

Referral and Visit Lags

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
All Primary Care		
All Addiction Services		
All Allergy Care		
All Cardiology		
All Dermatology		
All Ear, Nose, and Throat		
All Endocrinology		
All Gastroenterology		
All General Surgery		
All Infectious Diseases		
All Neurology		
All OB/GYN		
All Oncology / Hematology		
All Ophthalmology		
All Orthopedics		
All Pain Medicine		
All Podiatry		
All Psychiatry		
All Pulmonology		
All Radiology		
All Rheumatology		
All Sleep Medicine		
All Urology		
[CUSTOM ENTRIES]		

Referral Lags 5/1/2024 - 5/14/2024	
Clinical Unit	Avg Referral Lag (Days)
Medical Clinics	7.9
Orthopedics	2.6
Ophthalmology	1.0
ENT	2.2
General Surgery & Urology	1.4
Rehab Services	1.0
Diagnostic Imaging	3.0

Referral tracking is a manual process and the current process aligns with the internal process improvement goal of a 3 day average. While this method does not allow for the reporting of percentages beyond a 3 day lag, it aligns with the intent of this reporting and promotes the same goal.

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
1 [CUSTOM ENTRY]		
2 [CUSTOM ENTRY]		
3 [CUSTOM ENTRY]		
4 [CUSTOM ENTRY]		
5 [CUSTOM ENTRY]		
[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 Cardiology	233	24%	35%	44%	69%
All Ear, Nose, and Throat	397	7%	13%	40%	88%
All Endocrinology	170	14%	21%	44%	88%
All General Surgery	106	38%	58%	74%	78%
All OB/GYN	382	27%	54%	95%	97%
All Ophthalmology	267	13%	23%	34%	58%
All Orthopedics	869	27%	49%	91%	98%
All Pulmonology	234	26%	35%	52%	72%
All Urology	122	21%	31%	69%	79%

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
Mammography	164	20%	22%	74%	93%
XR (Chest, Knee, Shoulder, Foot)	58	93%	98%	100%	100%

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)	Data Not Available	Data Not Available	Data Not Available	Data Not Available
FY2023 (Actuals - March to September)	Data Not Available	914	795,180	100,540
FY2024 (Projected)	Data Not Available	1461	1,271,070	160,710
FY2025 (Budget)	See Narrative	See Narrative	See Narrative	See Narrative

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
FY2023	15,419	288	3,650,250	1,551,929

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		Associated Percentile of National Benchmark	Benchmark Source Details	Number of Clinical Physician FTEs	Number of Budgeted Clinical Physician FTEs (if different)		Year of Data
	FTEs							
PEDIATRIC HOSPITALISTS	638.69	<25th	Coker Group	1.00	1.00	Actual=FY23 / Budget=FY25		
PATHOLOGY	4,419.67	<25th	Coker Group	1.47	2.29	Actual=FY23 / Budget=FY25		
EMERGENCY PHYS	5,337.46	25th-50th	Coker Group	7.23	7.22	Actual=FY23 / Budget=FY25		
CARDIOLOGY	5,020.28	<25th	Coker Group	0.85	1.67	Actual=FY23 / Budget=FY25		
PULMONOLOGY	6,639.88	50th-75th	Coker Group	1.00	2.01	Actual=FY23 / Budget=FY25		
UROLOGY	3,423.79	<25th	Coker Group	1.20	1.00	Actual=FY23 / Budget=FY25		
ENT	9,304.13	50th-75th	Coker Group	1.00	1.00	Actual=FY23 / Budget=FY25		
ENDOCRINOLOGY	3,099.25	<25th	Coker Group	0.97	0.76	Actual=FY23 / Budget=FY25		
URGENT CARE	3,816.00	<25th	Coker Group	0.08	0.06	Actual=FY23 / Budget=FY25		
ORTHO PHYS PRACTICE	6,212.43	<25th	Coker Group	5.00	6.02	Actual=FY23 / Budget=FY25		
OB PHYS PRACTICE	13,044.08	>90th	Coker Group	1.60	2.65	Actual=FY23 / Budget=FY25		
OPHTHALMOLOGY	9,508.64	50th-75th	Coker Group	1.33	1.00	Actual=FY23 / Budget=FY25		
GENERAL SURGERY	6,259.51	25th-50th	Coker Group	2.00	2.01	Actual=FY23 / Budget=FY25		

Notes:

Pediatric Hospitalist is an investment made to ensure access to labor & delivery services in Franklin County. Volumes (FY2025 budget of 290) do not support the ability to reach national productivity benchmarks
 Cardiology & Urology have historically operated using contracted physicians. Productivity has not been satisfactory and the FY2025 budget includes employed physicians
 Urgent Care has been identified as an area where productivity needs improvement. See narrative.
 Orthopedics is currently staffed with three providers, one slowing down as they near retirement, one building a practice and one that is highly productive. Two additional providers budgeted in FY2025

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	41.08	1	10	10
FTE mid-level providers	19.25	10	4	4
FTE nurses	118.6	33	26	26

