Asante Teaching Hospital

Activity Based Costing

Challenges

Problems for Asante Hospital

Asante Teaching Hospital is a not-for-profit hospital in an area where for-profit hospitals thrive. As a not-for-profit hospital, Asante does not have the opportunity to seek out investors or invest surplus funds as a means of managing unexpected expenses. Rather, the hospital is reliant on insurance payouts, patient out of pocket payments, and financial support from a private foundation. Along with the challenges associated with bringing in funding, Asante is a premier hospital that provides a superior level of care. To ensure that level of care can be maintained, the hospital uses a meticulous billing process that is challenging for the hospital to compile, problematic for insurance companies who prefer bundled pricing, and stressful for patients.

Problems with patient billing

People like to have a feeling of control and know what to expect. This is particularly true when being discharged from a hospital after a stressful medical procedure, such as giving birth. As such, having to wait for hours after discharge to get and pay for a lengthy and detailed hospital bill, while not knowing the whole time what will be contained on it, is both overwhelming and frustrating. However, that is exactly what patients of Asante Teaching Hospital experience. Rather than using a normal costing method, where a patient could both be provided with anticipated expenses before admission and be discharged quickly, Asante uses actual costing and creates a thorough bill containing every line item and expense unique to a particular patient after their stay is complete. This process is not sustainable or helpful to either patients or the hospital itself.

Recommendations

Pooling cost drivers

As there are standard expected annual expenses for the maternity ward, those expenses can be broken up into two main pools: Building-Based Expenses and Patient-Based Expenses (exhibit 2.1). The Building-Based expenses will not adjust according to the number of patients using the space (eg. building insurance is the same month by month), however Patient-Based Expenses may change depending on how many patients are in the hospital (eg. more laundry is washed the more patients there are). In the selected hospital information in Exhibit 1, there are two potential cost drivers associated with each of those expenses: the number of patients using the ward and the number of square feet in the ward.

Regarding the number of patients, we also want to take into account their stay length, which averages to 3 days for this hospital. From this, we have two activity rates as shown in exhibit 2.2. The first is the rate of R1,042.04 per square foot used by the patient (so patients with larger,

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private rooms can be billed accordingly). The second is the base cost per patient per day of their stay, which is R52.28. These expenses do not change depending on the type of labor and delivery, so can remain static no matter the medical interventions needed; the only things needed to calculate these costs are the size of the room/part of the room used and the number of days a patient stays.

Staff salaries calculated using ABC

Regarding staff salaries, we need to breakdown how many minutes each staff member is actually available to provide care, which is shown in exhibit 3.1. This shows the anticipated number of days in their standard workweek, broken out into the total number of minutes they are paid for (including personal time, sick time, holiday, and training). We then remove those expenses to determine a final set of available care minutes for both residents and all other staff. It is important to note that personal, sick, holiday, and training time has an addition of 23% to the time, to account for taxes and benefit expenses.

Using that information, we can compare staff care availability to their annual salary in exhibit 3.2 to see the cost of each employee's time on a per-minute basis, based on employee type. With that information, we can compare employee's minute-by-minute expenses to how many minutes each employee type spends working on different delivery types (levels 1-3). When totaled, this then provides the anticipated employee expense for each of the three delivery types. This does not change whether the patient has more or less space, or stays more or fewer days. As such, this can be a direct line item depending on the delivery type.

Recommendation summary

With the pooled overhead expenses and ABC costing for employee salaries per delivery type, billing will be simpler since the accounting department will only need to determine the delivery type, number of stays stayed, and square footage used. However, these are all baseline anticipated expenses and do not account for an employee that needs additional sick days, hallway and office space, when a delivery requires more employee time than needed, or other unanticipated expenses. As such, we recommend using this as a base costing method with an additional 20% addition to account for these unanticipated expenses in order to assure the maternity ward remains self-sufficient.

Exhibits

Exhibit 1 – Selected hospital information

Selected Hospital Information

Statistic	Level 1	Level 2	Level 3	
Average days in maternity ward	3	3	4	
Total natural birth patients	4,160	240	390	
Total maternity ward patients	11,975			
total maternity ward sqft	30,294			
total hospital sqft	455,000			

Exhibit 2.1 – Pooled annual maternity ward overhead

Pooled Annual Maternity Ward Overhead

Overhead Item	Total	
Building-based Costs		
Equipment Depreciation	R	363,672
Insurance	R	233,991
Utilities	R	7,454,026
Rent	R	16,195,458
Groundskeeping	R	898,940
Security	R	302,076
Information Tech	R	6,119,349
Subtotal - Building	R	31,567,512
Patient-based Costs		
Marketing	R	105,412
General/Admin	R	314,622
Housekeeping	R	206,241
Laundry	R	395,295
Dining Hall	R	856,684
Subtotal - Patient	R	1,878,254
Total	R	33,445,766

Exhibit 2.2 – Cost drivers (overhead)

Cost Drivers - Overhead

Cost Driver	Activity Rate		Activity Rate		Unit
Building-Based Costs	R	1,042.04	sqft used		
Patient-based Costs	R	52.28	patient per day		

Exhibit 3.1 – Employee availability (in minutes)

Employee Availability (in minutes)

Resident	Resident	All others
Daily worked time	960.00	504.00
Annual payout of time	249,600.00	131,040.00
Annual personal leave*	9,446.40	4,959.36
Annual sick leave*	7,084.80	3,719.52
Annual holiday time*	14,169.60	7,439.04
Total annual training*	7,675.20	7,675.20
Total available time	211,224.00	107,246.88

^{*}with 23% addition for benefits/taxes

Exhibit 3.2 – Employee annual salaries

Annual Salaries for Maternity Ward Staff by Position

Salary	Note
R 35,403,451	Total for team of 3
R 23,477,139	Total for team of 4
R 114,557	
R 231,841	
R 9,092	
R 7,122	
	R 35,403,451 R 23,477,139 R 114,557 R 231,841 R 9,092

Exhibit 3.3 – Cost drivers (employee salaries)

Cost Drivers - Employee Salaries

Cost Driver	Activ	vity Rate	Unit
OBGYN	R	110.04	minute worked
Paediatrician	R	54.73	minute worked
Midwife/Nurse	R	1.07	minute worked
Resident	R	1.10	minute worked
Registration Clerk	R	0.08	minute worked
Practical Nurse	R	0.07	minute worked

Exhibit 4.1 – Maternity staff time per delivery (in minutes)

Breakdown of Maternity Staff Time Per Delivery (Minutes)

Position	Level 1	Level 2	Level 3
OBGYN	30	37	80
Paediatrician	43	55	71
Midwife/Nurse	1,422	1,422	1,600
Resident	225	240	412
Registration Clerk	43	43	60
Practical Nurse	99	99	110

Exhibit 4.2 – Maternity staff costs per delivery

Maternity Staff Costs Per Delivery

Position	Lev	Level 1		Level 2		Level 3	
OBGYN	R	3,301.12	R	4,071.38	R	8,802.98	
Paediatrician	R	2,353.25	R	3,009.98	R	3,885.61	
Midwife/Nurse	R	1,518.93	R	1,518.93	R	1,709.06	
Resident	R	246.96	R	263.43	R	452.21	
Registration Clerk	R	3.65	R	3.65	R	5.09	
Practical Nurse	R	6.57	R	6.57	R	7.30	
Total per delivery type	R	7,430.48	R	8,873.93	3 R 14,862.25		