## Referral and Visit Lags

|  | Table One: Referral Lags for Hospital-Owned Services <br> Please input referral lags for all hospital-owned services. |  |  |
| :---: | :---: | :---: | :---: |
| Type of Service <br> Not Applicable | Total number of patients <br> Not Applicable | The percentage of appointments scheduled within <br> three business days of referral <br> Not Applicable |  |


|  | Table Two: Referral Lags for Imaging Procedures <br> Please input referral lags for the top five most frequent imaging procedures. |  |  |
| :---: | :---: | :---: | :---: |
| Imaging Procedure <br> Not Applicable | Total number of patients <br> Not Applicable | The percentage of appointments scheduled within <br> three business days of referral <br> Not Applicable |  |


| Table Three: Visit Lags for Hospital-Owned Services <br> Please input visit lags for all hospital-owned services. Please remember to include weekends and holidays in your calculation. |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Type of Service <br> All Cardiology <br> All General Surgery <br> All Oncology / Hematology <br> All Orthopedics <br> All Neurology <br> All OB/GYN | Percentage of new patients scheduled to be seen within 14 days $82 \%$ $95 \%$ $79 \%$ $67 \%$ $25 \%$ $87 \%$ | Percentage of new patients scheduled to be seen within $\mathbf{3 0}$ days $16 \%$ $3 \%$ $14 \%$ $25 \%$ $32 \%$ $13 \%$ | Percentage of new patients scheduled to be seen within 90 days | Percentage of new patients scheduled to be seen within 180 days <br> $1 \%$ <br> 2\% <br> $0 \%$ <br> $1 \%$ <br> 2\% <br> 0\% |



## Boarding and Transfer Issues

Note: These questions were lifted from budget narratives of previous years. If you are unable to answer the questions in full, please provide GMCB with a written explanation of your limitations and answer the question to the best of your ability.

## Table Five: Patient Boarding

Please estimate total number of discharges, patient days, associated expenditures and reimbursements for FY22 (Actuals), FY23 (Actuals), FY24 (Projected) and FY25 (Budget): Provision of care due to the inability to discharge patients home due to lack of services or transfer patients to post-acute or other more appropriate care settings. Examples might include hospital stays beyond what is clinically indicated due
appropriate for discharge/transfer or stays for which patients received care that would not generally be provided in a hospital setting (i.e. admissions for social reasons)

Year Total Number of Discharges
FY2022 (Actuals)
FY2023 (Actuals)
FY2024 (Projected)
FY2025 (Budget)
Not Applicable
Not Applicable
Not Applicable
Not Applicable

Total Number of Patient Days
Not Applicable
Not Applicable
Not Applicable
Not Applicable

Associated Expenditures
Not Applicable
Not Applicable
Not Applicable
Not Applicable

Associated Reimbursements
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable

Table Six: Patient Boarding (LOS)

Assuming the majority of patients who stay in emergency departments for greater than 24 hours without an admitted disposition are patients boarding for a mental health evaluation, please define the LOS in patient hours for patients who have a LOS greater 24 hours without an admitted disposition and the total number of episodes this represents. Please estimate the associated expenditures and reimbursements associated with these encounters. OS in patient hours for patients who have a
LOS greater 24 hours (without an admitted
3216 Total Number of Épisodes 193

## Clinical Productivity

Note: If you are unable to answer the question in full, please provide GMCB with a written explanation of your limitations and answer the question to the best of your ability.

| Table Seven: Clinical Productivity |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Please report average work RVUs per clinical physician FTE by department - both the level and the associated percentile of national benchmarks, or similar, for the most recent year available. Report the number of clinical and budgeted FTEs (if different) that are included in the denominator. |  |  |  |  |  |
| Department Copley | work RVUS / Clinical Physician FTEs 4755 | Associated Percentile of National Benchmark N/A | Number of Clinical Physician FTEs 22.075 | Number of Budgeted Clinical Physician FTEs (if different) 22.075 | Year of Data FY23 |

## Staff Turnover

Note: If you are unable to answer the question in full, please provide GMCB with a written explanation of your limitations and answer the question to the best of your ability.

| Table Eight: Staff Turnover and Vacancies |  |  |  |
| :--- | :--- | :--- | :--- |
| Terminated employment between June |  |  |  |
| FTE physicians | Employed as of May 31, 2024 | 1,2023 and May 31, 2024 | Vacancies as of May 31, 2024 |
| FTE mid-level providers | 20.85 | 1.6 | 3 |
| FTE nurses | 25.67 | 0.8 | 2 |



Averag ey pafer ano by core sfevce ine cannot be overx


