75 \times 1 \times 1 \times 7 \times 52 / 2015$	1.4 FTEs
<i>24 hours per day, 7 days per week</i>	$7.75 \times 1 \times 3 \times 7 \times 52 / 2015$	4.2 FTEs

Based on:

$[(\# \text{ of hrs per shift}) \times (\# \text{ of nurses per shift}) \times (\# \text{ of shifts per day}) \times (\# \text{ of days per week}) \times (\# \text{ of weeks per year})] \div (\text{standard annual hours for labour class})$

Other Salary Related Considerations

- Salaries are budgeted at 2nd from the top of the salary scale for any given position. Salaries often make up 80% or more of your budget
- And if you thought your salary dollars were it.....well...
 - **Relief** – If employees will be replaced/relieved when absent (sick, vacation etc.), then we need to build in budget for relief costs
 - **Premiums** – If schedules/rotations require employees to work evenings, nights, weekends, overtime and/or statutory holidays, we must build in shift premium costs
 - **Benefits** – We also need to build in the cost of benefits (such as pension, dental, life insurance, CPP, EI, WCB etc.) Costs are often shared with employees, but our share is budgeted at 15.85 % of salaries
 - **The Health and Post Secondary Education Levy** – (also known as the Payroll Tax or H&E Levy). This is a provincial tax and is another 2.15% of salaries
 - **Other** – Some staff get “academic allowances” (extra funding for their educational accomplishments) and “responsibility pay”

What is Relief?

- Relief is the cost to replace baseline staff when they are on a paid absence
- Assumptions may vary, but it is often assumed that a full-time employee will need to be replaced 49 days/year (or about 18.8% of the time)

Vacation	22 days
Sick	7 days
Statutory Holidays	13 days
General (e.g. education, orientation)	7 days
	49 days
7.75 hours x 49 days = 380 hours or 0.188 (18.8%) FTE	

- That really adds up: a baseline staffing that requires 21.0 FTE of nurses will also require a relief budget equal to 4.0 FTEs (21 FTEs x 18.8% = 4.0 FTEs)

What are Premiums?

- A premium is additional compensation paid to staff based on specific criteria. Premiums are usually negotiated in collective agreements and include:

Premium Type	Nursing / Facility Support
Evening	\$2.00 per hour
Night	\$3.50 per hour
Weekend	\$2.00 per hour
Responsibility Pay	\$1.00 per hour
Statutory Holiday	50% of hourly rate
Overtime	100% / 150% of hourly rate

Premium budget is primarily calculated based on the scheduling of the baseline FTE.

Total Salary Costs - How it all comes together

- Your Financial Analyst will enter all the staffing/scheduling/rotation assumptions into a spreadsheet (see below) that does all the calculations and determines your final FTE and salary budget. Just like magic.

Schedule II
Winnipeg Regional Health Authority
EXPANDED OR NEW PROGRAM
Detailed Non-Medical Salary Cost Projections

Unit -
Site -

Program -

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V						
Labour Union Wage Annual Baseline Baseline Vacatio Sick Stat. General Total	ion Affiliatio Effective Hours EFT Staffing Relief Relief Relief Relief Relief	n Effective Hours EFT Staffing Relief Relief Relief Relief Relief	Effective Hours EFT Staffing Relief Relief Relief Relief Relief	Effective Hours EFT Staffing Relief Relief Relief Relief Relief	Effective Hours EFT Staffing Relief Relief Relief Relief Relief	C+D+E+F	Shift Night	Number Salary Rate	Regular Total	H*Rate I*Rate	J*Rate K*Rate	Sum= (L+U)															
Baseline Staffing	Class	Date	Hours	EFT	Staffing	Hours	Hours	Hours	Hours	Hours	EFT	EFT	Hours	Hours	Hours	of Callbacks	Per Hour	Salaries	Relief	Shift Premium	Night Premium	Stat Premium	Academ Standby	Callbac k	Day 365	Total Compensation	
DIRECT - CLINICAL																											
					0						0	0.00	0.00					0	0	0	0	0				0	0
					0						0	0.00	0.00					0	0	0	0	0				0	0
					0						0	0.00	0.00					0	0	0	0	0				0	0
TOTAL DIRECT* Benefits @ 15.85%																											
H & E Levy @ 2.15%																											
TOTAL - DIRECT - CLINICAL																											
INDIRECT - CLINICAL																											
					0						0	0.00	0.00					0	0	0	0	0				0	0
					0						0	0.00	0.00					0	0	0	0	0				0	0
					0						0	0.00	0.00					0	0	0	0	0				0	0
					0						0	0.00	0.00					0	0	0	0	0				0	0
					0						0	0.00	0.00					0	0	0	0	0				0	0
					0						0	0.00	0.00					0	0	0	0	0				0	0
TOTAL INDIRECT* Benefits @ 15.85%																											
H & E Levy @ 2.15%																											
TOTAL INDIRECT - CLINICAL																											
INDIRECT - SUPPORT SERVICES																											
					0						0	0.00	0.00					0	0	0	0	0				0	0
					0						0	0.00	0.00					0	0	0	0	0				0	0
					0						0	0.00	0.00					0	0	0	0	0				0	0
					0						0	0.00	0.00					0	0	0	0	0				0	0
					0						0	0.00	0.00					0	0	0	0	0				0	0
					0						0	0.00	0.00					0	0	0	0	0				0	0
TOTAL INDIRECT* Benefits @ 15.85%																											
H & E Levy @ 2.15%																											
TOTAL INDIRECT - SUPPORT SERVICES																											

*Totals to Schedule 1.

How does it all add up?

Adding ONE additional nurse 24 hours per day/7 days per week:

24/7 baseline – slide 21	4.2 FTE
Baseline Wages (2 nd from top Nurse 2 - \$47.185/hr * 2015 hrs)	\$399,326
Relief Wages (18.8%) – slide 23	\$75,073
Premiums (e.g. 8.5%) – slide 24	<u>\$33,943</u>
Subtotal – employee wages	\$508,342
Benefits (15.85%)	\$80,572
H&E Levy (2.15%)	<u>\$10,929</u>
TOTAL BUDGET REQUIRED – ONE NURSE 24/7!	\$599,843



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

Budget Development

How Do We Keep Track of the Budget for Salaries?

Position Control Summaries

- Every position in WRHA has a unique I.D. number (in SAP); it will be helpful for you to have a position-by-position summary of your cost centre
 - Allows you to track information on all positions (i.e. vacant or filled)
 - Identifies position budget, information required for posting, and tracking the history of changes in your cost center
- Some sites may provide you with a position control summary, but you can always make your own summary with information from the ZFI_COMPENSATION_DET report in SAP

Position Summary Components

Position summary formats are variable but will contain most of the following elements:

- Cost Centre # and Description
- Position # and Description
- Labour Class (SAP – Job #)
- Position FTE and Annual Base Hours
- Planned FTE
- Employee # and Name
- Budget Hourly Rate – 2nd from top of scale
- Increment Date (if any)
- Employee Base Hourly Rate
- Total Annual Budget

See Position Summary Handout



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

Budget Development

The Basics – Managing Your Budget

Routine Budget Maintenance: Finance

Before the start of a new year, Finance will

- Reinststate salary budgets (including adjustments made for approved and funded contract increases)
- Remove one-time budget provided in the previous year
- Annualize budget changes made part-way through the previous year
- Add/subtract funding as agreed to by site/program (e.g. budget reductions, or supply cost increases)

During the year, Finance will make adjustments to reflect agreed-upon changes.

Routine Budget Maintenance: Manager

Before the start of a new year, you can:

- Ask to reallocate funds from one line to another to better reflect where your expenses will be
 - NOTE: supply budgets cannot be reallocated into compensation budgets and vice versa.

You can also:

- Negotiate budget transfers between cost centres to reflect changes in activity



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

Case Studies

Examples of Budgets

Cost Centre Budget Example

Commit. Item Group	BUD 2022 ANN	BUD MAY MTD	BUD 2022 YTD
NET SURPLUS/(DEFICIT)	3,464,962	294,522	581,487
EXPENSES	3,464,962	294,522	581,487
COMPENSATION - WORKED SALARIES	2,236,269	189,842	373,708
COMPENSATION - BENEFIT SALARIES	340,016	29,166	58,908
COMPENSATION - BENEFITS	527,661	44,853	88,537
SUPPLIES - OFFICE, PRINTING, STATIONERY	3,428	291	573
SUPPLIES - HOUSEKEEPING	2,340	199	391
SUPPLIES - LINEN	9,696	824	1,620
SUPPLIES - LINEN REUSABLE - INTERDEP	51,791	4,399	8,656
SUPPLIES - MEDICAL AND SURGICAL	75,655	6,425	12,644
SUPPLIES - DRUGS	138,981	11,804	23,227
SUPPLIES - GENERAL	6,071	516	1,015
SUNDRY	67,630	5,744	11,303
EQUIPMENT EXPENSE	5,424	461	906

ANN: Annual

MTD: Month To Date

YTD: Year To Date

Cost Centre – Detailed Budget

Commit. Item Group	BUD 2022 ANN	BUD MAY MTD	BUD MAY YTD
NET SURPLUS/(DEFICIT)	3,464,962	294,522	581,487
EXPENSES	3,464,962	294,522	581,487
COMPENSATION - WORKED SALARIES	2,236,269	189,842	373,708
Regular Hours	2,183,124	185,485	364,995
Overtime Premiums	53,145	4,357	8,714
Registered Nurses	49,115	4,026	8,052
Licensed Practical Nurses	2,420	198	397
Health Care Aides	1,530	126	252
Unit Clerks	80	7	13
COMPENSATION - BENEFIT SALARIES	340,016	29,166	58,908
COMPENSATION - BENEFITS	527,661	44,853	88,537
SUPPLIES - OFFICE, PRINTING, STATIONERY	3,428	291	573
SUPPLIES - HOUSEKEEPING	2,340	199	391
541510000 Paper and Disposable Supplies	1,721	146	288
541515000 Waste Disposal Containers	353	30	59
541520000 Cleansing Agents	266	23	44
SUPPLIES - LINEN	9,696	824	1,620
SUPPLIES - LINEN REUSABLE - INTERDEP	51,791	4,399	8,656
SUPPLIES - MEDICAL AND SURGICAL	75,655	6,425	12,644
SUPPLIES - DRUGS	138,981	11,804	23,227
SUPPLIES - GENERAL	6,071	516	1,015
SUNDRY	67,630	5,744	11,303
Continuing Education	656	56	110
Travel Expense - Service Recipient	64,448	5,474	10,771
Travel Expenses - Staff	155	13	26
Interdepartmental (Telephone, printers)	2,371	201	396
EQUIPMENT EXPENSE	5,424	461	906
NET SURPLUS/(DEFICIT)	3,464,962	294,522	581,487

Break
down
of OT



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

Financial Management

What is it? How do you do it??

What Do I Really Need to Do?

- Always consider the financial implications as part of your decision-making processes
- Take ownership of your cost centre's finances and results
- Monitor and understand your financial reports
- Take corrective action when necessary to stay within your budget
- Focus on areas you can control and impact change

Financial Accountability

- Ensure expenses are properly recorded (correctly coded to the right cost centre and expense line) because:
 - Without accurate information you can't explain your financial situation or plan for future years
 - Your site's and/or program's activity and results are compared to other sites and programs within the WRHA, within Manitoba and across Canada.
 - The Canadian Institute for Health information (CIHI) defines the Management Information Systems (MIS Standards) which we use to determine the proper coding of revenues, expenses and statistics.
 - If you see something that looks wrong, contact Finance!

Financial Accountability

- Understand your cost centre's expenses and be able to explain variances – we're using public funds!
- Keep a running list of events that have an impact on the financial results of your cost centre (vacancies, heavy workload, bulk supply purchases etc.) to assist yourself with financial analysis at month-end
- Identify trends or changes in practice that may impact your expected (forecasted) results

Monthly Financial Management

- Tools to help you review and understand your financial reports:
 - Monthly cost centre reports (BREP & site supplementary reporting)
 - RCSR (Responsibility Centre Salary Report)
 - Time Validation Reports
 - Performance Portal

****Make sure to connect with your finance contact for site/program specific reports that may be available to you****

Understanding Variances to Budget

Variances can be:

- Negative (you spent more than your budget)
- Positive (you spent less than your budget)
- Price Variances (it cost you more than expected to do a certain amount of activity – perhaps because salaries or supplies increased)
- Volume Variances (more activity than budgeted)
- Explainable (you have a good reason why your actual results differ from your budgeted results)

Take the time to understand why you have a variance

7 Things to Consider if you have a Variance

1. Is your baseline budget adequate for your workload:
 - Is your budget based on an approved level of activity?
 - If so, is your baseline staffing pattern appropriate for that activity?
 - Is your salary budget sufficient to cover your baseline staffing pattern?
 - Is your supply budget appropriate for your approved (or actual) volume of activity?
2. Review all expenses to ensure there are no errors (e.g. expenses that should have been charged to another cost centre)

7 Things to Consider if you have a Variance

3. Look for seasonal variations in expenses that are not reflected in the budget (e.g. a large annual expense that only happens at the beginning or end of a year, impacts of peak holiday times, seasonal changes in work flow)
4. Check for costs associated with practice changes (e.g. new supplies, new drugs, a new kind of patient, operating expenses associated with new equipment etc.)

7 Things to Consider if you have a Variance

5. Consider unusual activity (check that running list you are keeping!) such as MRSA outbreaks, floods, unit moves etc.
6. Look for unusual staffing costs (exceptional WCB costs or sick time, all staff at top of scale, unusually high orientation costs etc.)
7. Check this year's results against last year's results ("year over year") for more clues.



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

Case Studies

Reading Financial Reports

How to read a Financial Statement

Revenue
(income – such as sales or reimbursement from another cost center)

Minus

Expenses
(salaries, supplies)

Equals

Net Surplus/ (Deficit)

12345678 – Very Busy Cost Center For the 5 Months ending August 31, 2022

	August			Year To Date			Prior Year To Date			Annual Budget
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Change	%Diff	
FINANCIAL SUMMARY										
Revenue	0	0	0	3,630	0	3,630	4,795	(1,165)	(24)	(0)
Compensation	518,244	522,469	4,224	2,616,631	2,581,439	(35,192)	2,784,103	(167,472)	(6)	6,150,753
Supplies	71,922	72,313	392	352,175	356,909	4,734	403,810	(51,635)	(13)	851,445
Sundry	74,262	26,064	(48,199)	173,058	128,312	(44,746)	212,393	(39,334)	(19)	305,754
Equipment Expense	5,735	2,790	(2,946)	8,020	13,768	5,748	10,860	(2,840)	(26)	32,844
Contracted Out Services	645	41	(605)	4,927	200	(4,727)	44,489	(39,562)	(89)	477
Buildings and Grounds Expense	0	0	0	236	0	(236)	0	236	0	0
Net Surplus / (Deficit)	(670,809)	(623,676)	(47,133)	(3,151,417)	(3,080,628)	(70,789)	(3,450,859)	299,442	(9)	(7,341,274)

How did you do this month? If you keep on top of this every month your life will be easier

April to Now is called YTD

Are we on track with last year?

Whole budget for quick reference

Financial Statements - MTD Example

Statement of Operations							Example 3
Sample Cost Centre Report							
For the 2 Months Ending May 31, 2021							
Commit. Item Group				ACT MAY MTD	BUD MAY MTD	VAR MAY MTD	BUD 2022 ANN
NET SURPLUS/(DEFICIT)				352,945	294,522	(58,424)	3,464,962
EXPENSES				352,945	294,522	(58,424)	3,464,962
			COMPENSATION - WORKED SALARIES	215,394	189,842	(25,552)	2,236,269
			COMPENSATION - BENEFIT SALARIES	24,904	29,166	4,262	340,016
			COMPENSATION - BENEFITS	52,563	44,853	(7,711)	527,661
			SUPPLIES - OFFICE, PRINTING, STATIONERY	1,071	291	(780)	3,428
			SUPPLIES - HOUSEKEEPING	560	199	(361)	2,340
			SUPPLIES - LINEN	1,887	824	(1,064)	9,696
			SUPPLIES - LINEN REUSABLE - INTERDEP	7,308	4,399	(2,909)	51,791
			SUPPLIES - MEDICAL AND SURGICAL	7,786	6,425	(1,360)	75,655
			SUPPLIES - DRUGS	26,785	11,804	(14,981)	138,981
			SUPPLIES - GENERAL		516	516	6,071
			SUNDRY	14,267	5,744	(8,523)	67,630
			EQUIPMENT EXPENSE	420	461	41	5,424

Discussion

- Look at the previous slide (47)
- What do you notice about the May month to date (MTD) actual expenses when compared to budget?
- What are some areas you may want to keep a closer eye on in the future months?

Financial Statements – MTD & YTD

Statement of Operations								Example 4
Sample Cost Centre Report								
For the 2 Months Ending May 31, 2021								
Commit. Item Group	May MTD			Prior Year ACT 2021 YTD	May YTD			Budget
	Actual	Budget	Variance		Actual	Budget	Variance	2022 Annual
NET SURPLUS/(DEFICIT)	352,945	294,522	(58,424)	624,771	633,880	581,487	(52,393)	3,464,962
EXPENSES	352,945	294,522	(58,424)	624,771	633,880	581,487	(52,393)	3,464,962
COMPENSATION - WORKED SALARIES	215,394	189,842	(25,552)	370,346	379,605	373,708	(5,897)	2,236,269
COMPENSATION - BENEFIT SALARIES	24,904	29,166	4,262	65,084	68,094	58,908	(9,186)	340,016
COMPENSATION - BENEFITS	52,563	44,853	(7,711)	99,467	107,045	88,537	(18,508)	527,661
SUPPLIES - OFFICE, PRINTING, STATIONERY	1,071	291	(780)	1,345	1,209	573	(636)	3,428
SUPPLIES - HOUSEKEEPING	560	199	(361)	890	793	391	(402)	2,340
SUPPLIES - LINEN	1,887	824	(1,064)	3,597	3,823	1,620	(2,202)	9,696
SUPPLIES - LINEN REUSABLE - INTERDEP	7,308	4,399	(2,909)	14,687	15,160	8,656	(6,505)	51,791
SUPPLIES - MEDICAL AND SURGICAL	7,786	6,425	(1,360)	15,678	14,573	12,644	(1,929)	75,655
SUPPLIES - DRUGS	26,785	11,804	(14,981)	27,654	27,663	23,227	(4,436)	138,981
SUPPLIES - GENERAL		516	516	134		1,015	1,015	6,071
SUNDRY	14,267	5,744	(8,523)	25,469	15,495	11,303	(4,193)	67,630
EQUIPMENT EXPENSE	420	461	41	420	420	906	486	5,424

Break Out Groups

- Look at the previous slide (49)
- 2 groups assigned to each of the following categories:
 - Compensation
 - Drugs
 - Sundry
- **Project out what the costs will be for your category by the end of the fiscal year.**
- **What are potential causes for the MTD and YTD variances?**

Financial Statements – Details 1

Statement of Operations								Example 5
Sample Cost Centre Report								
For the 2 Months Ending May 31, 2021								
Commit. Item Group	May MTD			Prior Year ACT 2021 YTD	May YTD			Budget 2022 Annual
	Actual	Budget	Variance		Actual	Budget	Variance	
SUPPLIES - DRUGS	26,785	11,804	(14,981)	27,654	27,663	23,227	(4,436)	138,981
546320001 Anti-Infective Agents	8,023	3,232	(4,791)	8,764	8,023	6,359	(1,664)	38,049
546330001 Autonomic Drugs	2,589	344	(2,246)	3,465	2,589	676	(1,913)	4,045
546330002 Central Nervous System Agents	1,386		(1,386)	900	1,386		(1,386)	
546340002 Electrolytic/Caloric and Water Balance	2,474	1,317	(1,157)	3,648	3,352	2,591	(760)	15,506
546340006 Vitamins	139	131	(8)	436	139	258	119	1,543
546350001 Blood Formation/Coagulation	9,222		(9,222)	7,668	9,222		(9,222)	
546350004 Cardiovascular Drugs	774		(774)	300	774		(774)	
546370002 Hormones and Synthetic Substitutes	1,799		(1,799)	1,973	1,799		(1,799)	
546390005 Miscellaneous Therapeutic Agents	381	6,781	6,399	500	381	13,343	12,961	79,838

Financial Statements – Details 2

For the 2 Months Ending May 31, 2021		May MTD			Prior Year ACT 2021 YTD	May YTD			Budget 2022 Annual
		Actual	Budget	Variance		Actual	Budget	Variance	
SUNDRY		14,267	5,744	(8,523)	25,469	15,495	11,303	(4,193)	67,630
CONTINUING EDUCATION FEES AND MATERIALS		100	56	(44)	100	100	110	10	656
	561520000 Academic Course Fees and Materials		56	56			110	110	656
	561520001 MNU Education Allowance	50		(50)	100	50		(50)	
	561540000 Conference Fees and Materials	50		(50)	-	50		(50)	
TRAVEL EXPENSE - SERVICE RECIPIENT		14,129	5,474	(8,655)	25,294	15,329	10,771	(4,558)	64,448
	562000000 Travel Expense - Service Recipient	696		(696)	734	696		(696)	
	562010001 SR Travel Local - Ambulance	236	645	409	1,236	1,436	1,268	(168)	7,590
	562010002 SR Travel Local - Stretcher	13,197	4,803	(8,394)	23,324	13,197	9,451	(3,746)	56,552
	562010003 SR Travel Local - Mileage/Taxi		26	26			51	51	306
TRAVEL EXPENSE - STAFF		10	13	4	15	10	26	16	155
	562310000 Staff Travel - Local	10	13	4	15	10	26	16	155
INTERDEPARTMENTAL SERVICE		28	201	173	60	57	396	340	2,371
	569700048 Interdepartmental- Telephone Charges		201	201			396	396	2,371
	569700052 Interdepartmental- Print Optimization Lease	28		(28)	60	57		(57)	

Analyzing Salary Variances

- Obviously depends on accurate payroll coding!
- RCSR and Time Validation reports help you:
 - Monitor staffing levels (actual hours/FTEs vs. budgeted)
 - Monitor staffing costs (actual dollars vs. budgeted)
 - Monitor different kinds of costs (worked hours, paid hours, benefit hours, relief hours)
 - Focus in by job classification
 - Look at one pay period or year to date

RCSR Report

Sample RCSR - Summary Report											
T-code: ZFIR_RSCR_SUMMARY											
For the 2 Months Ending May 31, 2021											
Period 12											
Job Code	Job Code Description	FTE			HOURS			Dollars			
		Actual FTE	Budg. FTE	Variance	Actual Hrs	Budg. Hrs	Variance	Act Dollar	BudDollars	Variance	
30003401	Licensed Practical Nurse	3.79	2.99	(0.80)	294.55	231.75	(62.80)	9,808.00	7,513.00	(2,295.00)	
30003404	Nurse 2	21.01	17.48	(3.54)	1,628.17	1,354.54	(273.63)	67,010.00	56,300.00	(10,710.00)	
30003441	Health Care Aide	11.54	12.28	0.74	893.94	951.79	57.85	17,990.00	18,290.00	300.00	
30003447	Unit Clerk	3.55	3.26	(0.29)	266.48	244.55	(21.93)	5,386.00	4,789.00	(597.00)	
30003575	Clinical Manager	1.00	1.00	-	77.50	77.50	-	4,317.00	3,812.00	(505.00)	
		40.89	37.01	(3.89)	3,160.64	2,860.13	(300.51)	104,511	90,704	(13,807)	
Year-to-date											
Job Code	Job Code Description	FTE			HOURS			Dollars			
		Actual FTE	Budg. FTE	Variance	Actual Hrs	Budg. Hrs	Variance	Act Dollar	BudDollars	Variance	
30003401	Licensed Practical Nurse	3.35	2.99	(0.36)	1,302.53	1,158.75	(143.78)	43,554.00	37,562.00	(5,992.00)	
30003404	Nurse 2	18.90	17.48	(1.42)	7,321.73	6,772.70	(549.03)	303,703.00	281,494.00	(22,209.00)	
30003441	Health Care Aide	12.22	12.38	0.16	4,738.36	4,797.55	59.19	97,079.00	91,444.00	(5,635.00)	
30003447	Unit Clerk	3.01	3.26	0.25	1,129.37	1,222.75	93.38	23,407.00	23,949.00	542.00	
30003575	Clinical Manager	0.97	1.00	0.03	374.97	387.50	12.53	20,563.00	19,058.00	(1,505.00)	
30999999	Unclassified	-	-	-	-	-	-	2,502.00	-	(2,502.00)	
		38.45	37.11	(1.34)	14,866.96	14,339.25	(527.71)	490,808	453,507	(37,301)	

Cost Centre Time Validation

Report that details hours worked within the cost centre by pay period

- By labour class & employee name
- Worked and not worked hours
- High level overtime, constant care and relief information

*** see handout for example ***

Example of Time Validation Report

St. Boniface Hospital
Cost Center Time Validation by Cost Center by Job Code by Employee
 For 2022 Pay Period 2: January 7 to January 20

12:07PM

		WORKED				NOT WORKED				Total Hours	OVERTIME/CALLBACK HOURS						On Call
		Baseline	Workload	ConCare/ Close Obs	Other	Vacation	Stat	Sick	Other		OVERTIME			CALLBACK		TOTAL OT/CB	
											Missed Breaks	<=1.5x	2.0x	Other	Worked		
10500316 Financial Planning																	
<i>Analyst-Budgets - 30004921</i>																	
John Doe	FT	62.00	-	-	-	15.50	-	-	-	77.50	-	-	-	-	-	-	-
		62.00	-	-	-	15.50	-	-	-	77.50	-	-	-	-	-	-	-
<i>Sr Analyst-Financial Systems & Reporting - 30004934</i>																	
Mary Lou	FT	69.75	-	-	-	-	-	7.75	-	77.50	-	-	-	-	-	-	-
		69.75	-	-	-	-	-	7.75	-	77.50	-	-	-	-	-	-	-
<i>Unclassified - 30999999 (Unpaid Hours Only)</i>																	
Jane Doe	FT	-	-	-	-	-	-	-	77.50	77.50	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	77.50	77.50	-	-	-	-	-	-	-
Cost Center Total		131.75	-	-	-	15.50	-	7.75	77.50	232.50	-	-	-	-	-	-	-

Legend

Baseline:	regular, all replacement, regular stat worked
Workload:	workload, escort, missed breaks, phone consults, general relief - callback
Other worked:	float hours not requested, supernumerary, away for other assignments (eg. orientation, conference, education)
Sick:	sick, family sick, medical appointments, unpaid sick,
Other Not Worked:	bereavement, union business, pre-retirement, banked OT taken, unpaid leave, unscheduled

Notes

- Asterisks (*) before an employee's name indicates a charge-in from another cost center. The employee's home cost center is also shown in parenthesis.
- Employees in group "Unclassified - 30999999" are on a leave of absence (maternity, long-term disability, WCB, education, etc.). There should only be hours in the Not Worked columns and these hours are UNPAID. If there are worked hours, these will be shaded in RED.

Overtime Hours Report

		SAMPLE SITE							
		Overtime Hours by Cost Center by Employee							
		For 2022 Pay Period 8: March 24 to April 6							
NOTE** Does not include callback									
<u>11500124 Another Inpatient Medicine Unit</u>									
		Sat Mar-25	Sun Mar-26	Tue Mar-28	Wed Mar-29	Thu Mar-30	Fri Mar-31	Total	
Health Care Aide - 30003964	MacDonald, John	-	-	7.50	-	-	-	7.50	
	Total	-	-	7.50	-	-	-	7.50	
Nurse 2 - 30003901	Bennett, RB	-	7.75	-	-	-	-	7.75	
	Clark, Joe	7.75	-	7.75	8.00	15.75	7.75	47.00	
	Pearson, Lester	-	-	-	-	-	6.75	6.75	
	Trudeau, Pierre	-	-	-	-	-	-	-	
	Total	7.75	7.75	7.75	8.00	15.75	14.50	61.50	
Total	7.75	7.75	15.25	8.00	15.75	14.50	69.00		

Constant Care Hours Report

SAMPLE SITE

Constant Care Hours by Cost Center by Employee

For 2022 Pay Period 8: March 24 to April 6

11500323 Yet another in Patient Unit

		Wed Mar-29	Thu Mar-30	Total
Health Care Aide - 30004753	Holmes, Sherlock	-	7.75	7.75
	Watson, John	7.75	-	7.75
	Total	7.75	7.75	15.50
Total		7.75	7.75	15.50



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

Performance Metrics

More than Just Money!

It's about more than just the money!

- Metrics are a set of measurements that help to describe your unit's performance and whether you are meeting your goals – financial and other goals
- Generally you want to compare your current metrics against a benchmark, a target or your previous performance
- Sometimes the trend over time is actually more important than a particular month's performance

Meaningful Metrics

You are generally pointed to the metrics which are important for your unit. Common measures include:

- Cost and Productivity indicators – e.g. HPPD, occupancy or supply cost per procedure
- Utilization – e.g. length of stay and occupancy rates, OT as a % age of worked
- Human Resource indicators – e.g. sick time and vacancy rates
- Clinical Performance – e.g. readmission rates, successful outcomes
- Patient Safety – e.g. numbers of adverse occurrences
- Patient Satisfaction – patient impressions of their care

Meaningful Metrics

- CIHI defines specific mandatory statistics that must be reported, which allow comparisons to others as well as to expectations (minimum statistical reporting)
- Sites, programs and units can collect optional statistics to help them monitor activity
- If you have specific data you think would be useful in monitoring your activities, please speak to your finance contact

Examples of statistical information available in evaluating financial results

HPPD = 5,180 wkd hrs / 1,033 days
= 5.01

= 31 days * 34 beds

= 1,033 patient days / 1,054 staffed bed days

	May	YTD	April
	Actual	Actual	Actual
STATISTICAL ACTIVITY			
MOS Worked Hours	552	1,078	526
MOS Total Hours	552	1,078	526
UPP Worked Hours	5,180	9,878	4,698
UPP Total Hours	5,180	9,878	4,698
OT Hours	161	373	212
Sick Hours	209	367	158
STATISTICAL ACTIVITY - INPATIENT			
Approved Beds	34	34	34
Staffed Beds (at period end)	34	34	34
Patient Days	1,033	2,039	1,006
Admissions	0	0	0
Deaths	4	9	5
Discharges	75	141	66
Transfers In	95	184	89
Transfers Out	16	35	19
Bed Days Staffed and In Operation	1,054	2,074	1,020
OCCUPANCY RATES			
Percent Occupancy (Beds in Operation)	98.00%	98.31%	98.63%
Average Length of Stay	10.87	11.02	

What is HPPD?

- Hours Per Patient Day
 - A measure of productivity defined as Worked Hours per Patient Day or Worked Hours per Patient Deliverable

$$\text{HPPD} = \text{Worked Hours} / \text{Deliverable}$$

(or Input / Output)

HPPD – Definitions

- Worked Hours
 - Includes all hours worked by staff that provide direct patient care
 - Regular, Constant Care, Overtime and Training Hours
 - For WRHA, included CRN, RN, LPN, and HCA (or equivalent)
- Deliverable for the Unit being Measured
 - Commonly Inpatient Unit days
 - Could be Visits, Patient Hours or Cases depending on the primary service of a unit

HPPD - What are we measuring?

- Used to monitor hospital productivity (by program and by unit)
- It indicates how well resources (staffing levels) are being adjusted to increases and decreases in demand (patient volume)
- Lower HPPD implies greater productivity – but also need to consider costs, skill mix of staff, patient acuity or case mix (type of patients)

Converting HPPD to Patient-to-Staff Ratio

- Patient-to-Staff Ratio – the number of patients on a unit to the total number of direct patient care hours

Patient-to-Staff Ratio

= (Patient Days * 24 hours/day) / Worked Hours

or

= (1 / HPPD) x 24 hours

Patient-to-Staff Ratio

- HPPD is the inverse of the Patient-to-Staff ratio
- A high Patient-to-Staff ratio (e.g. 8:1 for a Rehab unit) indicates a lower level of care (less complex patients)
- A low Patient-to-Staff ratio (e.g. 1:1 for ICU) indicates a higher level of care (more complex patients)



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

Financial Management

Forecasts and Projections

Forecasts & Projections

- A **Forecast** (Plan) is an estimate of a future year's results based on planned/approved activity and standards related to that activity.
- A Forecast is set at the beginning of the year and does not change
- **Projections** are also estimates of future results but can be changed mid-year if actual results differ from anticipated

Building a Forecast

Annual forecasts should take into account:

- Current and future volumes
- Practice changes
- Price changes (i.e. inflation)
- Changes in funding
- Resource changes
- Anything that you can think of that will have a financial impact on your year-end results

Year End Projections

- Projections are ongoing updates or fine tuning the annual forecast (plan)
- Common methods are:
 - Straight-line
 - Adjusted Method

Straight-Line Approach

$$\frac{\text{YTD Variance}}{\text{\# of months completed}} \times 12 = \text{Projected Year End}$$

- This projection assumes that your variance will accumulate at exactly the same rate for the rest of the year (doesn't address errors, one time events, or things that will change later in the year)

Straight-Line Approach Example

- Look at the next slide (75), same slide as 49
- Using the YTD information at May, calculate what your total variance projection would be at the end of the year, using straight line approach.

Financial Statements – MTD & YTD

Statement of Operations									Example 4
Sample Cost Centre Report									
For the 2 Months Ending May 31, 2021									
Commit. Item Group	May MTD			Prior Year ACT 2021 YTD	May YTD			Budget 2022 Annual	
	Actual	Budget	Variance		Actual	Budget	Variance		
NET SURPLUS/(DEFICIT)	352,945	294,522	(58,424)	624,771	633,880	581,487	(52,393)	3,464,962	
EXPENSES	352,945	294,522	(58,424)	624,771	633,880	581,487	(52,393)	3,464,962	
COMPENSATION - WORKED SALARIES	215,394	189,842	(25,552)	370,346	379,605	373,708	(5,897)	2,236,269	
COMPENSATION - BENEFIT SALARIES	24,904	29,166	4,262	65,084	68,094	58,908	(9,186)	340,016	
COMPENSATION - BENEFITS	52,563	44,853	(7,711)	99,467	107,045	88,537	(18,508)	527,661	
SUPPLIES - OFFICE, PRINTING, STATIONERY	1,071	291	(780)	1,345	1,209	573	(636)	3,428	
SUPPLIES - HOUSEKEEPING	560	199	(361)	890	793	391	(402)	2,340	
SUPPLIES - LINEN	1,887	824	(1,064)	3,597	3,823	1,620	(2,202)	9,696	
SUPPLIES - LINEN REUSABLE - INTERDEP	7,308	4,399	(2,909)	14,687	15,160	8,656	(6,505)	51,791	
SUPPLIES - MEDICAL AND SURGICAL	7,786	6,425	(1,360)	15,678	14,573	12,644	(1,929)	75,655	
SUPPLIES - DRUGS	26,785	11,804	(14,981)	27,654	27,663	23,227	(4,436)	138,981	
SUPPLIES - GENERAL		516	516	134		1,015	1,015	6,071	
SUNDRY	14,267	5,744	(8,523)	25,469	15,495	11,303	(4,193)	67,630	
EQUIPMENT EXPENSE	420	461	41	420	420	906	486	5,424	

Straight-Line Approach Example

$\frac{\text{YTD Variance}}{\text{\# of months completed}} \times 12 = \text{Projected Year End}$

$$\frac{(52,393)}{2} \times 12 = (314,358)$$

Total projection for expenses at end of year is \$314,358 deficit.

Adjusted Method

- The preferred approach - adjusts the straight-line projection for factors such as:
 - Errors in results that will be corrected
 - What has happened so far this year that won't be happening again (e.g. improved vacancy rate)
 - What hasn't happened yet, but will be coming up (e.g. flu season)
 - What changes will you be making before the year end that will impact results (e.g. rotation changes, change in practice)

Financial Statements – MTD & YTD

Statement of Operations								Example 4
Sample Cost Centre Report								
For the 2 Months Ending May 31, 2022								
Commit. Item Group	May MTD			Prior Year	May YTD			Budget
	Actual	Budget	Variance	ACT 2021 YTD	Actual	Budget	Variance	2022
								Annual
NET SURPLUS/(DEFICIT)	348,678	294,522	(54,157)	624,771	629,613	581,487	(48,126)	3,464,962
EXPENSES	348,678	294,522	(54,157)	624,771	629,613	581,487	(48,126)	3,464,962
COMPENSATION - WORKED SALARIES	215,394	189,842	(25,552)	370,346	379,605	373,708	(5,897)	2,236,269
COMPENSATION - BENEFIT SALARIES	24,904	29,166	4,262	65,084	68,094	58,908	(9,186)	340,016
COMPENSATION - BENEFITS	52,563	44,853	(7,711)	99,467	107,045	88,537	(18,508)	527,661
SUPPLIES - OFFICE, PRINTING, STATIONERY	1,071	291	(780)	1,345	1,209	573	(636)	3,428
SUPPLIES - HOUSEKEEPING	560	199	(361)	890	793	391	(402)	2,340
SUPPLIES - LINEN	1,887	824	(1,064)	3,597	3,823	1,620	(2,202)	9,696
SUPPLIES - LINEN REUSABLE - INTERDEP	7,308	4,399	(2,909)	14,687	15,160	8,656	(6,505)	51,791
SUPPLIES - MEDICAL AND SURGICAL	7,786	6,425	(1,360)	15,678	14,573	12,644	(1,929)	75,655
SUPPLIES - DRUGS	26,785	11,804	(14,981)	27,654	27,663	23,227	(4,436)	138,981
SUPPLIES - GENERAL		516	516	134		1,015	1,015	6,071
SUNDRY	10,000	5,744	(4,256)	25,469	11,228	11,303	74	67,630
EQUIPMENT EXPENSE	420	461	41	420	420	906	486	5,424

Adjusted Method Approach Example

- Information available
 - May YTD adjusted: \$48,126
 - June variance is \$20,000
 - November - expecting a \$25,000 training expense
- Using new adjusted YTD information for May (from slide 78), and other information above, calculate what your total expenses projection would be at the end of the year, using Adjusted Method Approach.

Adjusted Method Approach Example

$$\left[\frac{\text{YTD Variance}}{\text{\# of months completed}} \times 12 \right] + \text{Adjustments} = \text{Projected Year End}$$

$$\left[\frac{(48,126) + (20,000)}{3} \times 12 \right] + \$(25,000) = (297,504)$$

Total projected deficit at end of year is \$(297,504) deficit.

Tips for Forecasts and Projections

- Understand your budget
- Know your cost drivers
- Be aware of significant variances in your cost centres
- Look at historical trends
- Forecast and projections are not always deficits, they can be surpluses
- Resist the temptation to forecast or project worst case scenarios



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

Capital Equipment

Capital

Capital Funding

Major Capital:

- Major building construction projects require capital to fund construction costs and start-up equipment
- Submission requests are typically through RHP or Briefing Note, and are reviewed, approved, and prioritized regionally prior to submission to MB Health

Basic, Medical, Safety & Security, One-Time Specific Equipment:

- Annual Capital funding for purchase and replacement of furniture & equipment
- Funding provided by MB Health to WRHA Sites and Services Areas

How do we budget for equipment and renovations?

Criteria	Source of Funds
Equipment and furnishings under \$2,000, installation costs, moving expenses, training, minor renovations, etc.	Your operating budget
Equipment and furnishings, including installation costs, over \$2,000 – Basic	Annual capital allocation to sites and services areas
Equipment => \$10,000 including installation costs - Medical	Annual request and prioritization for capital funding
Construction/renovations (and all associated capital planning processes).	Work with Shared Health Capital Planning, your site, & your service area. Usually involves AOP or Briefing Note

Capital Equipment Planning – the details:

Basic Equipment (> \$2K, and < \$10K)

- Equipment for clinical, support & administrative functions
- Allocated by Programs and by Sites
- Programs/sites solicit prioritized needs from managers in late fall
- **Resources are limited!** Make sure justifications are evidence-based, include updated quotes, changes in volumes, acuity or practice, and any other information to help make your case (eg: repair costs/equipment down-time, potential cost-savings, etc.)

Examples: beds/mattresses, surgical instruments, wheelchairs, bathtubs, blood bank/pharm fridges, defibrillators, lifts, monitors, power drills/tools, infusion pumps, ventilators, stretchers, office furniture, etc.

Capital Equipment Planning – the details:

Medical Equipment (=>\$10K)

- Equipment that exceeds basic requirements, is typically considered ‘high tech’, and is associated with a provincial program or has system-wide implications
- Specialized needs are prioritized provincially annually by Shared Health with input from all SDOs in January/February for submission to MB Health
- SDOs solicit a prioritized lists from sites and service areas for submission
- Comprehensive Medical Equipment templates must be completed in their entirety, must be evidence-based, and include updated quotes, statistics, anticipated savings/efficiencies, etc.

Examples include: ultrasounds, monitors, gamma cameras, analyzers, colonoscopies, laryngoscopes, gastroscopes, packagers, bladder scanners, compounding hoods, etc.

Capital Equipment Planning – the details:

Other (Medical Emergent, One-Time Specific, Safety & Security, Major Capital Projects)

- Requests are submitted through various processes (RHP, Briefing Notes, Programs, or Capital Planning)
- One-Time Specific Equipment examples: often regional initiatives such as IV Pump replacement, bed replacement, bariatric equipment, etc.

Examples include: St. Boniface Emergency Department Redevelopment, Women's Hospital, Crisis Response Centre, Diagnostic Imaging Building, Community Access Centres



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

Financial Management

SAP

SAP

- Sustainable, secure business environment
- Central database shared by all business areas, which means sharing the same information at the same time
- One record of truth
- Real-time
- Flexible product implementation in stages with functionality added as needed
- SAP = Systems, Applications and Products

SAP Users

Ongoing and new manager training

<https://home.sharedhealthmb.ca/digital-health/services-catalogue/business-services/enterprise/sap/training/>

- SAP Navigation – becoming familiar with the system environment
- Business area overview – how people work together in performing Finance, Supply Chain or HR/Payroll-related transactions
- Role-specific – how to perform the specific tasks in SAP associated with your job

SAP Users

User support on Insite:

<https://home.sharedhealthmb.ca/digital-health/services-catalogue/business-services/enterprise/sap/support/>

General SAP “How to”

Sections for Timekeepers, Org Chiefs, ESF Administrator, Cost Centre Managers, Requisitioners, Inventory Clerk

SAP Users

Job Aids available on Insite:

<https://home.sharedhealthmb.ca/digital-health/services-catalogue/business-services/enterprise/sap/support/>

Job aids are step by step instructions to help you with:

- Navigating through the basic SAP environment
- Completing a specific task or transaction
- Identifying and using a report
- Job aids are organized into 4 general categories:
 - **Basic Functions** for all SAP users
 - **Human Resources-related** actions and information
 - **Finance-related** actions and information
 - **Supply Chain-related** actions and information

SAP Users

- If you are on SAP, as a cost centre manager, you will be responsible for:
 - Approving purchasing **Purchase Requisitions** which will then be generated into a Purchase Order to acquire goods or services
t-code: SO01
 - Reviewing and **approving staff hours** so employees are paid
t-code: CATS_APPR_LITE

SAP Users

- Monitoring staffing position within your Org Unit or cost centre (Compensation Details by Position)

t-code: ZFI_COMPENSATION_DET

- Reviewing cost centre results, investigating variances and taking action (Statement of Operations)

t-code: ZFI_OP_STATEMENT

SAP Reports - RCSR

T-code	Report Description
ZFIR_RCSR_SUMMARY	Summary by job code
ZFIR_RCSR_OVERTIME	Overtime analysis by job code
ZFIR_RCSR_TIME	Work vs. Benefit time by job code
ZFIR_RCSR_REGFTE	Regular FTE detail by job code
ZFIR_RCSR_PREMIUM	Premium analysis by job code
ZFIR_RCSR_RELIEF	Relief analysis by job code



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

The Art of Financial Management

Questions