

PATIENT CENTRIC OD HOURS ANALYSIS

FOR INTERNAL USE ONLY

1. ACTUAL OD HOURS COMPLY WITH CURRENT SUBLEASE CONTRACT?
 - YES
 - NO, LESS HOURS
 - NO, MORE HOURS

2. UTILIZATION %
 - OVER
 - IDEAL
 - UNDER

3. MANDATORY MINIMUM 8 HOUR PEAK DAYS
 - SATURDAY
 - FRIDAY
 - OTHER _____

4. SUNDAY OD HOURS
 - EVERY SUNDAY
 - EVERY OTHER SUNDAY
 - NONE

5. BALANCE OF WEEK (EVENINGS, EXTENDED HOURS, SHOULD ALIGN WITH TRAFFIC/BUSINESS TRENDS)
 - MONDAY _____ AM - _____ PM
 - TUESDAY _____ AM - _____ PM
 - WEDNESDAY _____ AM - _____ PM
 - THURSDAY _____ AM - _____ PM

6. EXAM APPOINTMENTS SCHEDULED EVERY:
 - 15 MINS
 - 20 MINS
 - 30 MINS

7. FIRST RIGHT OF REFUSAL
 - NO
 - YES: 2ND SUBLEASE HOLDING OD: DR. _____ S M T W T F S

STRENGTH	OPPORTUNITY
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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When extending OD Hours prioritize in the following order: Traffic/Business Trends , Exams per hour, and Weekends (Fri, Sat, & Sun).

PRIORITY RANKING	ACTION PLAN	COMPLETION DATE