

**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 We did not track number of patients for any of these services.	The percentage of appointments scheduled within three business days of referral
Primary Care Practice #1		100%
Primary Care Practice #2		100%
All Addiction Services		N/A
All Allergy Care		N/A
All Cardiology		100%
All Dermatology		N/A
All Ear, Nose, and Throat		100%
All Endocrinology		N/A
All Gastroenterology		N/A
All General Surgery		34%
All Infectious Diseases		N/A
All Neurology		96%
All OB/GYN		100%
All Oncology / Hematology		N/A
All Ophthalmology		N/A
All Orthopedics		100%
All Pain Medicine		Not Tracked
All Podiatry		34%
All Psychiatry		N/A
All Pulmonology		87%
All Radiology		N/A
All Rheumatology		N/A
All Sleep Medicine		N/A
All Urology		70%
Pediatrics		100%
Palliative Care		100%

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 We did not track number of patients for any of these services.	The percentage of appointments scheduled within three business days of referral
Chest Xray		88%
CT Lung Cancer Screening		33%
MRI Brain w/o contrast		100%
Ultrasound Echocardiogram		78%
Ultrasound pelvic and transvaginal		

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 We did not track number of new patients for any of these services.	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
Primary Care Practice #1		19%	42%	38%	
Primary Care Practice #2			100%		
All Addiction Services		N/A			
All Allergy Care		N/A			
All Cardiology		16%	80%	4%	
All Dermatology		N/A			
All Ear, Nose, and Throat		8%	10%	80%	2%
All Endocrinology		N/A			
All Gastroenterology		N/A			
All General Surgery		23%	20%	37%	20%
All Infectious Diseases		N/A			
All Neurology		6%	18%	28%	48%
All OB/GYN		16%	80%	4%	
All Oncology / Hematology		N/A			
All Ophthalmology		N/A			
All Orthopedics		20%	32%	48%	
All Pain Medicine		Not tracked			
All Podiatry		20%	13%	47%	20%
All Psychiatry		N/A			
All Pulmonology		28%	68%	4%	
All Radiology		N/A			
All Rheumatology		N/A			
All Sleep Medicine		N/A			
All Urology		8%	14%	18%	60%
Pediatrics		100%			
Palliative Care			50%	50%	

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
Chest Xray		87%	13%		
CT Lung Cancer Screening		46%	38%	8%	8%
MRI Brain w/o contrast		75%	25%		
Ultrasound Echocardiogram		13%	78%	11%	
Ultrasound pelvic and transvaginal		100%			

NOTE: We did not track the number of patients. This information was not requested in the final budget guidelines

**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.  
 note: Data for

<b>Table Five: Patient Boarding</b>					
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)	268	410	1,066,398	632,559	
FY2023 (Actuals)	367	539	1,312,850	765,459	
FY2024 (Projected)	352	590	1,278,434	688,121	
FY2025 (Budget)	354	593	1,316,787	710,691	

<b>Table Six: Patient Boarding (LOS)</b>					
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	
CY 2024 Jan-June	282.55	5	114,313.60	2,164.36	

**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
Family Medicine (w/out OB)	3,690.12	18.6 % tile	MGMA Median wRVU	2.00		2023
Hospice/Palliative Care	2,070.76	36.8% tile	MGMA Median wRVU	1.25		2023
Internal Medicine: Amb only	2,744.90	10.0% tile	MGMA Median wRVU	1.75		2023
Neurology	3,184.70	21.1% tile	MGMA Median wRVU	1.00		2023
OB/GYN: General	4,332.55	21.9% tile	MGMA Median wRVU	2.00		2023
Ortho: General	11,091.98	59.2% tile	MGMA Median wRVU	1.00		2023
Otorhinolaryngology	4,430.99	13.4% tile	MGMA Median wRVU	1.00		2023
Pediatrics: General	3,719.73	32.4% tile	MGMA Median wRVU	3.75		2023
Podiatry	Not applicable int 2023		MGMA Median wRVU			2023
Pulmonology: General	3,946.45	22.7% tile	MGMA Median wRVU	1.00		2023
Surgery: General	5,129.50	37.6% tile	MGMA Median wRVU	3.00		2023
Urology	3,294.29	10.0% tile	MGMA Median wRVU	1.00		2023
Pain Mgmt: nonanesthesia	5,053.20	39.0% tile	MGMA Median wRVU	1.00		2023
Emergency Medicine	6,147.77	39.4% tile	MGMA Median wRVU	5.90		2023
Hospitalist: Internal Medicine	6,463.23	85.5% tile	MGMA Median wRVU	4.20		2023

## 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	31.93	4.5	6
FTE mid-level providers	33.92	1.75	1
FTE nurses	121.41	7.95	10

