

Table One: Referral Lags for Hospital-Owned Services		
Please input referral lags for all hospital-owned services.		
Type of Service	Total number of patients	The percentage of appointments scheduled within three business days of referral
<p>Gifford Health Care, Inc. implemented the Meditech Expanse Electronic Medical Record (EMR) in October 2023 and continues to work towards optimizing functionality. During the optimization stage, workflows have been adjusted and revised, which resulted in a lack of data consistency and limited reporting capabilities at this time. Referral workflows in particular have been a challenge. There is not currently a link between a referral and the resulting scheduled appointment that satisfies the referral. Therefore reporting on this measure is not currently possible. We will continue to work to understand these workflows and improve reporting.</p>		
[CUSTOM ENTRIES]		

Table Two: Referral Lags for Imaging Procedures		
Please input referral lags for the top five most frequent imaging procedures.		
Imaging Procedure	Total number of patients	The percentage of appointments scheduled within three business days of referral
[MORE CUSTOM ENTRIES]		

Table Three: Visit Lags for Hospital-Owned Services					
Please input visit lags for all hospital-owned services. Please remember to include weekends and holidays in your calculation.					
Type of Service	Total number of new patients	Percentage of new patients scheduled to be seen within 14 days	Percentage of new patients scheduled to be seen within 30 days	Percentage of new patients scheduled to be seen within 90 days	Percentage of new patients scheduled to be seen within 180 days
All Primary Care	77	28.6%	16.9%	44.2%	10.4%
All Addiction Services	0	0.0%	0.0%	0.0%	0.0%
All Allergy Care	0	0.0%	0.0%	0.0%	0.0%
All Cardiology	23	21.7%	34.8%	43.5%	0.0%
All Dermatology	0	0.0%	0.0%	0.0%	0.0%
All Ear, Nose, and Throat	0	0.0%	0.0%	0.0%	0.0%
All Endocrinology	0	0.0%	0.0%	0.0%	0.0%
All Gastroenterology	0	0.0%	0.0%	0.0%	0.0%
All General Surgery	57	64.9%	29.8%	5.3%	0.0%
All Infectious Diseases	0	0.0%	0.0%	0.0%	0.0%
All Neurology	25	20.0%	0.0%	80.0%	0.0%
All OB/GYN	5	60.0%	0.0%	40.0%	0.0%
All Oncology / Hematology	2	0.0%	0.0%	100.0%	0.0%
All Ophthalmology	0	0.0%	0.0%	0.0%	0.0%
All Orthopedics	32	37.5%	40.6%	18.8%	3.1%
All Pain Medicine	0	0.0%	0.0%	0.0%	0.0%
All Podiatry	28	85.7%	7.1%	3.6%	3.6%
All Psychiatry	0	0.0%	0.0%	0.0%	0.0%
All Pulmonology	0	0.0%	0.0%	0.0%	0.0%
All Radiology	0	0.0%	0.0%	0.0%	0.0%
All Rheumatology	0	0.0%	0.0%	0.0%	0.0%
All Sleep Medicine	0	0.0%	0.0%	0.0%	0.0%
All Urology	17	58.8%	41.2%	0.0%	0.0%
Gifford Behavioral Health	22	59.1%	18.2%	22.7%	0.0%
Gifford Behavioral Hlth Berlin	3	33.3%	0.0%	66.7%	0.0%
Gifford Specialty - Berlin	27	59.3%	18.5%	22.2%	0.0%
Gifford Specialty - Sharon	42	81.0%	11.9%	7.1%	0.0%

Table Four: Visit Lags for Imaging Procedures

Please input visit lags for the top five most frequent imaging procedures. Please remember to include weekends and holidays in your calculation.

Imaging Procedures	Total number of new patients	Percentage of new patients scheduled to be seen within 14 days	Percentage of new patients scheduled to be seen within 30 days	Percentage of new patients scheduled to be seen within 90 days	Percentage of new patients scheduled to be seen within 180 days
XR foot RT min 3V	16	93.8%	6.3%		
XR foot LT min 3V	16	100.0%			
MM 3D screening BI	13	76.9%	12.5%		6.3%
XR shoulder RT min 2V	10	100.0%			
XR shoulder LT min 2V	10	100.0%			
US breast LT limited	2	50.0%	50.0%		
MR lumbar spine wo con	1	100.0%			
MM 3D diagnostic LT	1	100.0%			
CT lung screening low-dose	1	100.0%			

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 to difficulties discharging/transferring after patients are deemed safe and 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	Total Number of Patient Days	Associated Expenditures	Associated Reimbursements
FY2022 (Actuals)	20	614	\$ 1,394,108	\$ 1,544,799
FY2023 (Actuals)	18	486	\$ 1,325,444	\$ 1,643,687
FY2024 (Projected)	13	577	\$ 1,627,533	\$ 2,020,742
FY2025 (Budget)	14	605	\$ 1,684,497	\$ 2,121,779

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.

Year	LOS in patient hours for patients who have a LOS greater 24 hours (without an admitted disposition)	Total Number of Episodes	Associated Expenditures	Associated Reimbursements
2024 (YTD)	702.96	12	\$ 6,356.84	\$ 7,813.56
2024 (Projected)	1,218.76	23	\$ 12,183.95	\$ 14,975.99

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	work RVUS / Clinical Physician FTEs	Associated Percentile of National Benchmark	Benchmark Source Details	Number of Clinical Physician FTEs	Number of Budgeted Clinical Physician FTEs (if different)	Year of Data
Hospitalist	5,121.61	65%		2.0	2.0	2024
ED Providers	10,352.50	95%		2.3	2.3	2024
Radiology	12,274.33	79%		2.0	2.0	2024
Cardiology	3,434.89	26%		0.9	0.9	2024
Pre-Op Services	1,812.64	27%		0.3	0.3	2024
General Surgery	8,466.39	73%	MGMA - 2024 REPORT BASED ON 2023 DATA - 90th Percentile	2.0	2.0	2024
Neurology	2,501.59	30%		1.0	1.0	2024
Orthopedics	2,678.87	15%		1.0	1.0	2024
Urology	5,421.51	39%		1.5	1.5	2024
Podiatry	7,612.52	74%		1.6	1.6	2024
GMC Sharon	7,040.97	51%		2.5	2.5	2024
GMC Berlin	8,397.74	61%		0.9	0.9	2024
OB/GYN	2,284.25	20%		1.0	1.0	2024

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

	Employed as of May 31, 2024	Terminated employment between June 1, 2023 and May 31, 2024	Vacancies as of May 31, 2024
FTE physicians	25.32	0.69	3.15
FTE mid-level providers	5.47	-	3.43
FTE nurses	65.71	7.35	23.90

