

Sr. Leader Huddle January 21, 2021



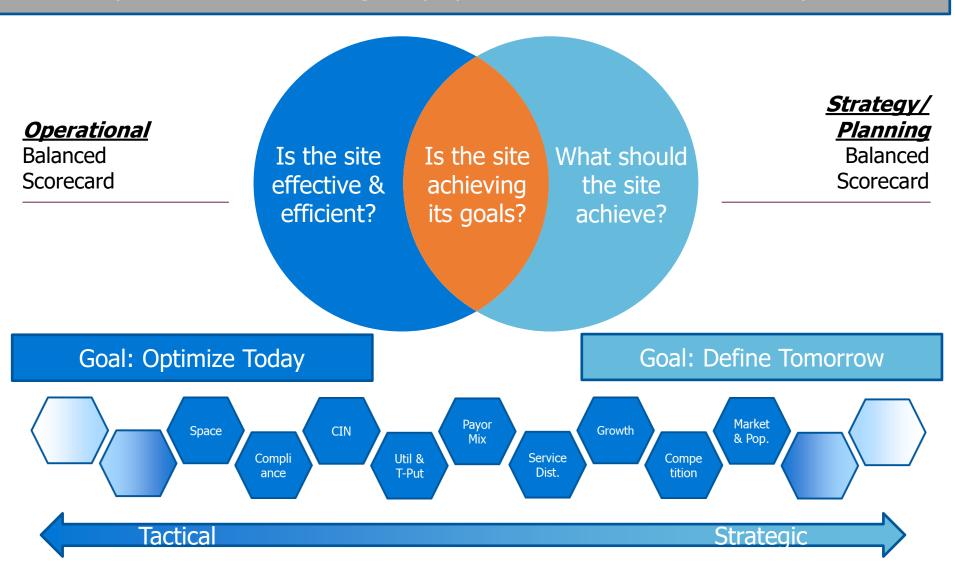




Ambulatory Strategic Operating Plan Children's Hospital of Chicago Balanced Scorecard Methodology



Proactively use metrics for strategic deployment of resources and monitor performance



Ambulatory Strategic Operating Plan Children's Hospital of Chicago



Guiding Principles

- 1. Enhance our value-added opportunities for patients and providers and competitive stance by:
 - a. Providing fiscally-responsible optimal access to outpatient services
 - Incorporating access model transformations through timeliness, technology, and convenience
 - c. Optimizing partnership in care with all referral sources
- 2. Establish strategically-defined outpatient centers, each with specific and documented goals, strategies, and timelines
- Balance the provision of core services with market needs and growth expectations while limiting duplicative services within overlapping service areas
 - a. Consider Distributed, Differentiated, Destination program deployment
- Create flexible, adaptable solutions to accommodate programmatic, operational, and facility solutions aligned with market demand and dynamics



Short Term



Ambulatory Strategic Operating Plan Short Term Recommendations



Operational solutions will require broad partnership & sacrifice to enable improvement.

1. Enable departments to make coordinated change

- » Rebalance & optimize provider allocations to create more capacity with existing resources
- » Develop a supported process for creating win-wins with targeted redeployments
- » Prioritize access as an organization

2. Build targeted relationships

- » Renew existing relationships to maximize affiliated and unaffiliated referrals
- » Bolster direct to consumer and physician marketing efforts for key programs

3. Develop new operational models

- » Explore and implement APP/Telemedicine/Team-based care models to optimize resources
- » Align with complementary efforts, e.g., digital front door
- » Find creative capacity/access solutions at WST

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Short-Term Action Items Summary

Adjust/optimize existing sessions in existing space Prioritize high-margin services to align with market demand & opportunities Tully allocate space M-F at all sites Funance family friendly hours & weekends Limited Limited Limited Results: Apr/limited Determine with divisions by J Note that the properties of the properties o		Action Items	Additional Cost	Timing
Synand family friendly hours & weekends	existing sessions	 by reinforcing & developing relationships Consolidate underutilized sessions within/across divisions & departments Prioritize high-margin services to align with 	› Limited	 Determine with divisions by Jan Implement: ~Feb Results: Apr/May
in <u>existing</u> space at existing sites at existing sites at existing sites an Added staff	Add <u>new</u> sessions in <u>existing</u> space	 Expand family-friendly hours & weekends at existing sites Determine if additional space at CDH is an 	Added staff	 Determine with divisions by Jan Implement: ~Feb Results: Apr/May
Add new sessions > Seek turnkey solution Additional lease 3/31/21		Create business plan	lease > Buildout	> Implement: TBD Mid '21/beyond> Operational

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Space Reallocation Process

Level 0 – Intra-Division

- Divisions/Providers are expected to use their allocated space and can reallocate within a Division using the ASOP balanced scorecard and guiding principles.
 - If unable, then release session for others' use (temp or perm session release policy)

Level 1 – Inter-Division

- Departments/Divisions identify their needs based on capacity, cFTE allocation, using balanced scorecard data (financial, retention data, market share opportunity) and guiding principles to make re-allocations within a Department.
 - Review changes with Ambulatory leaders to assure staffing, supply, billing.

<u>Level 2 – Inter-Department</u>

- Department leaders in consultation with respective ALC leader work together to identify opportunities to make re-allocations between Departments.
 - Review changes with Ambulatory leaders to assure staffing, supply, billing.
 - If unable to problem solve, then escalate to Level 3

Level 3 - Escalation

 ALC/space committee adjudication if Department level unable to solve using the guiding principles to resolve

ASOP Balanced Scorecard



Data-driven solutions

Maintain focus on longer-term ASOP strategic planning while capitalizing on near-term opportunities to improve access & resource utilization.

Space consolidation opportunities: Develop solutions to consolidate, convert to telemedicine, redeploy sessions/providers for the following:

- Divisions with consolidation potential have:
 - Significant & sustained decrease in volume
- Divisions with potential for displacement from site have:
 - Low # of annual allocated sessions
 - Low & decreasing volume of patients
 - Destination programs
 - Telemedicine alternative care models

Growth opportunities: Identify growth opportunities for high ROI services experiencing decreased volumes & market share

CIN referrals, Lurie MD Today, Direct to Consumer marketing



<u>Ambulatory Strategy - Surgery</u> Near-term Optimization Efforts – Westchester

Using the following metrics, we reviewed all Surgery divisions at WST: High volume, high contribution margin, market demand, growth opportunity, destination program, and critical mass.

Westchester Site Rev	view (Department of Surgery)		
Recommendation: Re	main at Site		
Division Otolaryngology	Criteria High contribution margin; destination program (microtia with Plastics); high volume; market share opportunity	Sessions/Month 22 sessions/month	Recommendations & Next Steps Over 3200 visits annually. Next Steps: ENT volumes down. Partnering with Ophthalmology to increase utilization of suite A space which has ENT and Ophthalmology equipment that is not mobile to Suite B or C.
Orthopedics	High volume	18 sessions/month	2400 visits annually. Ortho 9% growth FY21 YTD versus prior at WST. Next Steps: None.
Urology	High contribution margin	3 sessions/month	URO APP also sees pts independently in shared space with URO MD. Next Steps: None.
Neurosurgery	High contribution margin	4-5 sessions/month	Frequent collaboration with Ortho on Mondays for complex spine population; future "virtual" Ortho/Neuro Spine Center site. Next Steps: None.
Pediatric Surgery	High contribution margin; low space utilization	5 sessions/month	Opportunity to consolidate MD clinics. Free up space for for 1 session/month for PECTUS Ped Surg clinic. Increase APP clinic templates from 3 to 4 hour sessions. If Ped Surg can't repurpose space, wk 2 or 4 PM may be available. Next Steps: Dr. Chin needs to be informed about clinic space consolidation. Dr. Abdullah/Dr. Goldsteain need to agree to add one PECTUS clinic either Thursday WK 2 or 4.
Recommendation: Re	main and Increase Presence at Site		
Division Ophthalmology	High volume; market share opportunity	Sessions/Month 13 sessions / month. Additional incremental increase of 2 regular sessions/month in addition to adhoc make up sessions vacated by ENT	Recommendations & Next Steps Two competitors moved out of state. Dr. Bohnsak has capacity to add clinics. Ophthalmology 5% growth FY21 YTD versus prior at WST. Next Steps: Incremental session increase involves a shift/redeploy of current service out of room A on 3rd Wed ALL DAY.
Recommendation: No	Decision until Further Review		
Division Plastic Surgery	Destination program	Sessions/Month 2 sessions/ month	Recommendations & Next Steps Ambulatory growth, operative site for WST and NLX clinic patients. Plastics 98% growth FY21 YTD versus prior at WST.

<u>Ambulatory Strategy - Pediatrics</u> Near-term Optimization Efforts — Westchester



Criteria used for review of each division: procedures, high contribution margin, distributed/differentiating/destination program, critical mass, and market demand including CIN retention

Division	Sessions/Month	Recommendations & Next Steps
		Allergy to shift WST sessions to NWC.
Allergy	2 sessions/month	Next steps: finalize identified space at NWC and determine resource needs, if needed.
		Genetics to shift these sessions to NWC, freeing up space for Ophthalmology. Last Genetics clinic at WST is March 10.
Genetics	2 sessions/month	Next steps: Genetics to develop a transition plan & care model appropriate for space at NWC.
		Redeploy to NLX to gain critical mass there. ASOP recommended increased presence in West region; will get that from CDH critical mass. Evaluate presence as part of WST 2.0.
Neurology	5 sessions/month	Next steps: Need to verify NLX space is available before implementing this plan.

Recommendation: Remain and Increase Presence at Site						
Division	Sessions/Month	Recommendations & Next Steps				
		ASOP recommendation to increase Fetal and General Cardiology presence.				
Cardiology	10 sessions/month	Next step: identify space at WST (vacated sessions above do not align w/requested sessions)				
		ASOP recommendation to establish IBD presence.				
Gastroenterology	8 sessions/month	Next step: identify space at WST (vacated sessions above do not align w/requested sessions)				

Ambulatory Strategy — Pediatrics, continued of Chicago Near-term Optimization Efforts — Westchester

Criteria used for review of each division: procedures, high contribution margin, distributed/differentiating/destination program, critical mass, and market demand including CIN retention

Recommendation	n: Remain at Site	
Division	Sessions/Month	Recommendations & Next Steps
Dermatology	11 sessions/month	Strong presence/critical mass, largest dermatology procedural site.
Recommendatio	n: Hold until Further	Review
Division	Sessions/Month	Recommendations & Next Steps
		Develop strategy for CF program, considering differentiating/destination program. Hold for
Pulmonary	8 sessions/month	further review via the ASOP process.
		Develop strategy for Rheumatology, considering distributed/differentiating/destination program.
Rheumatology	4 sessions/month	Hold for further review via the ASOP process.
		Develop strategy for Sleep program, and consider synergies with other specialties. Hold for
Sleep Medicine	4 sessions/month	further review via the ASOP process and/or until a decision is made on CDH Sleep lab.
		Develop strategy for Hematology program, considering distributed/differentiating/destination
		program. Hold for further review via the ASOP process (first meeting held Jan 8). Note: This is a
Hematology	1 session/month	general Hematology clinic; there is a desire to have sickle cell in West region.
		Develop strategy for Endocrinology and Diabetes program. Hold for further review via the ASOP
Endocrinology	8 sessions/month	process. Could consider redeploying General Endo but maintaining diabetes.



Mid/Long Term



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Ambulatory Program Categories

	Distributed Programs	Differentiating Programs	Destination Programs
Description	 » High volume » Higher competition » Less willingness to travel » Secondary care » Lower financial impact per visit 	 » Targeted subset of volume/market » Some competition » Regional hub distribution » Secondary/Tertiary care » Major downstream impact 	 » Small volume » Limited competition » Single site to which patients travel » Tertiary/Quaternary care » Major downstream impact
Key Questions	 How do we enhance our competitive stance in the market? How do we achieve success in low acuity, high volume care? 	» What differentiating programs should we focus on?» Where are the market opportunities and competitors?	 Can all programmatic needs be accommodated in one location? Can we streamline access to draw from a larger population?
Example Services	 » General Cardiology » GI Constipation » Ophthalmology » Orthopedics » Otolaryngology 	 » Cleft Lip/Palate » GI IBD » Diabetes » Neurology » Aerodigestive » Fetal Cardiology 	» Genetics» Transplant» Fetal Medicine» Oncology

High Volume **Distributed Services**

Low Volume **Concentrated Services**



Planning and Development Timeline

February January March 1/21: Admin Huddle ΓBD: Admin Huddle

Leadership Engagement

Follow-Up Discussions

- Gastroenterology
- Otolaryngology
- Neurology
- Epilepsy
- Ophthalmology
- Cardiology
- Urology
- Hematology
- Oncology
- Orthopedics

Upcoming

- Infusion
- Endo/Diabetes
- Neurosurgery
- Pulmonary/Sleep
- Pediatric Surgery
- Allergy/Immunology
- Rheumatology

Future Discussions

- Primary Care
- Dermatology
- Plastic Surgery
- Behavioral Health
- Rehab
- Imaging
- Cardiac & Pulmonary Diagnostics

ASOP Activities/Meetings



Mid/Long Term System-Level Considerations

Program

- Are we interested in pursuing additional Primary/Specialty Care co-location models?
- How do we optimally balance the network? (Distributed, Differentiating, Destination)
 - Support shift of new programs (e.g., infusion) in the network?
 - Streamline destination care?
 - Target differentiating programs at specific sites (e.g., Ortho CoE)?
- What are the goals of our current and new sites?

Growth

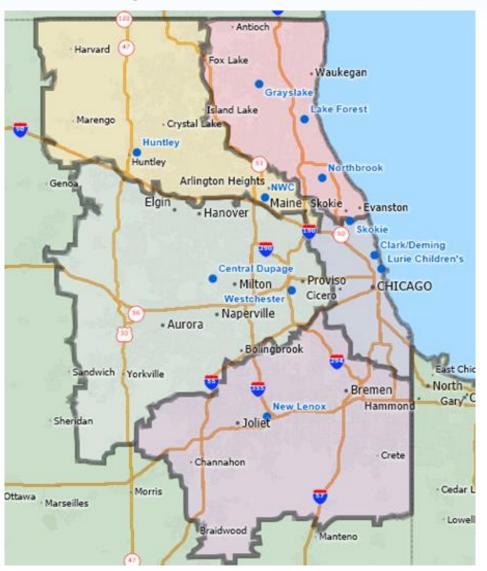
- Despite no pediatric population growth, what services are expected to grow?
- Shift to ambulatory and pandemic will create new growth model
- On which programs, markets, and referral sources should we focus our effort?

Space

- 7 of 9 network sites are leased. Are we benefiting from the flexibility?
- Existing space will not allow us to fully capitalize on market & growth opportunities. What is our appetite for capital investment?



Mid/Long Term Site Summary



Upcoming Site Changes

- Plan and build WST 2.0
 - Begin planning: Now-CY21
 - Potentially Open: 2023-2025
- Replace NWC
 - Begin planning: Now-CY21
 - Potentially Open: 2022-2023
- Consolidate LF/GRL
 - Begin planning: CY21
 - Potentially Open: 2023

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Mid/Long Term Site Summary

Ambulatory strategies are restricted by lead time, access, deployment, & capacity. Ambulatory needs leadership commitment around mid/long term facility solutions.

 Generate prelim program table: CY21 Q1 Hestchester Determine site options for 36 exam Jif status quo remains, current state issu will require investment to fix 	7 (TIDalacol y Ti	ccas icaacisiiip committenciic aroai	id illia forig term racinty solutions.
 Westchester Determine site options for 36 exam rooms, ASTC, Diagnostics, + Others Consider an academic "Hub" Begin implementation ASAP If status quo remains, current state issu will require investment to fix Major space constraints preclude optim network balance Largest market opportunities Smaller site will likely open sooner, 		Recommendations	<u>Rationale</u>
NAGIN IMNIAMANTATION ANAP	<u>Westchester</u>	 Determine site options for 36 exam rooms, ASTC, Diagnostics, + Others 	 Major space constraints preclude optimal network balance
Community Determine site options for 12-24 exam rooms, Diagnostics, + Others, possibly partnerships existing constraints and support future partnerships		 Generate prelim program table by Feb Determine site options for 12-24 exam rooms, Diagnostics, + Others, possibly 	 early/mid 2022 – late 2023 Strategic location along I-90 could mitigate existing constraints and support future
 Upon lease expiration at LF (Q4 CY23) & GRL (Q4 CY24), transition to single northern site off of partner campuses Dovetail with other plans now, plan in late FY22 Incorporate site billing strategy Single site for identical service areas wi enable efficiencies and critical mass Independent site will enable optimal operations and management of diagnostics 		 GRL (Q4 CY24), transition to single northern site off of partner campuses Dovetail with other plans now, plan in late FY22 	Independent site will enable optimal operations and management of

Ambulatory Strategic Operating Plan Next Steps



- 1. Continue to identify and implement short-term opportunities
- Conduct ASOP meetings for additional divisions, programs, & departments
- 3. Develop preliminary programmatic recommendations by Q1 2021 for Westchester and NWC



Appendix





FY19 Hospital Contribution Margin

Division	Unique Patients	Total Cases	IP Cases	OP Cases	Total CM (incl IP)	CM/ Unique Patient	CM/ OP Encounter
HEART CENTER	9,196	16,833	519	16,314	99,016,456	10,767	6,069
GASTROENTEROLOGY	9,552	23,126	508	22,618	24,986,306	2,616	1,105
ONCOLOGY	1,610	12,266	640	11,626	24,807,711	15,409	2,134
PEDIATRIC SURGERY	7,072	13,704	704	13,000	18,349,217	2,595	1,411
NEUROSURGERY	4,255	8,188	644	7,544	18,089,788	4,251	2,398
UROLOGY	10,980	20,564	67	20,497	17,192,921	1,566	839
OTOLARYNGOLOGY	15,844	29,999	67	29,932	15,518,418	979	518
ORTHOPEDIC SURG	20,691	47,330	283	47,047	10,428,875	504	222
KIDNEY DISEASE	3,604	10,842	318	10,524	9,697,352	2,691	921
HEMATOLOGY	2,191	6,125	492	5,633	9,138,993	4,171	1,622
PULMONARY MEDICINE	6,598	13,061	267	12,794	6,796,080	1,030	531
RHEUMATOLOGY	2,354	7,793	109	7,684	5,647,427	2,399	735
NEUROLOGY	8,326	14,752	242	14,510	5,261,605	632	363
EPILEPSY	2,155	4,982	313	4,669	4,261,716	1,978	913
ENDOCRINOLOGY	8,754	21,280	259	21,021	4,197,807	480	200
PLASTIC SURGERY	2,899	6,959	55	6,904	2,912,674	1,005	422
ALLERGY/IMMUNOLOGY	6,491	10,881	6	10,875	2,698,490	416	248
OPHTHALMOLOGY	10,195	18,028	-	18,028	2,118,008	208	117
GENETICS	3,192	7,048	6	7,042	1,209,900	379	172
DERMATOLOGY	11,777	19,990	5	19,985	91,201	8	5

Source: EPSi FY19 Hospital Financials; CM does include IP CM; not all divisions listed

Note: these divisions are made up of different Programs/CARE Families that generate very different returns, but this provides some high-level for total divisional return



WST Session Allocation and Volume by Division

		FY20		FY21 Q1				
Division	Annual Allocated Sessions	Actual Visits	% Variance to Prior Year	Actual Visits	% Variance to Prior Year	Avg. T-put	Surgical or Procedural Presence	Surgical Cases (FY20)
Otolaryngology	348	3,204	21%	818	-10%	4	Yes	582
Orthopedics	276	2,148	28%	589	4%	2.6	Yes	124
Dermatology	248	2,516	23%	801	20%	3.9	Yes	404
Ophthalmology	172	1,122	8%	360	8%	2.5	Yes	8
GI	120	515	19%	95	-43%	2	Yes	138
Cardiology	120	551	19%	163	-5%	1.7		
Pulmonary	104	849	10%	193	-8%	2.4		
Urology	88	883	21%	248	-11%	3.5	Yes	322
Neurosurgery	80	537	34%	153	3%	4.1		
Endocrinology	72	502	35%	99	-30%	2		
Pediatric Surgery	64	379	36%	103	5%	2.2	Yes	39
Rheumatology	56	514	28%	110	-29%	2.4	Yes	75
Neurology	52	369	48%	49	-37%	1.3		
Sleep	36	163	21%	33	-30%	-		
Allergy	28	132	4%	41	3%	2.1		
Genetics	24	100	-14%	40	5%	2.1		
Plastic Surgery	24	146	59%	62	195%	1.9	Yes	5
Hem/Onc	12	83	15%	20	-20%	2.4		

Source: WST FY21 Clinic Schedule; PowerBi Key Statistics – Monthly Operating Summary.



Grayslake Session Allocation and Volume by Division

				F۱		
Division	Annual Allocated Sessions	Actual Visits	% Variance to Prior Year	Actual Visits	% Variance to Prior Year	Avg. T-put
Neurology	356	833	29%	187	-26%	0.9
Ері	208	543	50%	146	-5%	-
Endo	140	707	14%	201	1%	2.1
Cardiology	132	426	57%	134	12%	1
Allergy	104	161	193%	89	-	0.2
Ortho	104	137		70	-	0.6
Sleep	48	164	39%	51	-2%	-
GI	40	176	9%	60	28%	3.8
Urology	36	454	11%	104	-13%	4.2
Derm	0	414	46%	117	-18%	4.3



Lake Forest Session Allocation and Volume by Division

	F	Y20	F۱			
Division	Annual Allocated Sessions	Actual Visits	% Variance to Prior Year	Actual Visits	% Variance to Prior Year	Avg. T-put
OPHTH	520	630	17%	210	16%	3.5
Pulmonary	444	1,970	2%	639	7%	1.1
GI	200	418	11%	135	17%	1
ОТО	200	1,635	29%	330	-30%	4.5
Derm	156	1,058	26%	339	0%	4.5
Cardiology	132	385	8%	101	-14	1
Endo	112	494	20%	120	-4%	2.3
Ortho	64	234	79%	84	71%	1.5
Pediatric Surgery	60	199	23%	53	-5%	1.9
Hem/Onc	48	169	-5%	46	-15%	1.5
Plastic Surgery	48	289	88%	57	-15%	3.4
Sleep	48	162	38%	42	14%	-
Neurosurgery	24	138	-1%	42	0%	3.2
Urology	24	330	17%	92	-13%	6.4



Northbrook Session Allocation and Volume by Division

		FY20		FY21 Q1				
Division	Annual Allocated Sessions	Actual Visits	% Variance to Prior Year	Actual Visits	% Variance to Prior Year	Avg. T-put	Surgical or Procedural Presence	Surgical Cases (FY20)
Ophthalmology	524	5,415	23%	1,751	12%	2.3	Yes	23
Orthopedics	524	11,028	33%	3,163	4%	2.2	Yes	179
Endocrine	444	4,793	36%	1,271	4%	1.7		
Otolaryngology	344	8,854	27%	2,108	-17%	5.4	Yes	621
GI	296	2,953	52%	1,406	96%	1.8	Yes	250
Allergy	292	2,621	72%	873	22%	1		
Cardiology	284	2,665	30%	803	-2%	1.4		
Dermatology	244	7,189	24%	2,290	11%	2.9	Yes	18
Pediatric Surgery	224	1,753	50%	506	9%	2	Yes	208
Plastic Surgery	136	709	30%	272	63%	1.1	Yes	56
Urology	136	3,864	29%	1,135	10%	1.8	Yes	151
Rheumatology	132	1,429	17%	354	-1%	1.5		
Pulmonary	128	1,631	0%	403	-25%	1.4		
Neurology	124	2,564	45%	696	8%	1.2		
Adol Med	80	4202	61%	1,395	47%	-		
Pain	68	173	179%	33	-50	_		
Neurosurgery	52	806	28%	205	-10%	1.9		
Sleep	36	453	32%	121	-13%	-		
Hem/Onc	24	336	51%	103	24%	1		4

Source: NB FY21 Clinic Schedule: PowerBi Key Statistics – Monthly Operating Summary.



NWC Session Allocation and Volume by Division

		FY20		FY21 Q1		
Division	Annual Allocated Sessions	Actual Visits	% Variance to Prior Year	Actual Visits	% Variance to Prior Year	Avg. T-put
Endo	392	1,597	23%	406	-5%	1.5
Cardiology	344	989	-14%	269	-13%	0.9
Allergy	288	1,214	27%	334	0%	1.7
GI	280	764	12%	234	15%	1.3
Neurology	212	684	17%	161	-26%	0.8
Pulmonary	124	642	6%	159	-33%	1.7
Pediatric Surgery	120	539	-8%	142	-5%	1.9
Urology	104	734	10%	197	-21%	3.5
Rheum	96	336	-17%	124	36%	1.5
Hem/Onc	84	316	28%	68	-38%	1.8
Plastic Surgery	56	197	14%	49	-13%	1.6
Ortho	52	446	41%	118	4%	3.2
Genetics	48	91	26%	37	48%	0.7
Derm	36	556	12%	161	-1%	4.9
Neurosurgery	36	60	-38%	0		1

Ann & Robert H. Lurie Children's Hospital of Chicago

Annual Unallocated Session Inventory— Family Friendly Hours

	WST			NB MOB	LF	GRL
	Total Session Capacity	sion Cassions Pate		Unallocated Session Rate		
M-F, AM/PM	1,560	4	0%	8%	20%	21%
Non-Oto/Ophth Rooms	1,040	4	0%	5%	13%	-
M-F, EVENING	780	508	65%	63%	-	-
Non-Oto/Ophth Rooms	<i>520</i>	260	50%	53%	-	-
SAT, AM	144	12	8%	44%	-	-
Non-Oto/Ophth Rooms	96	12	12%	40%	-	-
TOTAL	2,484	524	21%	27%	20%	21%

Notes:

- 1. WST Saturday AM data includes weeks 1-4 only (closed week 5).
- 2. NB MOB Family Friendly Hours not included above: Saturday PM (3 allocated sessions/month) and Sunday AM (2 OTO sessions/month)
- 3. NB ASTC, M-F AM/PM unallocated session rate is 25%

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Expansion of Operating Hours: Evenings and Saturday PM

	Current State Operating Hours	Unallocated	Expansion	Resources Needed	Estimated Session Increase ¹
EVE	5-9pmAvg. 1-2 days per week	65% unallocatedNon-Oto/Ophth: 50%Oto/Ophth: 95%	 Expand to 4-5 days per week Increase evening sessions (5-9pm) Or extend current PM sessions from 1-5pm to 1-7pm 	 Incremental staff Security staff Provider availability & commitment 	 42 sessions per month 504 sessions per year Non-Oto/Ophth: 260 Oto/Ophth: 248
SAT	 Open for AM weeks 1-4 (closed 5th Sat.) Currently one full day session 	 8% unallocated One session available on 4th Saturday 	 Expand to Saturday PM sessions (1- 5pm) Or extend Saturday AM sessions from 8a-12p to 8a-2p 	 Incremental staff Provider availability and commitment 	 11 sessions per month 132 sessions per year Non-Oto/Ophth: 48 Oto/Ophth: 84



Expansion of Operating Hours: Sunday AM

	Current State Operating Hours	Unallocated	Expansion	Resources Needed	Estimated Session Increase ^{1,2}
SUN	NA	100%	Implement Sunday AM sessions from 8a-12p	 Minimum of 2-3 providers per week Incremental staff Provider availability and commitment 	 12 sessions per month 144 sessions per year Non-Oto/Ophth: 48 Oto/Ophth: 96

^{1.} Session count is based on 4-hour session.

^{2.} Assumes site remains closed on 5th weekend as with current WST Saturday schedule.