Value challenge pilot from the financial perspective

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(NUH PLICS Project Board - Anwar Zaman, Tasso Gazzis, Jason Niel-Dwyer & Scott Hodgson)

The financial perspective

- **What is PLICS?**
  - How does it look and feel?
- **Does PLICS deliver value?**
  - Stages of data grief & 3 elements of recovery
  - Case studies which demonstrate savings
- **Lessons from the value challenge and beyond**
  - Carter & Costing Transformation Programme
  - Clinical variation & the “Geography is destiny”

Presenting financial consequence of clinical decisions

- Variance from Budget
- Last month vs previous month(s)
- Better or worse

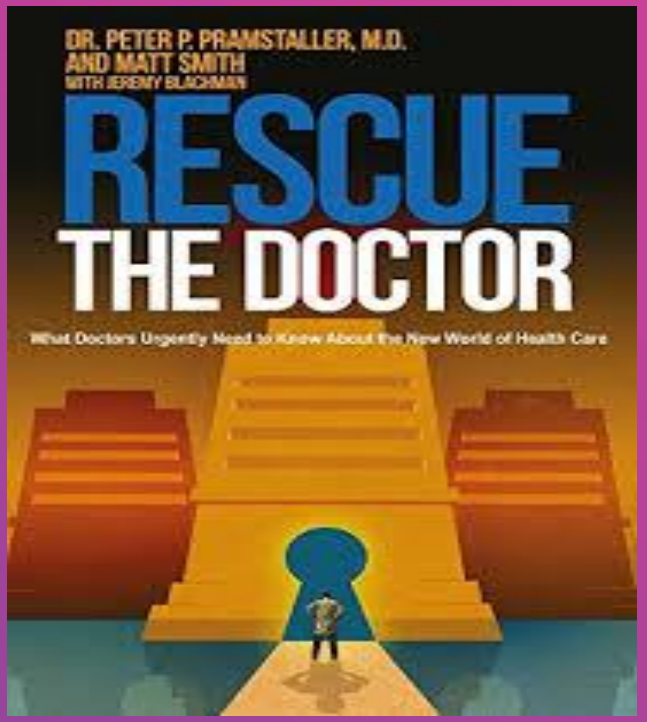
WTE			Current Month			Exp Head	Description	Annual	YTD		
Budget	Actual	Variance	Budget £	Actuals £	Variance £			Budget £	Budget £	Actuals £	Variance £
0.00	0.00	0.00	(190,662)	(165,017)	25,645	IAE500	AandE	(2,251,036)	(941,007)	(871,046)	69,961
0.00	0.00	0.00	0	(230,000)	(230,000)	ICA500	Central PCT Income Adjustments	0	0	(230,000)	(230,000)
0.00	0.00	0.00	(388,404)	(473,026)	(84,622)	IDC500	DayCase	(4,893,913)	(2,019,708)	(2,269,605)	(249,897)
0.00	0.00	0.00	(20,645)	(26,229)	(5,584)	IEL500	Elective	(260,119)	(107,352)	(138,503)	(31,151)
0.00	0.00	0.00	(1,035)	0	1,035	IEX500	ElectXBD	(12,214)	(5,106)	(5,235)	(129)
0.00	0.00	0.00	(105,644)	(79,396)	26,248	IFA500	OutPatFA	(1,333,534)	(550,157)	(552,218)	(2,061)
0.00	0.00	0.00	(239,283)	(109,782)	129,501	IFU500	OutPatFU	(3,017,912)	(1,245,255)	(1,121,436)	123,819
0.00	0.00	0.00	(40,595)	(52,919)	(12,324)	INE500	NonElect	(497,006)	(205,869)	(210,380)	(4,511)
0.00	0.00	0.00	(3,793)	(612)	3,181	INX500	NonElecXBD	(44,726)	(18,703)	(33,687)	(14,984)
0.00	0.00	0.00	(122,457)	(143,522)	(21,065)	IOA500	OtherAct	(1,486,790)	(614,622)	(670,397)	(55,775)
0.00	0.00	0.00	(298,975)	(296,960)	2,015	IOP500	OutPatOth	(3,767,101)	(1,554,676)	(1,663,004)	(108,328)
0.00	**0.00**	**0.00**	**(1,411,493)**	**(1,577,463)**	**(165,970)**	**CCGs / LAs - SLAM**		**(17,564,351)**	**(7,262,455)**	**(7,765,511)**	**(503,056)**
0.00	0.00	0.00	(16,666)	0	16,666	IAPFR1	Income FEP Rephasing	(799,992)	(233,330)	0	233,330
0.00	**0.00**	**0.00**	**(16,666)**	**0**	**16,666**	**CCGs / LAs - Oth IFA**		**(799,992)**	**(233,330)**	**0**	**233,330**
0.00	0.00	0.00	(5,598)	(12,059)	(6,461)	IAQ000	Private Patient Income	(67,170)	(27,988)	(57,126)	(29,138)
0.00	0.00	0.00	0	0	0	IAQ018	Overseas Visitors	0	0	(2,377)	(2,377)
0.00	**0.00**	**0.00**	**(5,598)**	**(12,059)**	**(6,461)**	**Private & Overseas Patients**		**(67,170)**	**(27,988)**	**(59,503)**	**(31,515)**
0.00	**0.00**	**0.00**	**(1,433,757)**	**(1,589,522)**	**(155,765)**	**TOTAL CLINICAL REVENUE**		**(18,431,513)**	**(7,523,773)**	**(7,825,014)**	**(301,241)**
0.00	0.00	0.00	(882)	(6,563)	(5,681)	IOE001	Education & Training	(10,584)	(4,410)	(6,563)	(2,153)
0.00	0.00	0.00	0	(765)	(765)	IOE004	Madel Income	0	0	(1,810)	(1,810)
0.00	0.00	0.00	(361)	0	361	IOE025	Learning Beyond Registration	(4,331)	(1,805)	0	1,805
0.00	0.00	0.00	(11,962)	(11,963)	(1)	IOO002	DOH Distinction Awards (M&D) C	(143,551)	(59,812)	(59,815)	(3)
0.00	**0.00**	**0.00**	**(13,205)**	**(19,290)**	**(6,085)**	**Education & Training Income**		**(158,466)**	**(66,027)**	**(68,187)**	**(2,160)**
0.00	0.00	0.00	(440)	0	440	IOI038	Staff Appliances C	(5,280)	(2,200)	0	2,200
0.00	0.00	0.00	(3)	0	3	IOI040	Staff Eye Tests C	(44)	(18)	0	18
0.00	0.00	0.00	23	0	(23)	ION436	General Courses/Training C	284	118	0	(118)
0.00	**0.00**	**0.00**	**(420)**	**0**	**420**	**Non PCare Serv to Oth B NHS**		**(5,040)**	**(2,100)**	**0**	**2,100**
0.00	0.00	0.00	(1,101)	(399)	702	IOI020	Public Appliances C	(13,204)	(5,502)	(5,555)	(53)
0.00	0.00	0.00	(15,285)	(5,833)	9,452	IOO000	Miscellaneous Income	(183,411)	(76,421)	(29,167)	47,254
0.00	**0.00**	**0.00**	**(16,386)**	**(6,233)**	**10,153**	**Other Income**		**(196,615)**	**(81,923)**	**(34,721)**	**47,202**
0.00	0.00	0.00	(41)	0	41	IOR200	Commercial Trials Income	(500)	(208)	0	208
0.00	**0.00**	**0.00**	**(41)**	**0**	**41**	**Research & Development**		**(500)**	**(208)**	**0**	**208**
0.00	0.00	0.00	(2,003)	0	2,003	IMC1RO	Consultnt Rchrge Out Staff Inc	(24,035)	(10,015)	0	10,015
0.00	**0.00**	**0.00**	**(2,003)**	**0**	**2,003**	**Medical Staff Income**		**(24,035)**	**(10,015)**	**0**	**10,015**
0.00	**0.00**	**0.00**	**(32,055)**	**(25,523)**	**6,532**	**TOTAL OTHER INCOME**		**(384,656)**	**(160,273)**	**(102,909)**	**57,364**
26.65	20.67	(5.98)	41,652	32,267	(9,385)	PCC200	Admin & Clerical - Band 2	499,827	208,261	156,658	(51,603)
1.40	1.44	0.04	2,173	2,556	383	PCC210	Receptionist - Band 2	26,078	10,866	11,344	478
0.00	0.19	0.19	0	312	312	PCC260	Admin & Clerical - Band 2	0	0	2,060	2,060
15.95	13.65	(2.30)	28,706	15,564	(13,142)	PCC300	Admin & Clerical - Band 3	335,562	143,534	119,983	(23,551)
2.00	1.57	(0.43)	3,616	2,836	(780)	PCC330	Medical Secretary - Band 3	43,395	18,081	17,694	(387)
14.86	12.97	(1.89)	31,750	34,920	3,170	PCC400	Admin & Clerical - Band 4	381,010	158,754	133,132	(25,622)
60.86	**50.49**	**(10.37)**	**107,897**	**88,455**	**(19,442)**	**Administration & Estates**		**1,285,872**	**539,496**	**440,871**	**(98,625)**
0.00	0.00	0.00	0	8,870	8,870	PCC20A	Bd2 A&C Agency	0	0	27,509	27,509
0.00	0.00	0.00	0	635	635	PCC30A	A&C Agency Band 3	0	0	1,861	1,861
0.00	**0.00**	**0.00**	**0**	**9,505**	**9,505**	**Agency**		**0**	**0**	**29,370**	**29,370**
2.00	2.94	0.94	4,167	5,574	1,407	PSP410	Optometrist Pre-Reg - Band 4	36,595	20,837	20,538	(299)
0.00	0.00	0.00	0	0	0	PSP510	Optometrist - Band 5	0	0	59	59
1.00	1.00	0.00	2,236	2,234	(2)	PSP560	Orthoptist - Band 5	26,827	11,178	11,177	(1)
1.90	0.00	(1.90)	5,196	(604)	(5,800)	PSP610	Optometrist - Band 6	62,341	25,976	1,044	(24,932)
0.00	0.00	0.00	0	2,300	2,300	PSP61X	Optometrist Bd 6 Non-NHS R/C	0	0	2,300	2,300
6.90	4.39	(2.51)	20,639	13,356	(7,283)	PSP660	Orthoptist - Band 6	247,671	103,196	54,590	(48,606)
8.80	7.84	(0.96)	33,848	30,089	(3,759)	PSP710	Optometrist - Band 7	406,162	169,235	134,651	(34,584)
3.63	3.23	(0.40)	14,602	13,046	(1,556)	PSP760	Orthoptist - Band 7	175,223	73,010	64,804	(8,206)
1.00	0.00	(1.00)	4,184	0	(4,184)	PSPA10	Optometrist - Band 8A	50,211	20,921	0	(20,921)
0.88	0.88	0.00	4,279	4,277	(2)	PSPA60	Orthoptist - Band 8a	51,349	21,395	21,387	(8)
0.87	0.87	0.00	5,112	5,090	(22)	PSPB60	Orthoptist - Band 8B	61,339	25,558	25,448	(110)
26.98	**21.15**	**(5.83)**	**94,263**	**75,362**	**(18,901)**	**Allied Health Professionals**		**1,117,718**	**471,306**	**335,999**	**(135,307)**

Clinicians perspective

- Incomprehensible
- Questionable value
- ‘Good for managers’

Step out of the Silo

- PLICS
- 670 consultants
- Do not directly manage
- Change the paradigm



1,300,000 patient contacts

100 costed data items per contact

I&E a/c for each patient

Drucker

Drucker is considered the single most important thought leader in the world of management, and several ideas run through most of his writings:

The concept of "knowledge worker" in his 1959 book The Landmarks of Tomorrow.

Drucker & PLICS

Our vision is that:

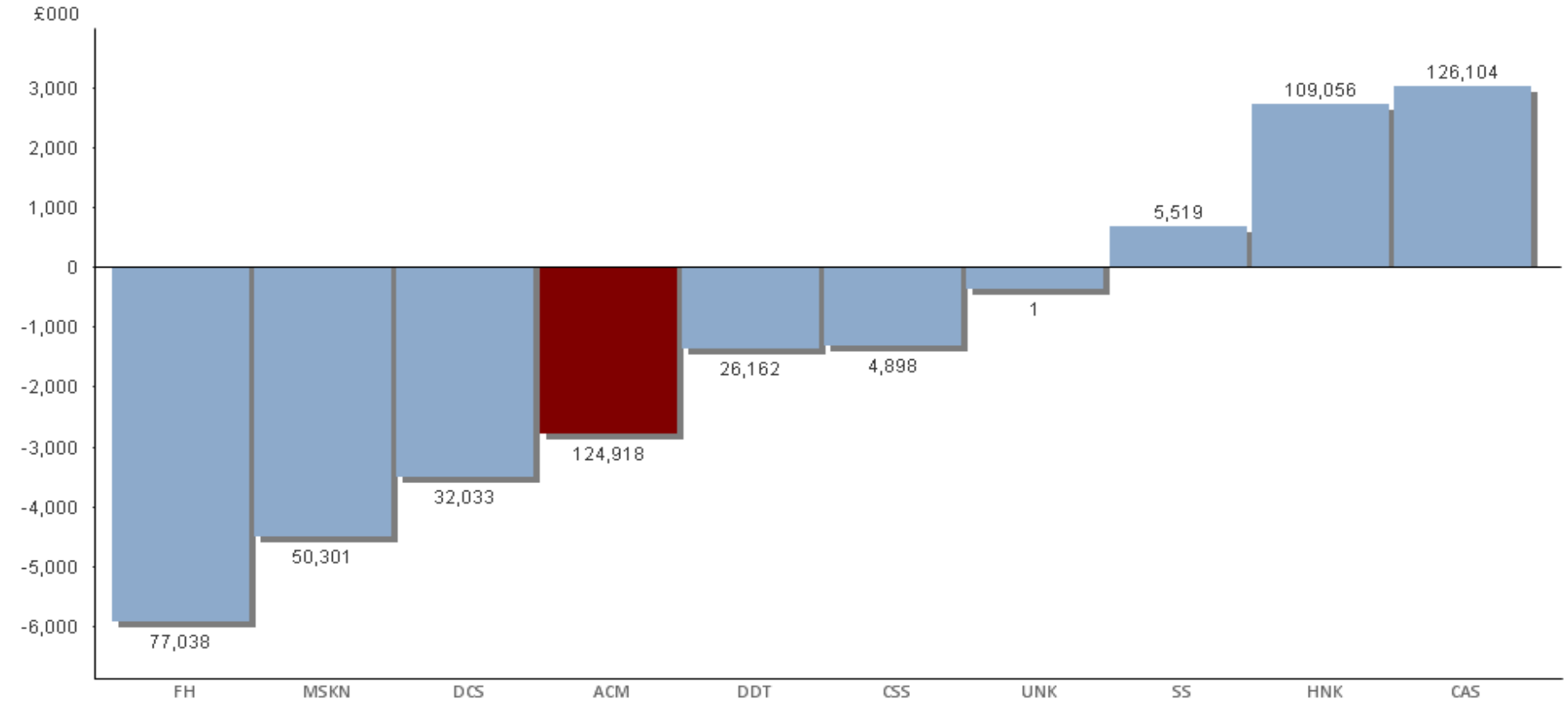
healthcare will be the benchmark industry for the Drucker's "Knowledge worker age"

with clinicians driving value, using their insight and knowledge of patient care and a single version of the financial and clinical performance derived from PLICS

Overview

Apr | May | Jun | Jul | Aug

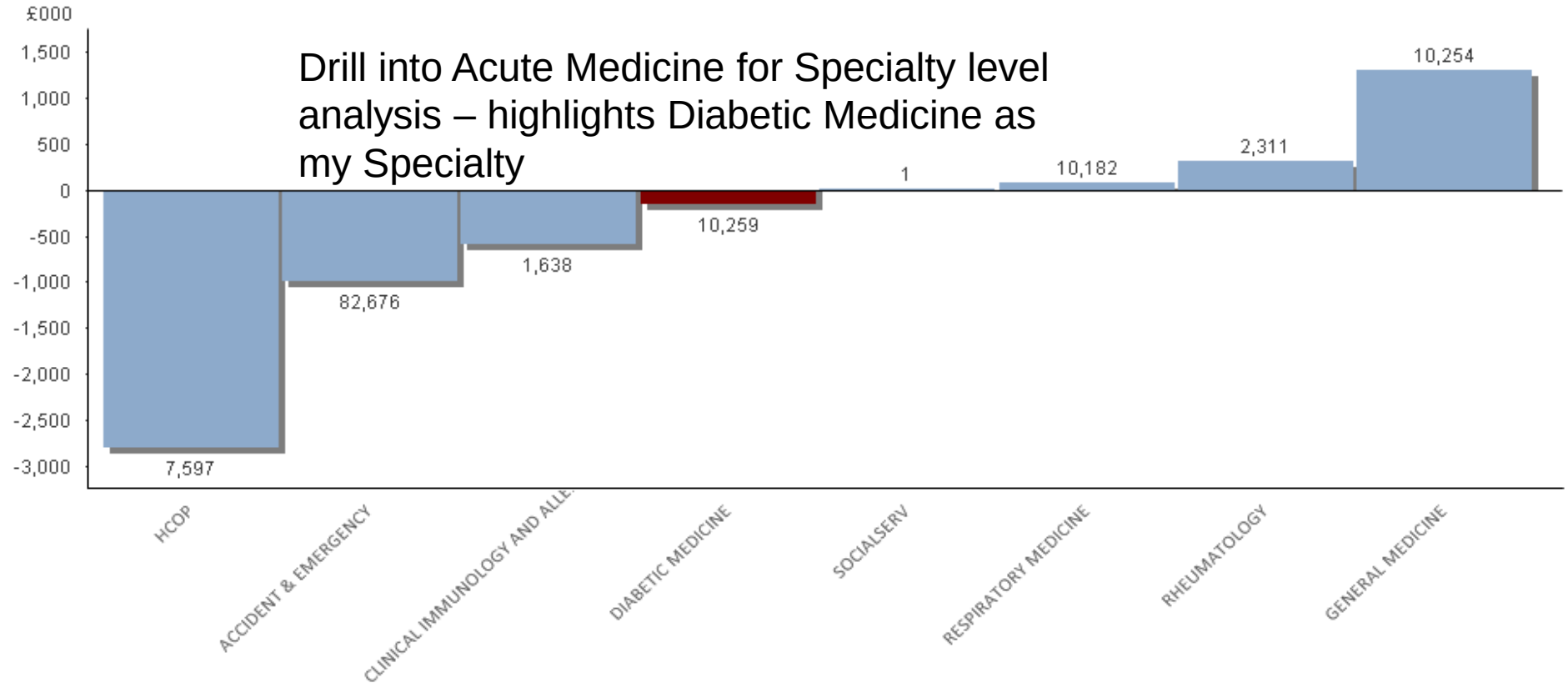
Net Surplus / Deficit



Overview

Apr	May	Jun	Jul	Aug

Net Surplus / Deficit | ACM

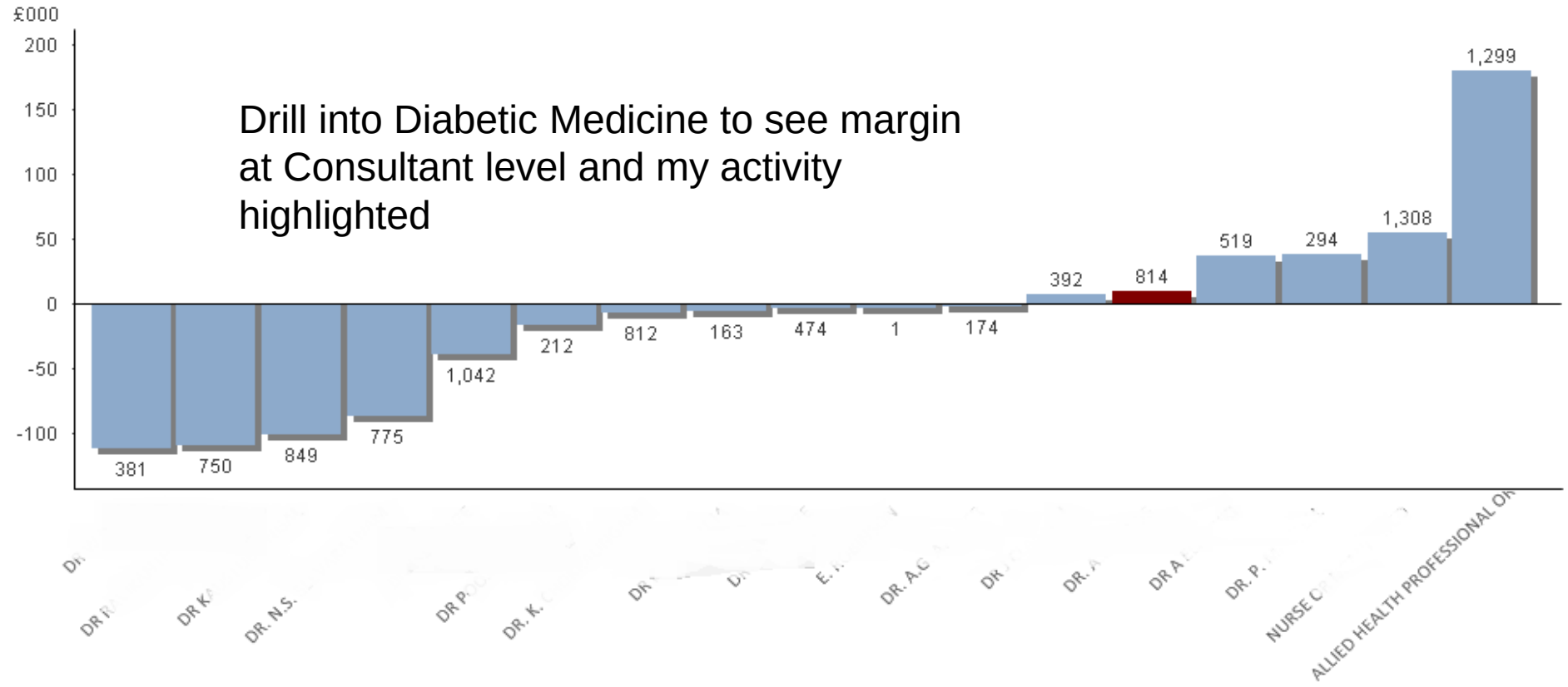


Drill into Acute Medicine for Specialty level analysis – highlights Diabetic Medicine as my Specialty

Overview

Apr	May	Jun	Jul	Aug

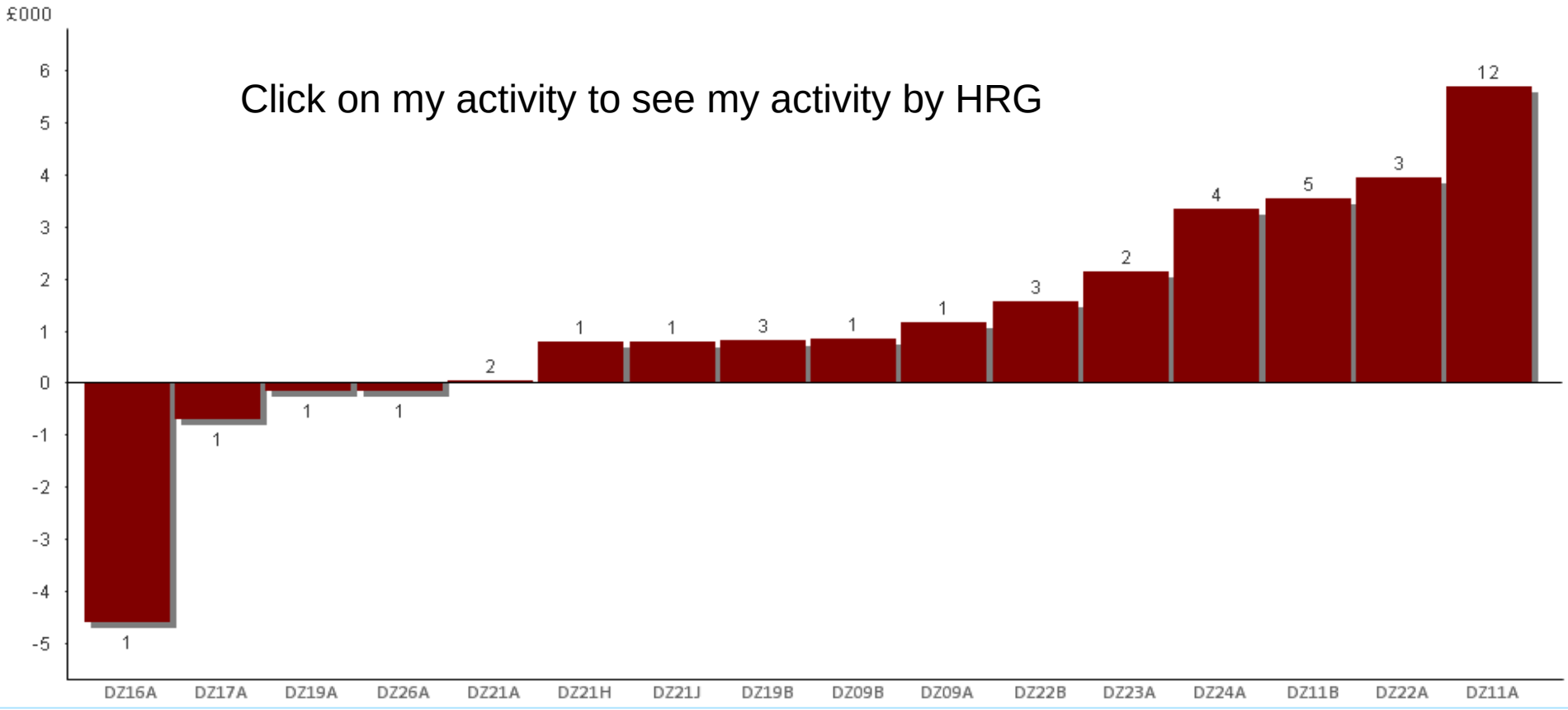
Net Surplus / Deficit | ACM | DIABETIC MEDICINE

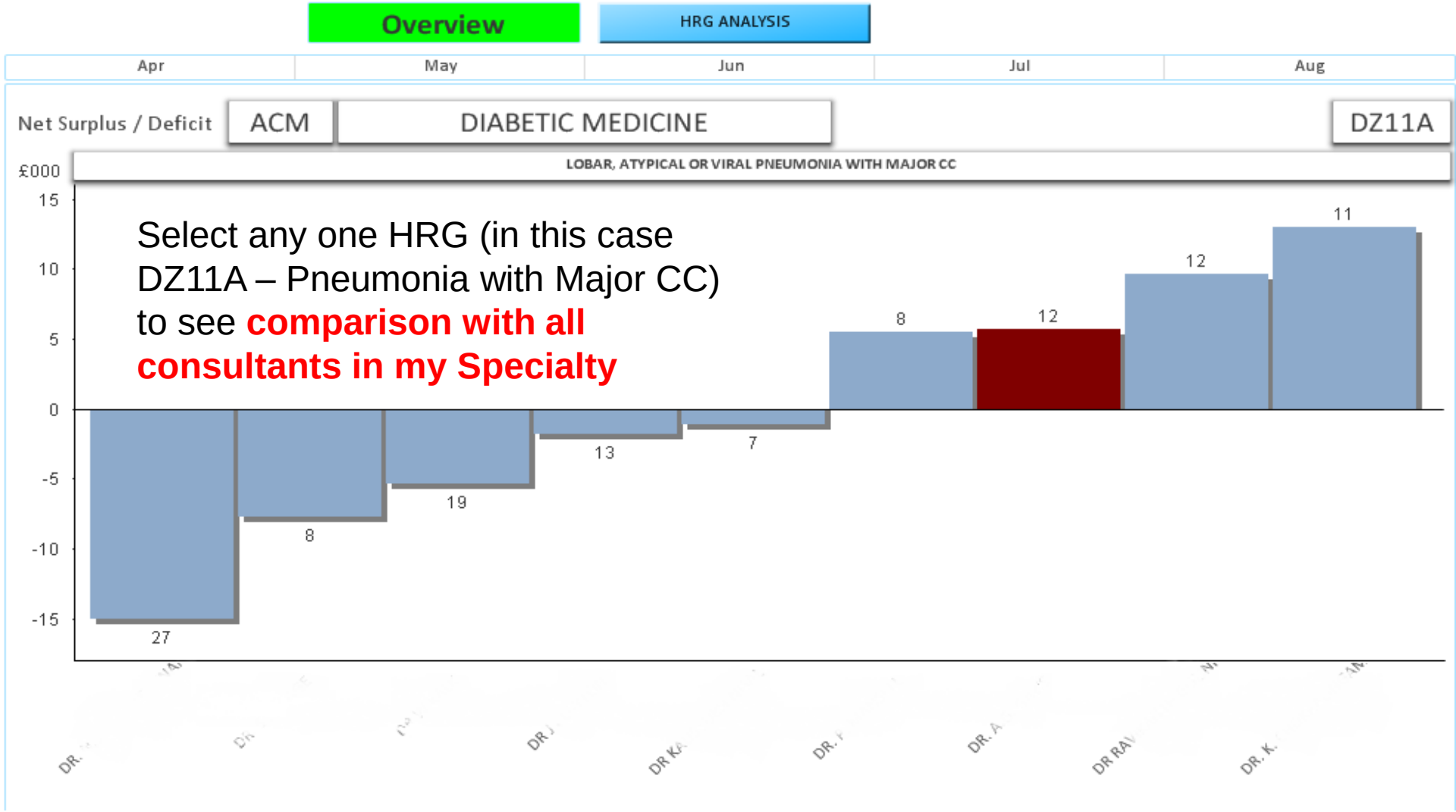


Overview | EPISODE ANALYSIS | Compare Consultants

Apr | May | Jun | Jul | Aug

Net Surplus / Deficit | ACM | DIABETIC MEDICINE | DR. A.




Overview
HRG ANALYSIS
Apr
May
Jun
Jul
Aug
Net Surplus / Deficit
ACM
DIABETIC MEDICINE
DZ11A
£000
LOBAR, ATYPICAL OR VIRAL PNEUMONIA WITH MAJOR CC
15
10
5
0
-5
-10
-15
27
8
19
13
7
8
12
12
11
Select any one HRG (in this case DZ11A – Pneumonia with Major CC) to see comparison with all consultants in my Specialty

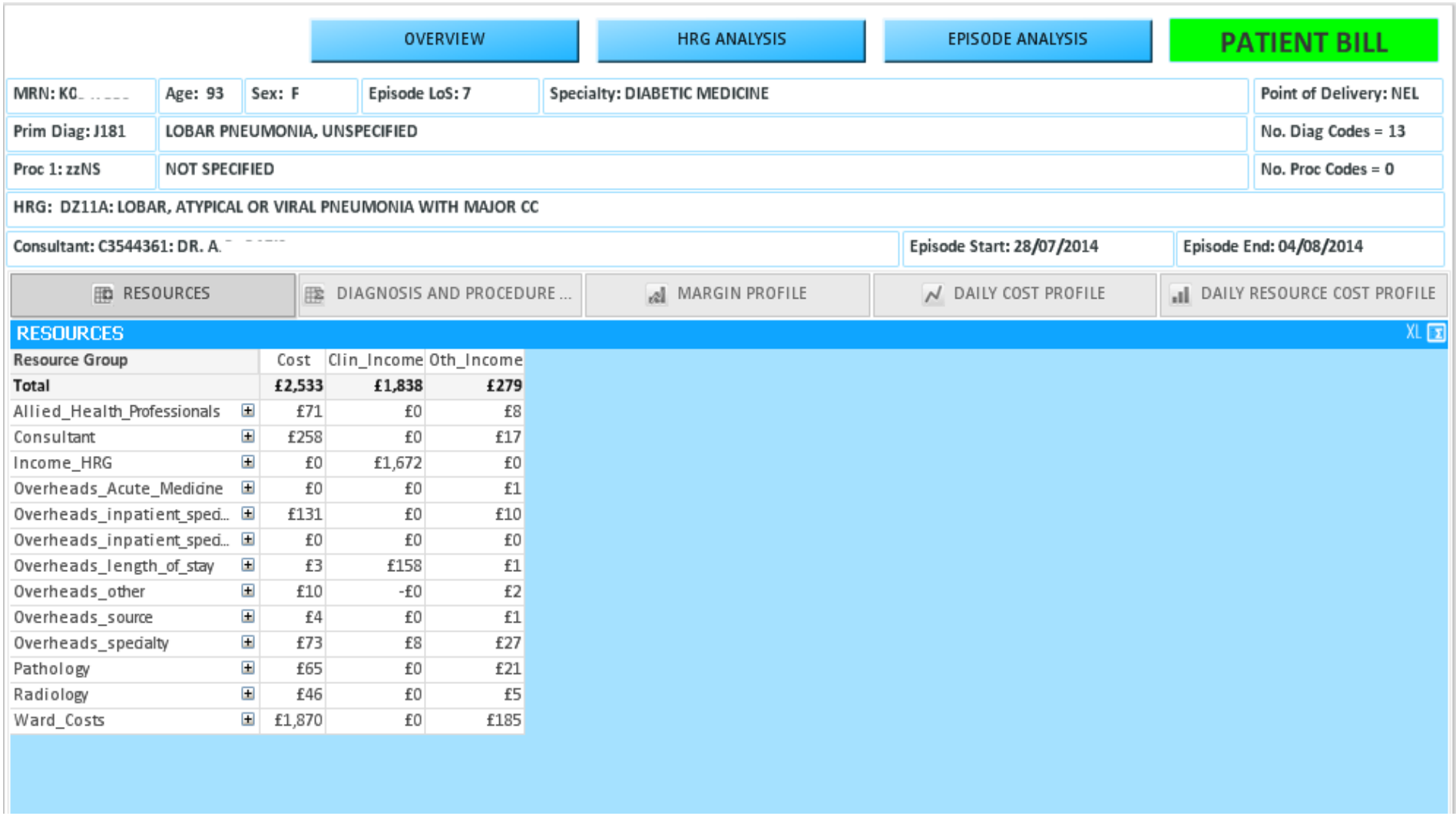
OVERVIEW | **HRG Analysis**

Apr | May | Jun | Jul | Aug

HRG Cost Analysis

XL

Po	Consultant	Consultant Name	HRG	HRG Description	Activity	Unit Cost	Unit Income	Unit Profit/loss	Total Cost	Total Income	Total Profit/loss
					117	**-£2,581**	**£2,609**	**£28**	**-£302,035**	**£305,308**	**£3,274**
NEL	C4305383	DR. N.	DZ11A	LOBAR, ATYPICAL OR VIRAL..	27	-£3,239	£2,688	-£551	-£87,458	£72,575	-£14,883
NEL	C1517220	DR W	DZ11A	LOBAR, ATYPICAL OR VIRAL..	19	-£3,173	£2,895	-£278	-£60,285	£55,004	-£5,282
NEL	C4198084	DR J C	DZ11A	LOBAR, ATYPICAL OR VIRAL..	13	-£4,071	£3,939	-£132	-£52,923	£51,208	-£1,715
NEL	C3544361	DR. A	DZ11A	LOBAR, ATYPICAL OR VIRAL..	12	-£1,106	£1,580	£474	-£13,271	£18,961	£5,690
NEL	C6042155	DR R.	DZ11A	LOBAR, ATYPICAL OR VIRAL..	12	-£1,836	£2,639	£803	-£22,037	£31,671	£9,634
NEL	C4660554	DR. K	DZ11A	LOBAR, ATYPICAL OR VIRAL..	11	-£1,014	£2,192	£1,177	-£11,159	£24,111	£12,952
NEL	C2562465	DR. P.	DZ11A	LOBAR, ATYPICAL OR VIRAL..	8	-£1,306	£1,991	£685	-£10,452	£15,929	£5,477
NEL	C2594932	DR. S.	DZ11A	LOBAR, ATYPICAL OR VIRAL..	8	-£3,601	£2,655	-£946	-£28,809	£21,238	-£7,570
NEL	C6073664	DR KA	DZ11A	LOBAR, ATYPICAL OR VIRAL..	7	-£2,234	£2,087	-£147	-£15,641	£14,612	-£1,029



Resource Group	Cost	Clin_Income	Oth_Income
Total	**£2,533**	**£1,838**	**£279**
Allied_Health_Professionals	£71	£0	£8
Consultant	£258	£0	£17
Income_HRG	£0	£1,672	£0
Overheads_Acute_Medicine	£0	£0	£1
Overheads_inpatient_speci...	£131	£0	£10
Overheads_inpatient_speci...	£0	£0	£0
Overheads_length_of_stay	£3	£158	£1
Overheads_other	£10	-£0	£2
Overheads_source	£4	£0	£1
Overheads_specialty	£73	£8	£27
Pathology	£65	£0	£21
Radiology	£46	£0	£5
Ward_Costs	£1,870	£0	£185

OVERVIEW | HRG ANALYSIS | EPISODE ANALYSIS | PATIENT BILL

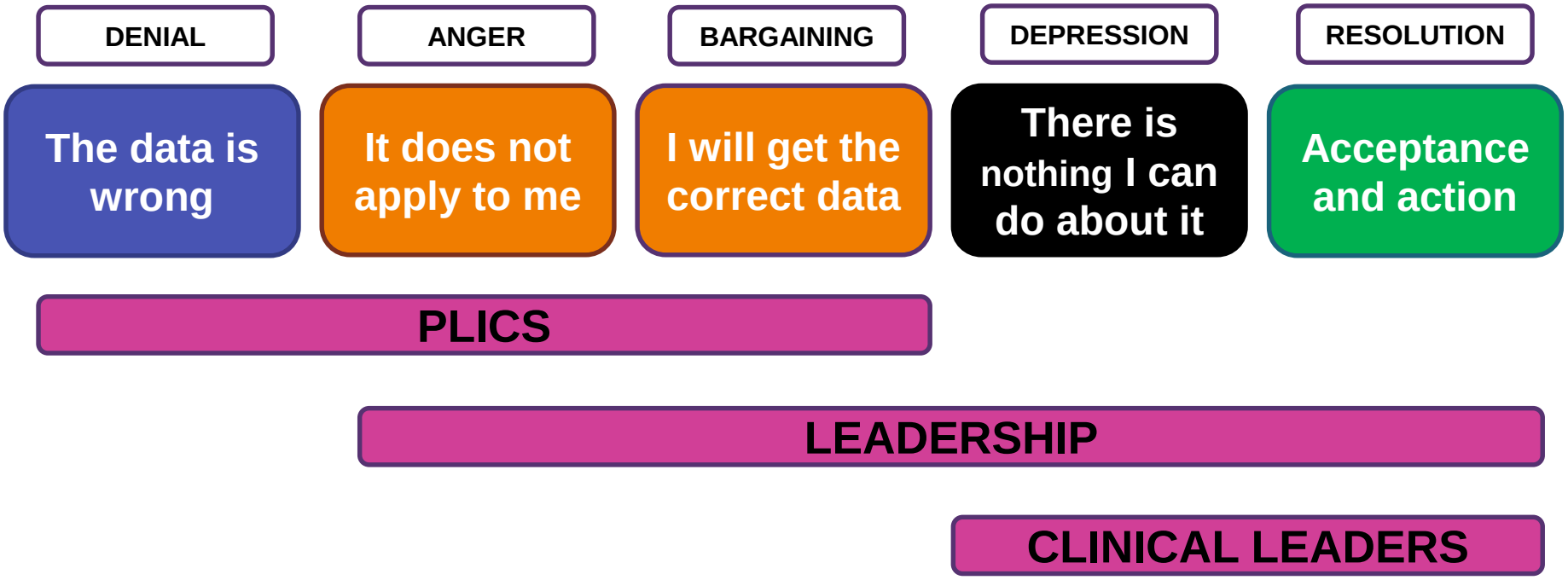
MRN: K0 ------	Age: 93	Sex: F	Episode LoS: 7	Specialty: DIABETIC MEDICINE	Point of Delivery: NEL
Prim Diag: J181	LOBAR PNEUMONIA, UNSPECIFIED				No. Diag Codes = 13
Proc 1: zzNS	NOT SPECIFIED				No. Proc Codes = 0
HRG: DZ11A: LOBAR, ATYPICAL OR VIRAL PNEUMONIA WITH MAJOR CC					
Consultant: C3544361: DR. A '			Episode Start: 28/07/2014		Episode End: 04/08/2014

RESOURCES | DIAGNOSIS AND PROCEDURE ... | MARGIN PROFILE | DAILY COST PROFILE | DAILY RESOURCE COST PROFILE

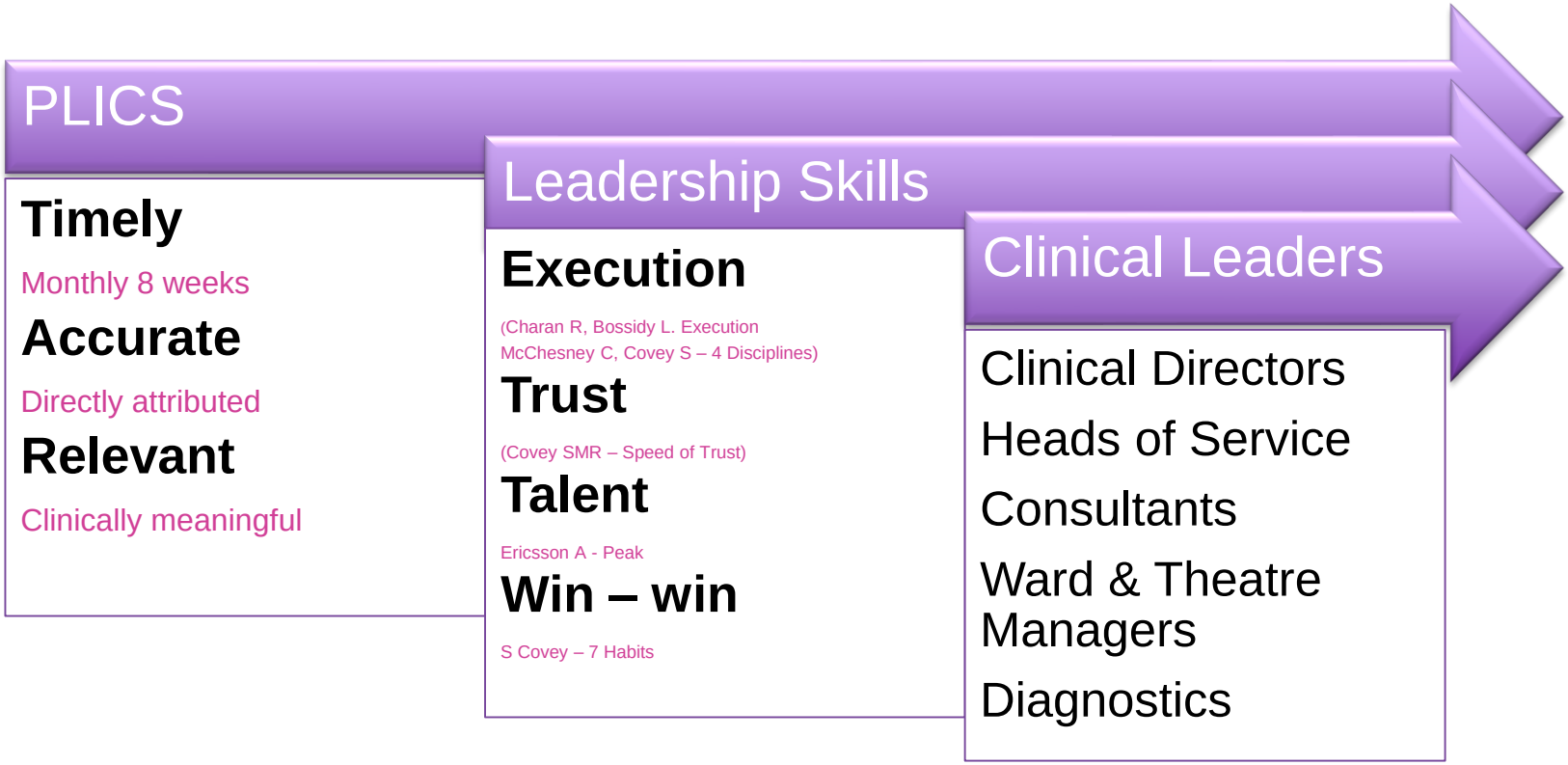
Income XL

The five stages of data grief

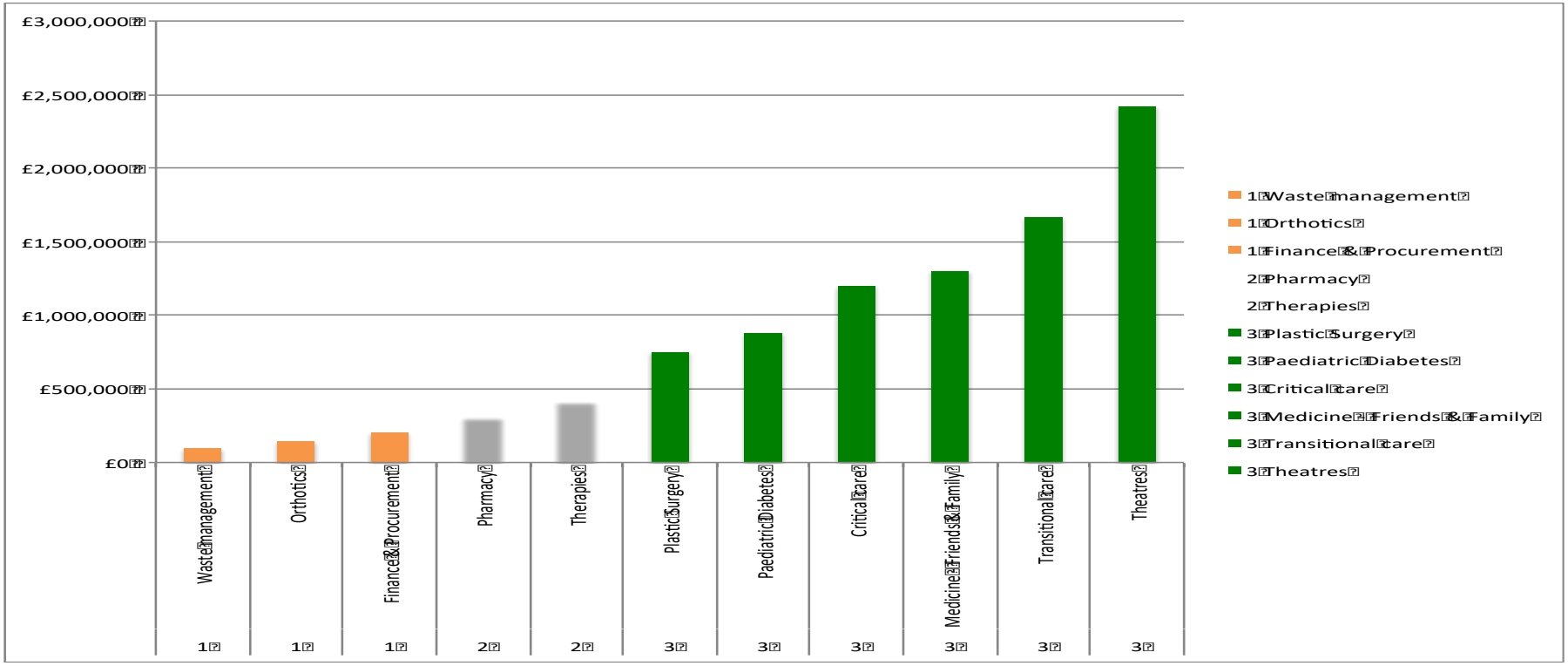
Moving through the 5 stages of data grief



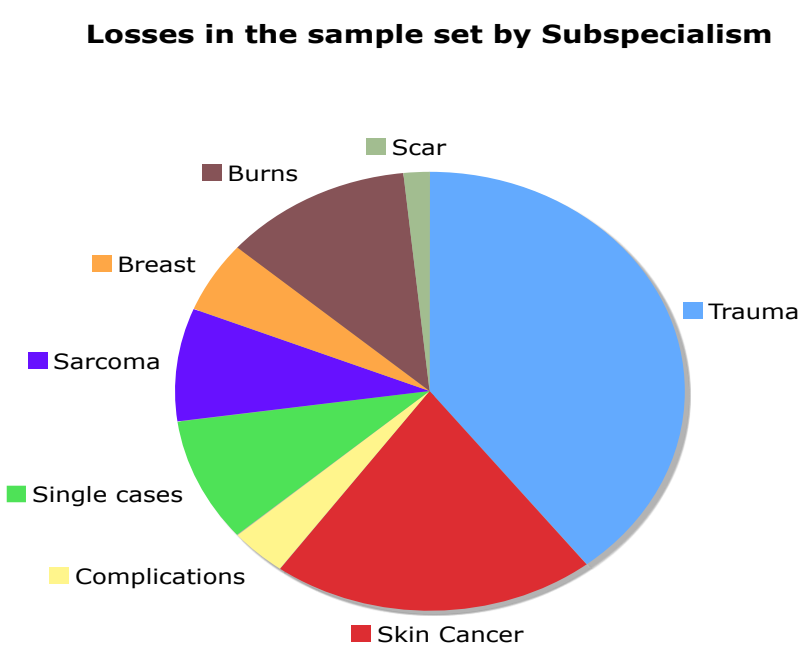
Three accelerators – NUH experience



Leadership, PLICS, Clinicians

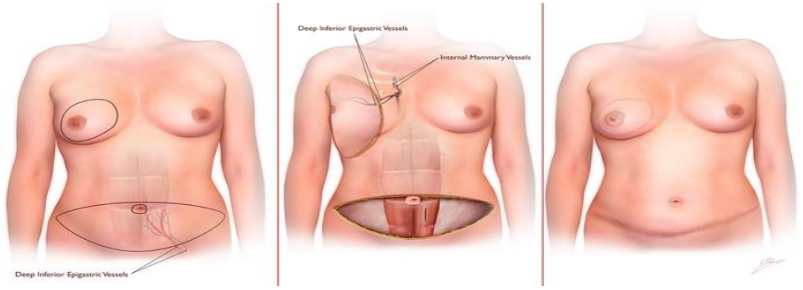


Create a shared mental model of work in plastic surgery



Shared starting point: Deficit on departmental budget £3 million

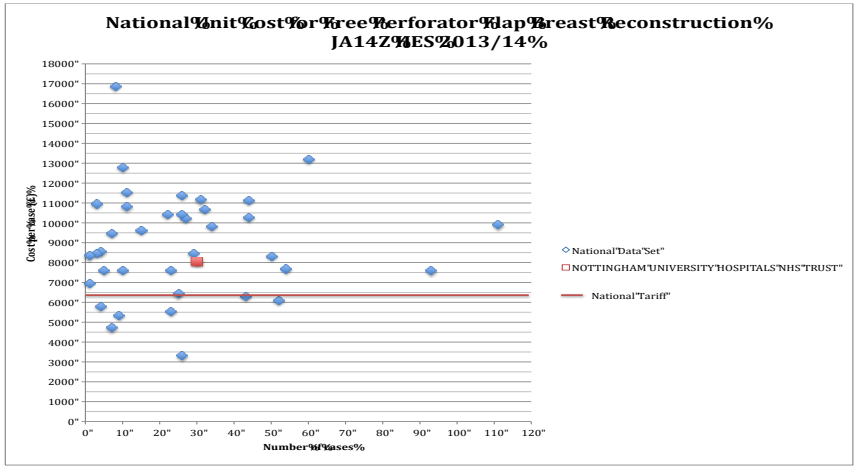
Making Complex Breast Reconstruction Cost Effective



Operation Time: 7.5 hours mean (Comparable to UK peers)
International Gold Standard: 4 hours

Working Group

- Multidisciplinary Theatre team visited expert UK unit
- Attended British Association Plastic and Reconstructive Surgery Scientific Meeting
- Current process mapped and new process mapped,
- Additional consultant on each case
- Two scrub nurses



Outcome

- 2 cases in 0830-1800 extended day list – 9.5 hours
- 37% reduction in theatre costs
- Very team dependent

Theatres: The General manager and Head of service led an initiative to ensure theatre lists started on time as part of a theatres performance improvement programme. A step change in productivity was achieved which was observed as specialties improved session utilisation rates and undertook more than 1,000 additional cases without increasing theatre capacity. This resulted in a £2.4m improvement in margin. [24]

ROI : 518% Saving £2,149,000

FRANKLINCOVEY
CHANNEL PARTNER


Previous months performance
Thoracic Scoreboard
Our Goals
Monday
Tuesday
Wednesday
Thursday
Friday
Was the patient sent for by 7.50?
No
YES
Yes
Did the briefing start before 8.20?
No
YES
Yes
Did we start on time at 8.30?
No
YES
If not, why not?
Huddle late
Briefing late & complex
change of list order
Beffective

Critical Care: The service implemented an initiative to improve the arrangements for access to critical care beds for elective surgery. The team examined how trust could be built such that up to 2 hours could be saved per day in determining the availability of beds. The resulting improvement in productivity improved financial performance by £1.2m.

ROI : 548% Saving £1,200,000

Carter & Costing Transformation Programme

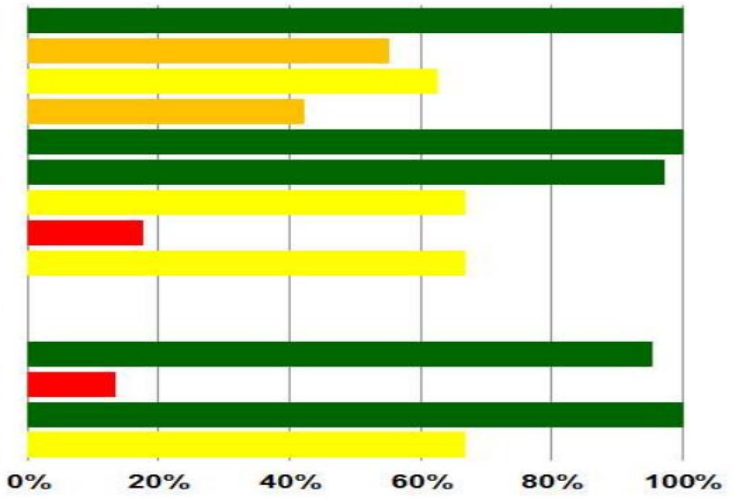
SUMMARY (Costing Assessment Tool)

NHS Improvement

AN ACUTE TRUST - XXX

Score by activity group:

Activity group	Score
Blood	100.0%
Critical care	55.2%
Diagnostic imaging	62.5%
Emergency care	42.1%
MDTs	100.0%
Other diagnostic testing	97.1%
Outpatient care	66.7%
Pathology	17.6%
Pharmacy	66.7%
Radiotherapy	-
Specialist procedure suites	-
Support services	95.3%
Theatre care	13.5%
Therapies	100.0%
Ward care	66.7%



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The “Geography is destiny”

Chen et al set out to look at the relationship between Medicare spending patterns in the region of a primary care physician’s residency training and their subsequent Medicare resource allocation patterns in practice. Essentially, they asked:

“If you train in a place that spends more, will you spend more in practice?”

Chen C, PettersonS, Phillips R, Bazemore A, Mullan F. Spending patterns in region of residency training and subsequent expenditures for care provided by practicing physicians for Medicare beneficiaries. JAMA 2014, 312 (22): 2285-93

David Asch and colleagues set out to test the implications of the “Geography is destiny” hypothesis by looking for the associations between training experiences and various patient outcomes and practice patterns for US Obstetrics. The authors **concluded that residency training is associated with a major and pervasive impact on practice performance**

Asch DA, Nicholson s, Srinivas SK, Herrin j, Epstein AJ. How do you deliver a good obstretrician? Outcomes based evaluation of medical education.

Meeting the value challenge – Three accelerators of improved performance

…in the words of one of our surgeons…

- We are a team
- We routinely sit and share spreadsheets together face-to-face
- Mangers and clinicians happily discuss HRG and clinical pathways interchangeably using PLICS

- We have realized that time is the currency that links us all

Value challenge pilot from the clinical perspective

Dr Jean MacLeod

North Tees and Hartlepool NHSFT

Improving value in healthcare requires finance and clinical collaboration

Take one or two acute care conditions, take on a chronic care condition…..

Kaplan 2015

It started with the Finance teams…

- 3 Trusts with same software

….then we found clinical teams

- Friendly clinicians willing to talk £
- 3 Trusts – 6 busy teams
- Surgical speciality – accessible outcome data
- Medical speciality – chronicity
- In hospital discussions
- Project team meetings

Refining the scope

- Surgical vs Medical approach
- Surgical quickly became Orthopaedic

- Fractured neck of femur
  - Activity in each Trust
  - Clear pathway
  - Data collection in NHFD
  - Simple coding

Refining the scope

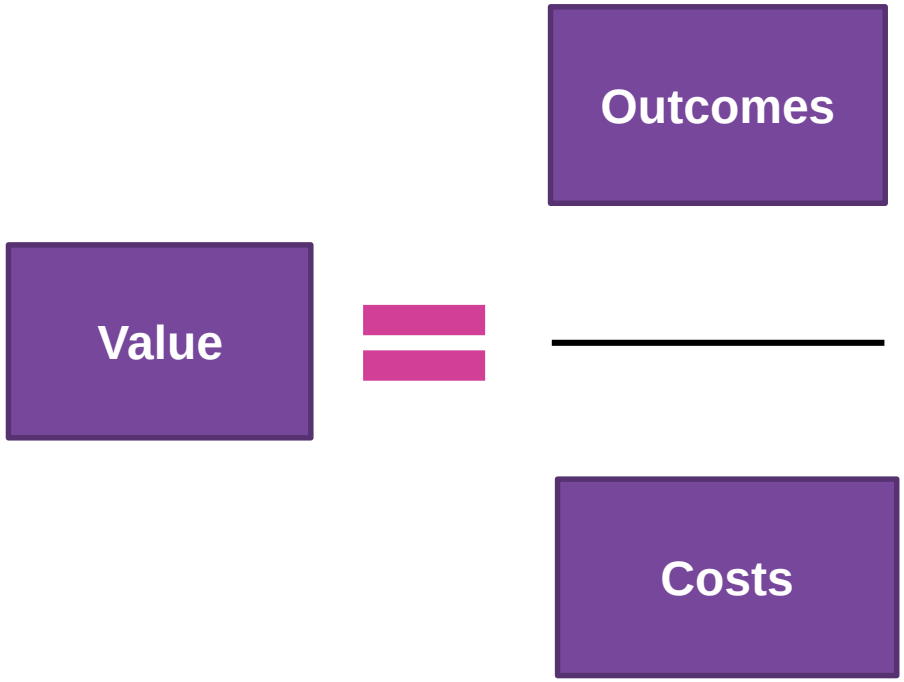
- Medical slowly became Diabetes
  - Cardiology, Frail elderly, Respiratory considered

- Diabetes is a huge clinical area
  - Activity in each Trust
  - But which pathway? Data collection?
  - No simple outcome or coding
  - In patients stratified by biochemical data

Identifying and sharing clinical data

- Clinical distrust of coding accuracy
- Assumptions regarding behaviours around Best Practice Tariff and NHFD completion
- Confidentiality and reputational concerns using NHFD
- Clinical audit data - national, Trust
- Access to and volume of biochemical data
- Diabetes outcomes rely on biochemical parameters

Where we got to



Clinically relevant data
Improved capture of patient data
Wider definitions of outcome
Identified other data sources

Interrogation of variance in costing and in outcomes
Clinical reframing of costing data
Shared language + frustrations

Frustrations

- Timescale of project
- Caldicott as a barrier
- Discovering stakeholders as project progressed
- Identifying data sources as project progressed
- NHFD vs PLICS
- Diabetes outcome data
- Sourcing primary care data
- Remembering Proof of concept ≠ Research

Costing *is* a useful tool for clinicians, informing service review or redesign and assessing change

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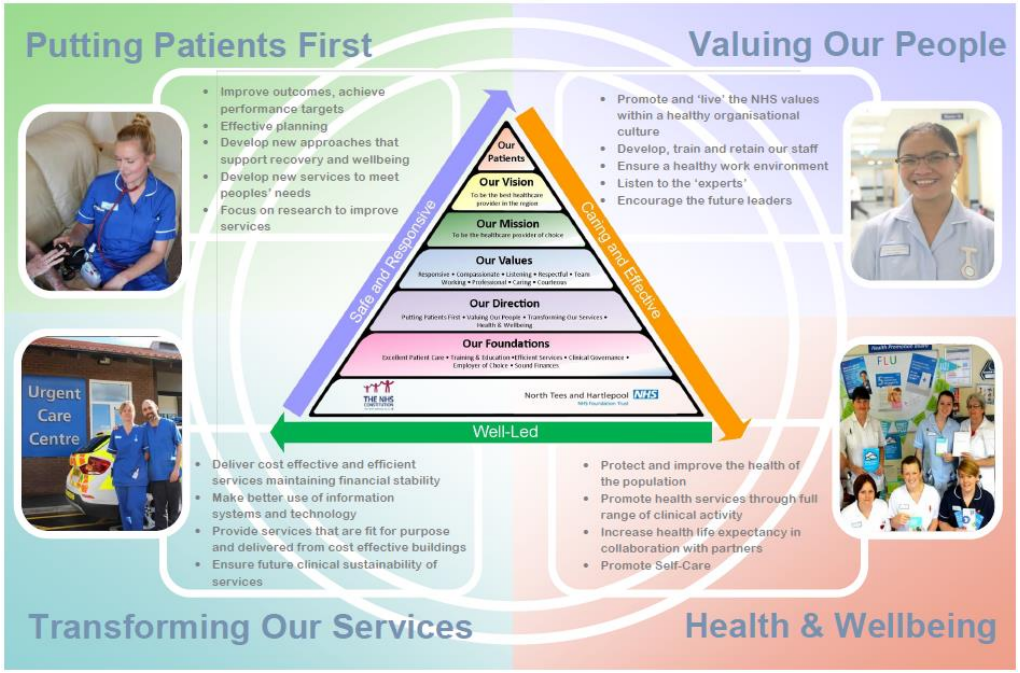

Costing for Value
COPD H@H analysis

J MacLeod C Monaghan
N Waters

We're Passionate About

Putting patients first
Quality, safety and patient experience
Transforming services to meet the health needs of future generations

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Costing for Value : COPD H@H Analysis

Aim:

Understand full impact of change in service delivery for patients with COPD

Source data:

Patient feedback, PLICs,TrakCare, SystemOne, NEAS, Bed bureau, weather station…

Methods:

Comparative analysis –activity, KPIs, income vs expenditure

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Hospital @ Home

Old Model for patients with exacerbations of COPD:

- Frequent admission to hospital 15 miles from home
- Average length of hospital stay 6.2 days
- Get a chest X ray (again!)
- Have (more!) blood tests
- Get some expensive inhalers to take home

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Hospital @ Home

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New Model for patients is Hospital @ Home:

- Cared for in their own home
- No travelling to hospital for them or their relatives
- Guaranteed specialist input
- Unlikely to have any blood tests or chest X rays
- No new expensive inhalers but advice on using their own

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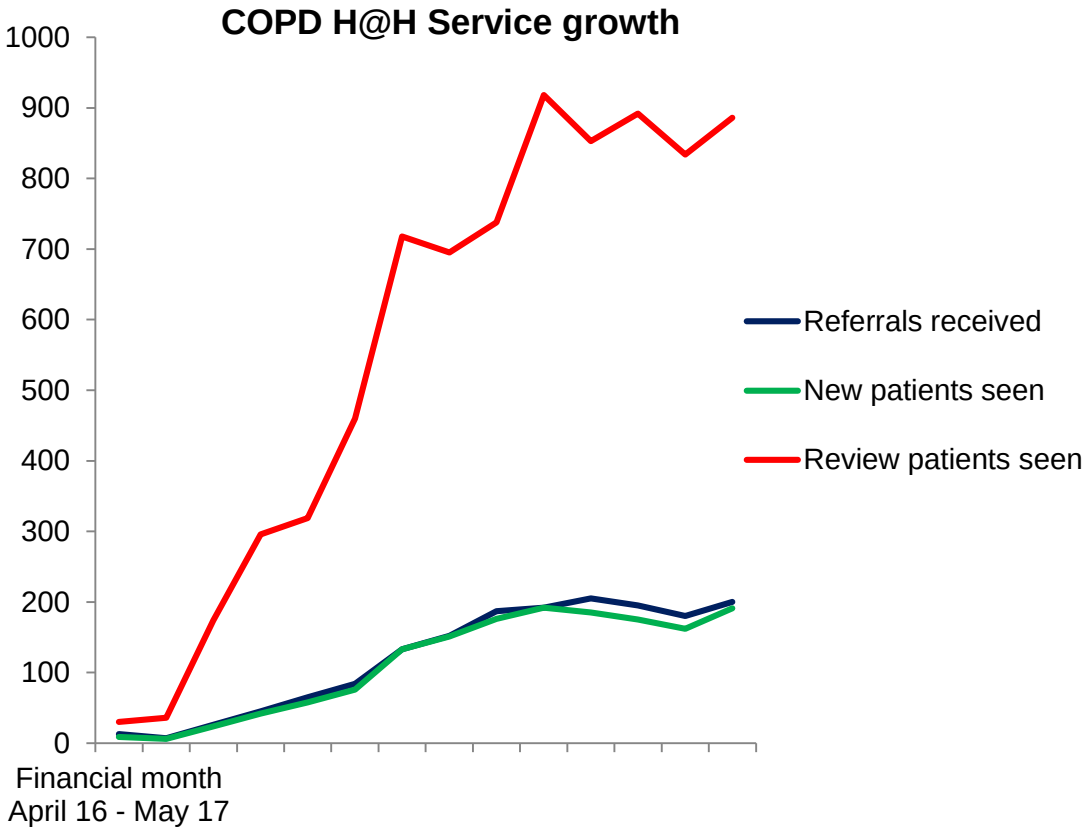
Introduction of H@H service



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Hospital @ Home: Patient perspectives

HEALTH

Nice to know they're there

I have suffered with chronic obstructive pulmonary disease (COPD) for a number of years.

Just recently I have been involved in a new initiative called Hospital at Home, run by the NHS.

This seeks to treat COPD sufferers in their home environment, instead of going to hospital.

The body of people who treated me were first class, and very thorough in the support they gave me while suffering from recurring chest infections.

I am now back on my feet and feeling like myself again.

I thought I would like to thank everyone involved in my treatment for the help and support I received from them all.

It's also nice to know that they will be there for me whenever this happens again. Thank you all.

Letter to the Hartlepool Mail

A patient said to me yesterday in clinic
' I want to kiss the person who thought of this service '
...and then they did.

Consultant feedback

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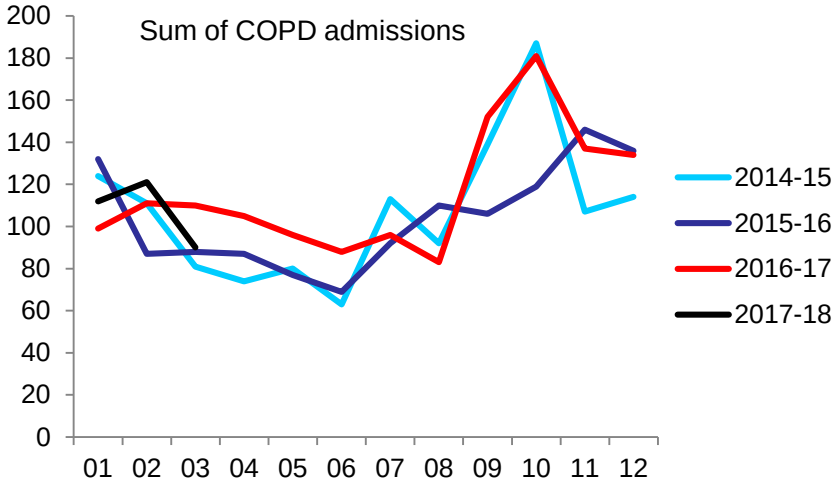
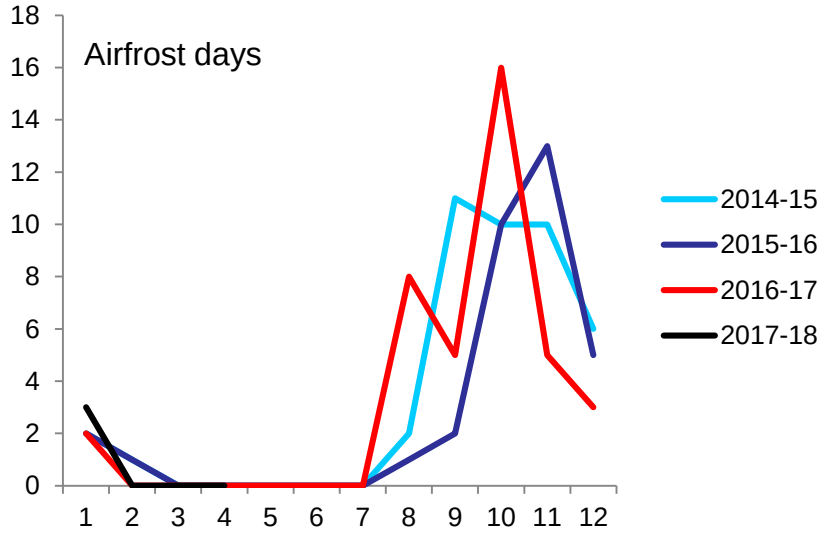
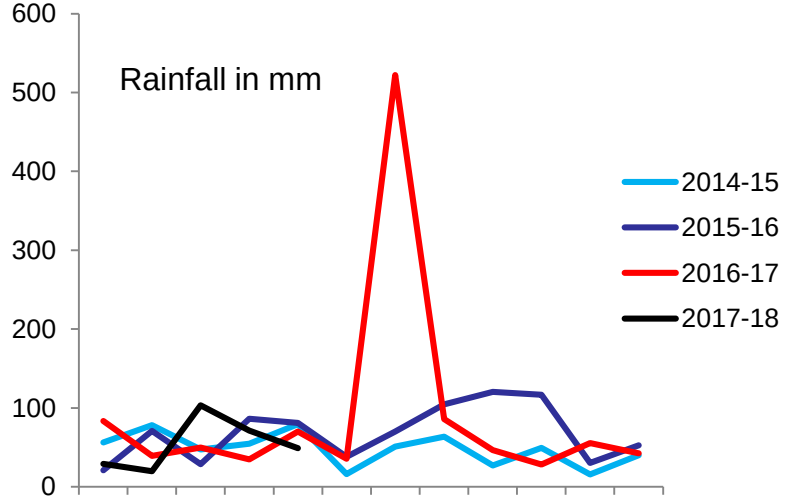
KPI: Reduction in COPD admissions



Rise in COPD admissions if compared to baseline 2015-16 before service started but is this a reasonable baseline?





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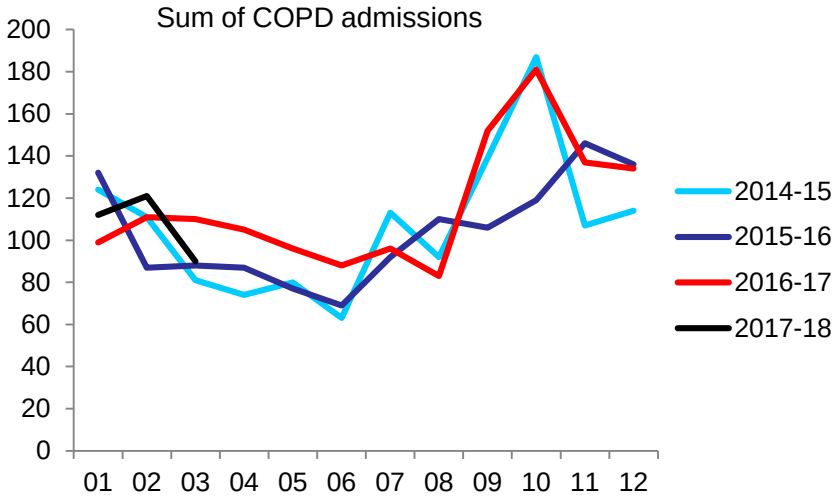
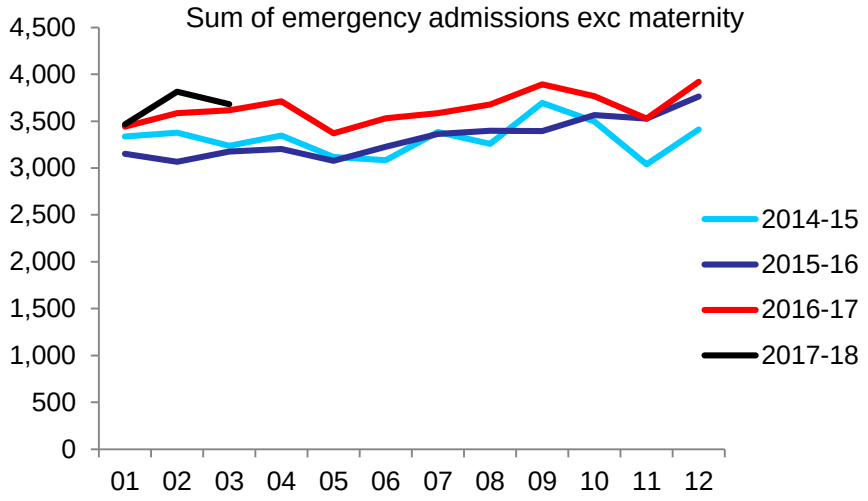
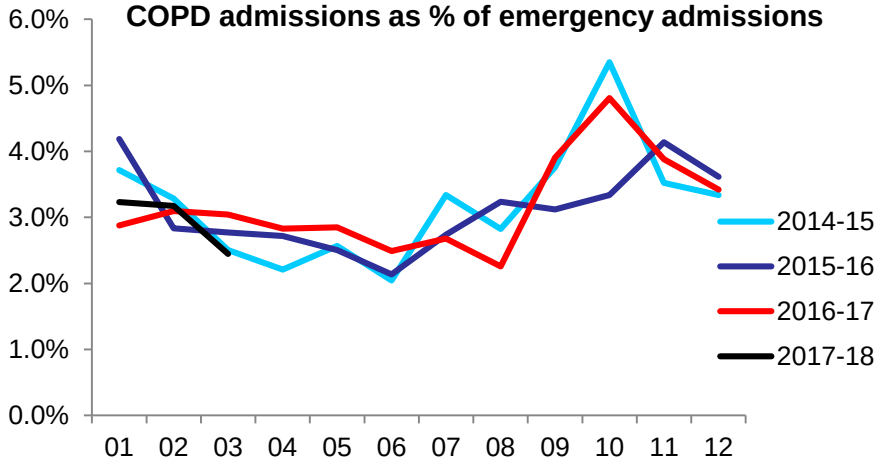
KPI: Reduction in COPD admissions







Absolute rise in COPD admissions if put into context is actually a relative fall

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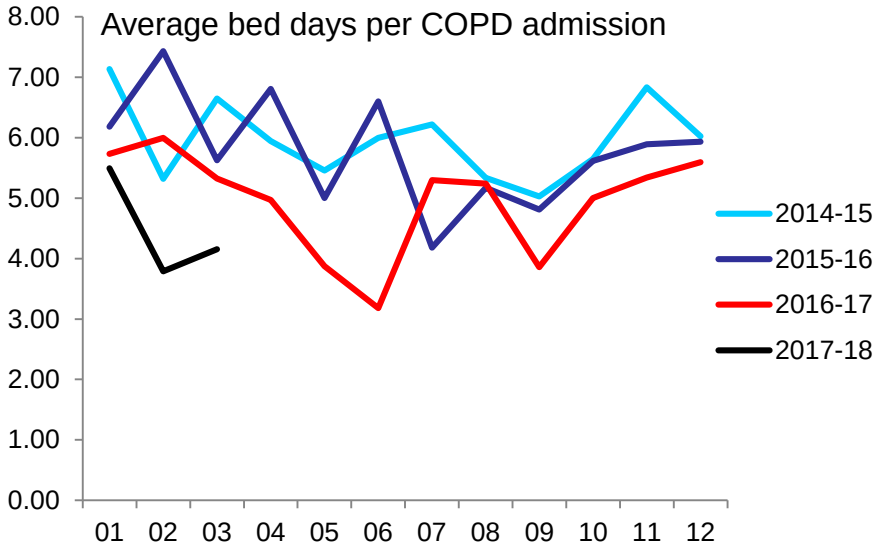
KPI: Reduction in LOS, bed occupancy



Reduction in bed days with 2014-5 baseline

2015-6	2016-7	2017-8
-448	-291	-616
-6%	-4%	-9%

	Jan	Feb	Mar	Apr	May	Jun	TOTAL
Average bedday reduction	-0.6	-0.6	-0.3	-0.2	-2.2	-1.2	-0.9
Total bedday reduction	112	75	46	26	268	105	662
Released beds	3.6	2.7	1.5	0.9	8.6	3.5	22.1

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KPI: Admission avoidance

- Bed bureau GPs
- NEAS
- Rapid response
- Community matrons
- Patients

	Jan	Feb	Mar	Apr	May	Jun	TOTAL
Estimated prevented admissions	55	96	71	56	72	67	417
Bedday reduction	275	513	397	308	273	277	2,040
Released beds	8.9	18.3	12.8	10.3	8.8	9.2	68.0

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Financial analysis

Estimated Annual Financial Impact of Admission Prevention			
(Based on Jan 17 - Jun 17)			
	Min	Avg	Max
Average income per spell (based on 16/17)	£445	£1,042	£1,451
Estimated prevented admissions	834	834	834
Estimated income prevented	£371,510	£869,075	£1,210,112
	Min	Avg	Max
Average variable costs per spell (based on 16/17)	£55	£217	£376
Estimated prevented admissions	834	834	834
Estimated variable cost avoided	£45,753	£180,835	£313,824
Estimated net impact on Acute	**£325,757**	**£688,239**	**£896,288**

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Future service changes

- Tool for projection, mapping and monitoring
- Clinical and financial impact analysis

- Managing frailty closer to home
  - Potential financial impact for acute
  - Overlap in activity with social care workforce
- Moving clinics for chronic disease
  - Loss of elective activity against contracted time