

# 7 Financial Levers for Hospitals

How to Improve Margins Without Compromising Care

Actionable strategies for hospital leaders and financial executive

Built for better care.  
Designed for better  
outcomes

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Selecting your next Hospital Management System(HMS) is a significant decision. This guide helps you navigate the process in 10 clear steps — from assessing your current pain points to selecting a partner who can evolve with your hospital's future.

## This guide helps you

- How to identify what your hospital truly needs
- How to compare vendors fairly and confidently
- How to negotiate, evaluate, and finalize the right partnership

*With billions invested and double-digit efficiency gains ahead, healthcare facilities in emerging-markets are redefining healthcare through digital tools and integrated management systems.*



# Introduction: The Balance Between Care and Sustainability

Every day, hospital leaders are asked to balance compassion with calculation — to deliver care that heals, while safeguarding the numbers that keep those doors open.

The conversation has shifted from doing more with less. It's about doing better with what matters most — time, people, data, and purpose.

This guide explores the 7 powerful levers that can protect and grow your margin — without sacrificing care quality.

## Let's start by asking some key questions

- How can I make sure every service we deliver is accurately captured and reimbursed?
- Do we know the real cost of care across departments — and what's quietly eroding profit?
- Which services are driving growth, and which are draining resources?
- And How can I turn technology become a growth engine rather than an expense line?



# Lever 1: Optimize Revenue Cycle Management

*Because getting paid shouldn't be the hardest part of providing care.*

You deliver great care — but are you getting paid for all of it?

Revenue leakage through missed authorisations, coding gaps, or claim denials is one of the most common reasons hospitals struggle with margin.

What this means for you

## Ask yourself

- Are eligibility and pre-auth checks automated—or manual?
- Do clinicians understand how documentation impacts reimbursement?
- How quickly can we identify and resolve denials ?

## Where to focus

- Front-end strength: automate insurance + pre-auth verification.
- Charge capture: connect clinical workflows directly to billing.
- Coding accuracy: continuous DRG/CPT audits and clinician training.
- Visibility: dashboards for denial rate, clean-claim %, A/R days.
- Insight: analytics to flag high-denial service lines and payer trends.

## The Result

Your HMS can automate charge capture, pre-authorization, and claim scrubbing. Real-time denial analytics and payer dashboards reduce A/R days and increase net collection rate.



**Tip:** Your HMS can automate charge capture, pre-authorization, and claim scrubbing. Real-time denial analytics and payer dashboards reduce A/R days and increase net collection rate.



## Lever 2: Understand the True Cost of Care

*Because what you don't measure, you can't manage.*

Most hospitals know their total operating costs, but not the real cost of delivering care across departments.

### Ask yourself

- Do I know the exact cost per procedure — including labour, consumables, and time?
- Which patient segments or service lines are profitable, and which aren't?
- Are we funding activities that add little to patient outcomes or experience?

### Where to focus

- Map cost drivers: staff time, consumables, equipment use, overheads.
- Use time-driven activity-based costing (TDABC) to track cost per minute of service.
- Identify “hidden inefficiencies” — redundant tests, idle time, or overstaffed shifts.
- Use this data to guide pricing, resource allocation, and investment decisions.

### The Result

Hospitals that use CTS analytics typically uncover 8–12 % of activities that add cost but no value. Once corrected, those savings can be reinvested into technology, staffing, and better patient access.



**Tip:** Run cost-per-case and service-line profitability reports directly from your HMS. Integrate time-driven costing and resource-use data to expose margin erosion.



## Lever 3: Shift and Shape the Service Mix

*Because not every service should grow — and that's okay.*

In every hospital, some service lines quietly power your financial engine — while others consume far more resources than they return. Strategic service mix isn't about cutting care. It's about aligning what you offer with what sustains you.

### Ask yourself

- Which departments generate the strongest contribution margin?
- Are we expanding low-margin services because they're popular, not profitable?
- Which care can safely move to lower-cost, higher-convenience settings?

### Where to focus

- Map key cost drivers: staff time, consumables, equipment, overheads.
- Apply TDABC to measure cost per minute of service.
- Identify hidden inefficiencies: redundant tests, idle time, overstaffed shifts.
- Use insights to guide pricing, resource allocation, and investments.

### The Result

Hospitals that rebalance their portfolio often see improvements in operating margin — not by cutting, but by reconfiguring what they do best.



**Tip:** Analyze case-mix index, payer-mix, and revenue contribution by department with Analytics. Redirect capital toward high-margin, high-throughput specialties.





## Lever 4: Enhance Asset and Capacity Utilization

*Because every empty bed or idle scanner costs you twice — once in lost revenue, and again in fixed cost.*

Hospitals are filled with high-value assets — from ORs to MRI machines — that often sit underutilized. The math is simple: if you already own it, you should be using it. When margins tighten, this lack of visibility becomes expensive. Cost-to-Serve (CTS) analysis changes that — it shows exactly which services create value and which quietly drain it.

### Ask yourself

- What's our average OR utilization rate?
- Do staff schedules align with real patient flow?
- Are we investing in more equipment when existing assets aren't fully used?

### Where to focus

- Track capacity metrics daily: occupancy, OR hours, imaging idle time.
- Use predictive analytics to forecast demand and plan shifts.
- Balance elective and emergency scheduling to reduce downtime.
- Shift low-acuity cases to outpatient or telehealth to free inpatient capacity.

### The Result

A 10 % boost in OR utilization can raise your EBITDA up a few points. And beyond the numbers, it improves patient flow and satisfaction.



**Tip:** Use your HMS to gather real-time capacity intelligence—turning fixed assets into fully utilized revenue centers.

## Lever 5: Take Control of Your Supply Chain

*Because your next margin gain might be sitting in your storeroom.*

Supplies, drugs, and implants make up 30–40% of hospital variable costs, yet most hospitals lack visibility into where that money goes. Standardization and real-time tracking are the strongest levers for control.

### Ask yourself

- Do multiple vendors supply the same item at different prices?
- Are clinicians aligned with procurement choices?
- Do we track inventory turnover and waste in real time?

### Where to focus

- Run spend analysis and standardize products
- Negotiate preferred contracts
- Implement barcode tracking
- Automate reordering.

### The Result

Digitally managed supply chains cut waste by 15–20%, improving cash flow and freeing capital for patient care.



**Tip:** Leverage HMS inventory and procurement modules to monitor SKU usage, vendor pricing, and turnover ratio. Automate reorder levels to improve cash flow and reduce waste.





## Lever 6: Leverage Technology and Digital Platforms

*Because digital isn't the goal — better decisions are.*

Most hospitals invest in technology, but few capture its full value. The real question isn't, "Do we have systems?" It's: Do they connect—and do they improve decisions?

### Ask yourself

- Can we view financial, operational, and clinical KPIs in one real-time dashboard?
- How much administrative work is still manual?
- Are telehealth and automation reducing cost per case?

### Where to focus

- Integrate EMR, ERP, and revenue systems.
- Automate coding, billing, staffing, and inventory.
- Use real-time dashboards to monitor cost, revenue, and utilization.
- Start with one high-ROI digital pilot, then scale.

### The Result

Hospitals that unify their data typically cut administrative costs by up to 15% and make faster, evidence-backed decisions.



**Tip:** Centralize EMR, ERP, and RCM data within your HMS to unlock real-time, precision decision-making.

## Lever 7: Move from Volume to Value

*Because better outcomes are the new currency of healthcare.*

The world is shifting from fee-for-service to value-based payment. Hospitals that wait will lose leverage. Hospitals that prepare will lead.

### Ask yourself

- Do we know our current mix of FFS, bundled, and risk-based contracts?
- Are we tracking cost per member or per episode?
- How strong is our population health management data?

### Where to focus

- Map payer contracts and identify where shared-risk models make sense.
- Build care coordination and chronic-disease management programs.
- Align team incentives to outcomes, not just volume.
- Negotiate contracts backed by data — not hope.

### The Result

Hospitals embracing value-based care report 25 % lower readmission costs and greater stability under payer reform.



**Tip:** A next-generation HMS measures both cost and outcome—giving finance leaders the data to succeed in value-based reimbursement models.





## From Insight to Action | Turning Strategy into Momentum

You don't need to pull all 7 levers at once. Start small, but start strategic.

### Here's how:

- Form a cross-functional Margin Improvement Task Force.
- Run a quick diagnostic: Where are we strongest? Where are we leaking value?
- Choose two levers — one revenue, one cost — and define success metrics.
- Track monthly, review quarterly, and scale what works.

### Next Steps

Margins and mission aren't opposites — they depend on each other. Financial health funds clinical excellence. Clinical excellence secures long-term growth.

**Medinous** helps hospitals connect operations, finance, and care through integrated, data-driven systems that make every decision count.



# About Medinous

Building Connected Healthcare Systems for a Connected World

Medinous is a global healthcare technology company providing integrated Hospital and Clinic Management Systems designed to simplify operations, enhance patient care, and strengthen administrative efficiency.

Our solutions empower hospitals, clinics, and healthcare networks across the GCC, Africa, and the Caribbean to digitize their entire care cycle — from patient registration to discharge — with real-time visibility and control.



Medinous  
Enterprise

For Large  
Hospitals



Medinous  
Spectrum

For Small & Mid-sized  
Hospitals



Medinous  
Fusion

For Out-Patient  
centers

## Key Highlights

**Comprehensive Coverage:** Fully integrated 30+ modules for clinical, financial, administrative, and operational workflows.

**Scalable Architecture:** Cloud-ready and modular design to support hospitals of all sizes from single-site clinics to multi-branch networks.

**Localized Compliance:** Configured to align with regional and global standards and other health frameworks.

**Interoperability & Data Security:** Built-in APIs and secure data exchange for seamless integration with third-party systems and regulatory platforms.

**Proven Global Presence:** Trusted by healthcare institutions in 10+ countries for over 25 years; backed by experienced implementation and support teams.



## Our Vision

To enable healthcare providers to deliver connected, efficient, and patient-centric care through technology that adapts, scales, and evolves with them.



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