


Name of Policy: <u>Monthly Stats</u> Policy Number: 3364-101-01-05 Department: Ambulatory Services Approving Officer: Sr. Vice President and Executive Director, UTMC Responsible Agent: Director, Clinic Operations Scope: Ambulatory Services	 Effective Date: 9/1/2011 Initial Effective Date: December 1, 1980
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

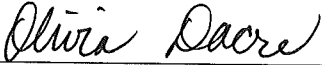
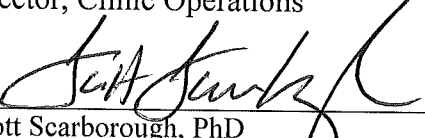
Statistical reports will be submitted on a monthly basis.

(B) Purpose of Policy

To report to the appropriate areas the Ambulatory Services monthly clinical activity.

(C) Procedure

1. The monthly visit statistics for each service subdivision are reported at the end of each month by provider using the clinic specific template. Information will include total number of new patients scheduled and seen, number of provider cancellations, patient no shows, patient cancellations and total patients scheduled and total seen. Provider cancellations will be counted any time a patient's appointment has been rescheduled at the providers' request.
2. At the end of each month the statistics will be submitted to Ambulatory Services Administration where they are entered into one spreadsheet and sent to each clinic manager to be audited for accuracy and finalized. These reports shall be submitted not later than the third working day of each month.
3. This report is copied to:
 - a. Vice President/Executive Director
 - b. Senior Vice President for Finance
 - c. Chairs, Clinical Departments
 - d. Administrator, Ambulatory Services
 - e. Director, Hospital Budget
 - f. Ambulatory Managers
 - g. Director, Linen Services

Approved by:	Review/Revision Date:
 <hr/> Olivia Dacre, MBA Director, Clinic Operations	<u>9-20-11</u> Date
 <hr/> Scott Scarborough, PhD Sr. Vice President and Executive Director, UTMC	<u>9/20/11</u> Date
<i>Review/Revision Completed By: Ambulatory Services</i>	11/81 11/09 7/84 9/11 10/84 4/87 11/89 3/90 10/93 7/99 1/01 8/05 10/06
Next Review Date: 9/1/2014	
Policies Superseded by This Policy:	

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.