Site	Discipline	Outpatient Productivity Requirements
ORG A	PT/OT/SLP	Bill for 70% of hours worked
ORG B	SLP	80%
ORG C		50%
ORG D	PT/OT	62%
ORG E	PT/OT/SLP/Audiology	65%
ORG F		36 RVUs average/day

ORG G	PT/OT	N/A
ORG H	SLP	N/A
ORG I	PT/OT/SLP	4500 UOS (15-min billable) per year. Approximately 100 UOS for every 40-hour week worked.
ORG J	PT/OT/SLP	80% or 32 patients in a 40 hour week – we schedule over our target in order to attempt to be successful with our 10% cancellation/no show rate. This productivity target is applicable to OT/PT/ST for adults & pediatrics. The only program we lower is Lymphedema, which is an absolute requirement due to the patient population being served.
ORG K	PT/OT/SLP	55%
ORG L	PT/OT/SLP	

ORG M	PT/OT/SLP	65%
ORG N	PT/OT/SLP	65% (peds typically 5% less)
ORG O	PT/OT/SLP	70% (peds typically 5% less)
ORG P	PT/OT/SLP	>8 visits per day for PT/OT(in 8 hour day) , >6.5 visits per day for Speech (in 8 hour day) , >85% unit productivity for PT/OT(with 100% = billing 28 units per 8 hour day), >85% minute productivity for SLP with 100% = 390 minutes per 8 hour day (6.5 hours of direct patient care in 8 hour day for SLP)

ORG Q	SLP	Approximately 62%

Outpatient Productivity Measures	Inpatient Productivty Requirements	Inpatient Productivity Measures
15 minute units for hours worked, 40 hour week is 28 hours or 112 units	Bill for 70% of hours worked	15 minute units for hours worked, 40 hour week is 28 hours or 112 units
Time spent with patients	5-7 patients per day, may range up to 8	# of patients
Units/billed time		
We measure out productivity based on visit length that is scheduled and this is set up ahead of time.	55%	RVU's, however we give 4 units of credit for each evaluation (we are considering possibly giving 2-3 different types of eval credit due to the variation of time needed)
The productivity is worked (regular) hours /billed time plus workload stat (which is face to face time and an additional ½ of the face to face time for documentation for evals, no additional workload stat included for daily documentation)	65%	The productivity is worked (regular) hours /billed time plus workload stat (which is face to face time and an additional ½ of the face to face time for documentation for evals, no additional workload stat included for daily documentation)
RVUs	36 RVUs average/day	RVUs

N/A	Target is 16 billed units/8 hours (PT/OT) and average 7-8 pt's/day	We use units billed as well as # patients seen (to assist in managing volume).
N/A	SLP expectations are more around 7-8 pt/day due billing differences	We use units billed as well as # patients seen (to assist in managing volume).
15 minute billable increments	4500 UOS (15-min billable) per year. Approximately 100 UOS for every 40-hour week worked.	15 minute billable increments
For tracking reasons we go by visits instead of RVUs. The reason for this is that there is a lag in getting accurate information. If a clinician doesn't finish an eval by the end of the week, then they wouldn't factor into their productivity measurement. By counting visits it avoids this inaccurate data/lag. However, I do get a rolling productivity report from our finance team every week that will show me RVU total for the department.	N/A	N/A
units/billed time PT and OT, SLP is time of patient contact/billed time	Not specified due to rapid volume shifts. Working on a tracking system to best capture time for non-billed services like family conferences, etc.	
	IP therapists productivity vary based on our census. They can be up to 88% productive in a busy week	hours billed for direct treatment, team meetings and evaluations/ hours worked

Productivity is calculated through our EMR. It takes actual visit hours as a percentage of hours available. We adjusted our EMR to include scheduled admin time as productive time		
We look at charges submitted against hours worked – each CPT code has an assigned time weight (evaluations 1 hour, 1 unit gait training is 15 minutes, etc etc)	65% (peds typically 5% less)	As for OP, but evaluations are worth 45 mins
We look at charges submitted against hours worked – each CPT code has an assigned time weight (evaluations 1 hour, 1 unit gait training is 15 minutes, etc etc)	70% (peds typically 5% less)	As for OP, but evaluations are worth 45 mins
visits per day and units per day	N/A	N/A

Templates are created based upon weighted visit values. 75% of the clinician's work time should be scheduled with patients, with a known 10-15% no show/cancellation rate	Goal of 4-6 patients per day, volume may be higher during high census	# of patients

Carved out Project Time?	Hourly vs. Salaried
staff meetings and some committees are scheduled. Most project work is done in non-billable time or if the project requires a lot of collaboration from lots of departments or is long term then we schedule that time and reduce the productivity expectation. We try to keep that to a minimum because of the effect on the budget.	Hourly
We do not provide dedicated administrative time beyond the remaining 20% nonpatient time. They generally do extra things during their remaining 20%, which is difficult. We have recently increased our productivity to decrease wait time for new patients. Once we improve our access, we hope to have more flexibility to block out time for special projects. One of our current challenges now is to find common time for teams and committees to meet.	Mixed
we do the added projects when we have cancelations	Hourly
We do take out of productive time – PTO, FMLA, Doc time for non-exempt and PRN, special committees that therapists are on that are approved and approved training.	Exempt, non-exempt, and PRN
We do but for special occasions like hospital wide committee meeting initiatives, clinic coverage, education time (ceu events or clinical meetings) as strategic projects as deemed appropriate by the service line director and clinical coordinator	Salaried for OT, PT, SLP and Audiology staff and hourly for PTA, COTA's and Athletic trainers
This is above and beyond productivity expectation. We do reflect committee work on annual evaluation with higher scores.	Salaried

Built in to the expectations.	Salaried
Built in to the expectations.	Salaried
These are not essential job requirements, but encouraged for those who are interested and able to manage their primary requirements	Salaried
If a clinician is working on a project to support their senior therapist status, then it is primarily their responsibility to make it work. However, there are circumstances where clinicians will have an hour or couple hours of blocked time to work on a project, mentor with a difficult patient/specialty topic, etc.	Mostly salaried. We do have a few PRN staff members that will have their hours flexed/adjusted.
Built into the schedules. Projects are blocked for a certain amount of time with start and finish dates so then the provider goes back to prior standards. Sr therapists have some project time ongoing as part of their role.	Hourly
open slots, cancelled patient times, insurance holds allow for that in IP. A little more flexibility in IP, again based on census	full time employees are salaried; part time (under 30 hours) are hourly

This was a project for us because it was important to have extra projects/admin counted as productive time. We were able to make the adjustments to our EMR to accomplish this. This time is counted as unavailable time which positively impacts their calculated productivity. If a clinician works on projects beyond their scheduled time, they are allowed to flex the time in their schedule. This depends on the project and they must get prior approval.	Salaried
This is a bit of a mix – we try to encourage and promote a balance, so that clinicians don't take on so many additional commitments that they struggle with productivity. If we assign someone more extra projects we will be forgiving on their productivity but this is on a case by case basis and we try to minimize it. Ultimately, all clinicians are expected to meet productivity requirement. Some clinicians will voluntarily take project work home, but we don't require that.	PT, OT, SLP – salaried. PTA, OTA – hourly
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Time can be deducted from the productivity calculation and must be preapproved	Full and part time clinicians are salaried. Per diem clinicians are salaried

Typically figured into non-scheduled time or no show/cancellation time but time may be carved out for special projects	Full and part time clinicians are salaried. We can flex up part time clinicians using exempt bonus time. Causual clinicians are hourly.

Additional Notes

I have found that especially on the IP side that it is difficult for SLPs to maintain the same level of productivity as PT and OT, largely due to the labor intensiveness of FEES and MBS work. SLPs tend to be less productive, and we are more forgiving of this because of all the other demands on their time. I find that if a SLP can get a good run on their day, and have consistent help with the scopes etc, that they can at times see 9-10 patients in an 8-hr day. It's just not consistent.

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We have a new labor analytics tool being used by the hospital which may adjust the way that we look at productivity.