MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: July 8, 2011
ATTENTION: Medical Board of California
SUBJECT: Recognition of International Medical School
     American University of Antigua College of Medicine
     Site Visit Report
STAFF CONTACT: Curtis J. Worden, Chief of Licensing

RECOMMENDED ACTION:

To recognize AUACOM and deem it to be in substantial compliance with the requirements of Business and Professions Code Sections 2089 and 2089.5 and California Code of Regulations, Title 16, Division 13, Section 1314.1 and to extend that recognition only to those who matriculate at AUACOM on or after January 1, 2007.

Note: Students who matriculated at AUACOM prior to January 1, 2007, in accordance with Business and Professions Code Section 2135.5(e), may apply for licensure in California and be evaluated by the Board, through its Application Review Committee.

BACKGROUND AND ANALYSIS:

AUACOM submitted the Board's "International Medical School Self-Assessment Report" (SAR) in March 2008. The SAR was reviewed by Board staff and the provided to the Board's Licensing Medical Consultant, James Nuovo, M.D., (Medical Consultant) for review.

- November 2008, the Board requested that AUACOM provide additional information.

- August 2009, the Board staff mailed a due diligence letter to AUACOM. The Board received AUACOM's response September 2009. Board staff reviewed AUACOM's material and provided the material to Dr. Nuovo in October 2009.

- February 2010, Board staff requested additional information from AUACOM and received that additional information in April 2010After review of that information by the Medical Consultant, the Board staff sent AUACOM another request for additional information. A telephone conference was held with AUACOM and the Board staff to discuss the requested additional information.

- July 20 and 28, 2010, the Board received additional information from AUACOM and at the July 2010 Board meeting, the Board authorized staff to begin the process to for a site visit after AUACOM provided the requested additional information.

- October 2010, Board staff drafted the out of country travel requested. In addition, staff requested further documentation from AUACOM.

- November 2010, the Board received additional information from AUACOM. Board staff submitted the Board's request for out of state/country travel for the AUAUCOM site visit to DCA. Board staff requested clarification regarding some of the information that AUACOM submitted to the Board in early November 2010 and received that clarification from AUACOM.

- December 2010, the Board received the requested clarification from AUACOM. The Governor's office approved the Board's request for the out of state/country travel for the AUACOM site visit. .

  January 2011, the Board received the check for the estimated cost of the site visit.
- The Board had originally scheduled the site visit for March 2011. However, in February 2011 the site visit was rescheduled to May 2011 at the request of the Board due to unforeseen circumstances.

The site visit was conducted between May 15-21, 2011.

The Board's site visit team consisted of the following team members:

Linda Whitney, Executive Director, MBC
Shelton Duruisseau, PhD, MBC Board Member
Anita Scuri, DCA, Supervising Legal Counsel
Jim Nuovo, MD, MBC Licensing Medical Consultant

The site visit consisted of two days in New York visiting two of the hospitals (Richmond University Medical Center on Staten Island and Wyckoff Heights Medical Center in Brooklyn) where AUACOM students receive their clinical rotations (one day at each hospital); a day of travel to the AUACOM campus in Antigua; and two days at the AUACOM campus that also included visiting the new 185 bed hospital where students are allowed to interact with patients to prepare them for their clinical clerkships training in the U.S. The site visit included touring the facilities, reviewing documents, and interviewing AUACOM management, faculty and students at all locations.

Staff requests that Board members review the Medical Consultant's reports (June 6, 2011 and July 6, 2011) and AUACOM's response to the June 6, 2011 report and determine whether to recognize the medical education provided to students by AUACOM who matriculated on or after January 1, 2007.

Neal Simon, President - AUACOM, has advised Board staff that he plans to attend the July Board meeting and Mr. Simon will be joined by Dr. Jagbir Nagra Executive Dean - Antigua Campus & Vice President for Academic Affairs and Dr. Peter Bell-- Vice President for Academic Development and Executive Dean Clinical Sciences.

FISCAL CONSIDERATIONS:

In accordance with Business and Professions Code Section 2089.5, the costs of conducting a site inspection are borne by the medical school applying for the Board's recognition. These costs include all team members' air and ground travel costs within the guidelines allowed by the State, the consultant's daily per diem expense, and the consultant's travel expenses to and from any Board meetings where the team presents its report, and includes the reimbursement of the Board member's per diem of $100.00 per-day for seven days. Subsection (e) of Section 1314.1 of the regulations requires the medical school to reimburse the Board for the team's estimated travel expenses in advance of the site visit. AUACOM prepaid the estimated cost of the site visit and Board staff is in the process of auditing the final costs of the Site Visit Team and preparing to submit the refund request to reimburse AUACOM for the overpayment.

If you have any questions concerning this memorandum, please telephone me at (916) 263-2382.

To: Members
        Medical Board of California

From: Jim Nuovo, MD
        Professor & Associate Dean of Student Affairs and Graduate Medical Education
        UC Davis School of Medicine

Re: Evaluation of the American University of Antigua College of Medicine's
        (AUACOM) Application for Recognition in California

I have received the June 20, 2011 packet submitted by Dr. Seymour I. Schwartz, Provost
and the June 24, 2011 letter from Neal S. Simon, President of AUACOM. These
materials were submitted in response to questions submitted by the Medical Board's site
visit team which are presented in the June 6, 2011 memo.

Based on my review of these materials, and in consultation with all of the members of the
site visit team, I feel that AUACOM's response satisfactorily addresses all of the areas of
concern.

In summary, I feel that AUACOM is in substantial compliance with the requirements of
Business and Professions Code Sections 2089 and 2089.5 and California Code of
Regulations, Title 16, Division 13, Section 1314.1. I recommend that the Board
recognize AUACOM and that the recognition extend only to those who matriculate at
AUACOM on or after January 1, 2007.

To: Members
Medical Board of California

From: Jim Nuovo, MD
Professor & Associate Dean of Student Affairs and Graduate Medical Education
UC Davis School of Medicine

Re: Evaluation of the American University of Antigua College of Medicine's
(AUACOM) Application for Recognition in California

BACKGROUND

The Medical Board of California (Board) requested a review of materials provided by the American University of Antigua College of Medicine (AUACOM), located on the Caribbean island of Antigua. These were submitted in pursuit of a request for recognition of AUACOM by the Board to enable their students and graduates to participate in clinical clerkships, to enter graduate medical education programs, and become eligible for licensure to practice medicine in California. The goal of this review was to determine if the medical education received at AUACOM meets the requirements of current California statutes and regulations for recognition by the Board.

This report is based on my review of the documents previously provided to the Board by AUACOM, as well as additional information reviewed by the site visit team.

Site Visit Team

The Site Visit Team included:

Linda Whitney, Executive Director, MBC
Shelton Duruisseau, PhD, MBC Board Member
Anita Scuri, DCA, Supervising Legal Counsel
Jim Nuovo, MD, MBC Licensing Medical Consultant

Site Visit Process

Two clinical sites were chosen in New York City which allowed the team to tour the training facilities and to interview students and faculty in all of the core clinical clerkships including: Internal Medicine, Pediatrics, Psychiatry, Obstetrics and Gynecology, Surgery, and Family Medicine. The two training sites were Richmond University Medical Center on Staten Island and Wyckoff Heights Medical Center in Brooklyn. Both hospitals are accredited by the Joint Commission and have ACGME accredited residency training programs. An agenda for the site visit was developed by the team. The site visit at Richmond University Medical Center began at 8 AM and was completed by 6 PM on May 16, 2011. The team met with the educational leadership of

the hospital and then had a series of 45 minute meetings with the key clinical faculty for each clerkship. In these meetings we discussed the goals and objectives of the service, how the instructors determined if the students met these educational objectives, how the faculty monitor each student's performance, how the faculty communicate with AUACOM, and the clinical faculty's perception of how well the students are prepared when they start their clinical rotations.

We then met separately with student groups who were currently on each of the clerkships. In these meetings we asked students to describe how they came to be at AUACOM, how they were informed of the goals and objectives of the rotation, the expectations for the clerkship, how performance feedback is given, the process they use to maintain a log of their clinical experience, how they evaluate the rotation and the faculty, and whether they were aware of differences between the clinical training at their clerkship site versus others offered by AUACOM. There were a total of 27 students interviewed overall at this site.

We had a tour of the hospital at the end of the day which included visiting the following: the Emergency Department, patient wards, conference rooms, student work rooms, call rooms, the library, and information technology resources.

The site visit the following day, May 17, 2011, at Wyckoff Heights Medical Center was identical in structure. The only difference is that we also met with student leadership, who gave a presentation on clinical research projects including poster presentations and community outreach activities. There were a total of 57 students interviewed at this site.

At both sites we reviewed the following documents: the educational binder given to students which included a copy of the goals and objectives for the clerkship, a copy of the requirements to complete the clerkship, performance evaluation forms, and examples of the written examination.

The site visit team then traveled to the main campus on Antigua on May 18th.

On May 19th at 8 AM, we met with the leadership of the School, including Mr. Neal Simon (President of AUACOM), Dr. J.S. Nagra (Executive Dean), Dr. Reza Sanii (Associate Dean of Student Affairs), and Dr. Peter Bell (Executive Dean and Vice President for Academic Development). Dr. Nagra gave an overview of the program and led a tour of the facilities to include: classrooms, simulation training rooms, the library, study rooms, the anatomy/cadaver laboratory, administrative/staff offices, the Educational Enhancement Suite, an outdoor amphitheater, and miscellaneous conference rooms. In addition, the team observed portions of several lectures.

We subsequently met separately with the Deans of Medical Education, the faculty who participate in basic science training, the faculty who direct the clinical training of students during the basic science years, the faculty who have oversight to promotions, education enhancement, and counseling services, and the faculty with oversight into the research program. We had a presentation from Dr. Marcus Merrin, who is in charge of the

Blackboard Educational Enhancement Program, which will be described below. Briefly, Blackboard is a computer-based software learning management system that facilitates communication between students and faculty and provides a portal for access to all the elements of the School's curriculum and administrative tasks. We met with individual groups of students from the Second, Third, and Fourth Semesters; approximately 15 students in each group. The interviews were completed by 6:30 PM.

The following day started with a tour of the Mount St. John's Medical Centre. This is a 185-bed facility where the students are involved in activities to develop their clinical skills during the basic science period (First through Fourth Semesters). This is a newly built hospital and provides care for patients from the island. Dr. Madeleine Fraser and Dr. Hani Morcos, both involved in the Introduction to Clinical Medicine Course, guided the tour. We met with community physicians from the Departments of Surgery, Obstetrics and Gynecology, Internal Medicine and Oncology. We saw the Emergency Department, the Pediatric Ward, the Intensive Care Unit, Labor and Delivery, General Medicine/Surgical Wards, the Dialysis Unit, Radiology, Medical Records, and Administrative Offices.

We returned to the main campus and were provided with the documents listed below; some of which we were able to review on site.

● Minutes from the AUACOM 2010 Joint Meeting of the Basic Sciences and Clinical Sciences Faculty.

● A DVD of the 2011 Joint Meeting of the Basic Sciences and Clinical Sciences Faculty.

● Student portfolios from the clinical clerkships.

● All 140 MSPEs (medical student performance evaluations also known as the Dean's Letter) for the graduating class of 2010.

● The School also provided documentation on the students' performance on USMLE Step 1, Step 2 CK (Clinical Knowledge) and CS (Clinical Skills), outcome information on the 2010 National Residency Matching Program (NRMP) match, and clerkship evaluations required by the AUACOM.

After review of these documents we met for approximately one hour with senior leadership for summary discussion and closing comments. The content of this discussion is included in the section on "Areas Requiring a Response From the School."

On the evening of the final day, we attended a cultural awareness program put on by the students.

RECOMMENDATIONS

After review of all of the information described above it is the opinion of the site visit team that when the issues identified below have been satisfactorily addressed, AUACOM should be deemed to be in substantial compliance with the requirements of Business and Professions Code Sections 2089 and 2089.5 and California Code of Regulations, Title 16, Division 13, Section 1314.1.

However, AUACOM needs to provide additional information to the Board before further action is taken on this recommendation. The specific information needed by the School is described in the section titled "Areas Requiring a Response From the School."

General Overview of the School Curriculum

AUACOM has been in existence since January 2004. It had been previously owned by the Greater Caribbean Learning Resources Incorporated of New York Corporation. It is currently owned by Manipal Corporation which is based out of India. Its stated mission is to "provide excellent medical education to committed candidates in order to graduate skilled ethical and caring physicians who will become life long learners with the ability to conduct and critically evaluate medical research."

AUACOM further states that its "objective is to graduate physicians who have the necessary skills and knowledge to be able to face the increasing challenges healthcare presents globally and specifically in the United States, while breaking down the barriers that underrepresented minorities face in obtaining a medical education and subsequent licensure in the United States."

The 4-Year MD Degree Program at AUACOM is comprised of 10 semesters. The first 4 semesters are covered in two academic years and are primarily didactic with a clinical component integrated into the basic science course work; the Introduction to Clinical Medicine Course. The last two academic years are comprised of 6 semesters which includes taking and successfully completing USMLE Step 1 and completion of the "fifth semester program" at one of AUACOMs five locations in the United States. The fifth semester program is designed to prepare the students for the transition from the basic sciences to the clinical clerkships.

The Clinical Science Component may be completed at 29 participating hospitals in the United States. The arrangements and assignments of the core and elective clinical clerkships are through AUACOM's administrative offices in New York.

The following is a detailed assessment of AUACOM based on the aforementioned regulations and on their responses to the Self-Assessment Report, the additional concerns posed by this reviewer, and the information gathered by the site visit team.

Business and Professions Code Sections 2089

Section 2089 requires the medical curriculum to extend over four years or 32 months of actual instruction. AUACOM's 4-Year MD Program is comprised of 10 semesters. The total number of hours of all courses required to complete the MD degree program is 5,090. This complies with the 4,000 hour minimum requirement in Section 2089. AUACOM requires 80% attendance in all of its courses and monitors compliance through the Blackboard System. AUACOM's curriculum includes all of the courses listed in Section 2089 (b). The information provided in the self-assessment report indicates that the goals, objectives and course content are appropriate.

Business and Professions Code Sections 2089.5

As to the specific clinical sciences requirements in Section 2089.5, AUACOM documented that instruction in the clinical courses meets or exceeds these requirements. For example, Section 2089.5 requires a minimum of 72 weeks of clinical coursework. AUACOM requires 90 weeks of clinical coursework.

Students complete the core clinical rotations required in Section 2089.5 in multiple hospitals in the United States. There are 29 hospitals listed from 7 states and Puerto Rico. The information provided by AUACOM indicates that it is in compliance with item (d); specifically, that the sites provided for these core clinical rotations are in hospitals that meet one of the stated requirements.

California Code of Regulations, Title 16, Division 13, Section 1314.1

The medical school is owned and operated by the Manipal Corporation. AUACOM's mission is to "provide an excellent medical education to committed candidates in order to graduate skilled ethical and caring physicians who will become life long learners with the ability to conduct and critically evaluate medical research," and to "graduate physicians who have the necessary skills and knowledge to be able to face the increasing challenges healthcare presents globally and specifically in the United States, while breaking down the barriers that underrepresented minorities face in obtaining a medical education and subsequent licensure in the United States."

AUACOM provided a description of the faculty for each preclinical course; and these documents indicate that there are an adequate number for the size of the school. There is a sufficient description of the credentials of the faculty to indicate that they are appropriately qualified to teach their specific curricular content.

Based on information obtained in the site visit, AUACOM provides sufficient faculty with appropriate credentials in the clinical clerkships. AUACOM provides sufficient patient exposure to meet these educational requirements except for one area of concern in the outpatient experience in the Family Medicine clerkship at Wyckoff Heights Medical Center. The response required by the School is listed below in the section "Areas Requiring a Response From the School."

AUACOM has published standards governing admission requirements. There is a description of the admissions criteria, student selection and promotion. The School provided sufficient information during the site visit to indicate that it has a comprehensive method of review of students' performance and this is reflected in modifications of the admissions policies and procedures.

AUACOM's policy on the acceptance of transfer students appears similar to the Liaison Committee on Medical Education (LCME) specifically, transfer students must demonstrate achievements in medical school comparable to those of the students in the class that they join. This same criteria applies to transfer students accepted by the AUACOM.

From the information provided and the site visit, the School has adequate facilities to carry out the educational mission; both for the basic sciences and clinical rotations. The main campus is new and opened in January of 2010. It has state of the art information technology systems in place to facilitate the educational mission; i.e. the Blackboard Educational Enhancement Program. Blackboard is a learning management system that enhances accountability. This system permits all examinations to be web-based. The responder lockdown software keeps examinations Internet-secure. It permits a separate version of the examination to be provided to those who request special accommodation. Blackboard can identify students who are at risk—for example, those who scored too low on an examination. Blackboard also includes the turning point audience response system, which allows monitoring of attendance, student feedback, and interactive lectures. AUACOM also has state of the art Simulation Suites to enhance training in basic procedures such as intravenous access, intubation, pelvic and breast examination, insertion of a foley catheter, basic life support, advanced cardiac life support, pediatric resuscitation, and obstetrical care. Some of these efforts are linked to AUACOM's regional efforts to standardize and improve quality of the response to medical emergencies on the island. This is reflected in the AUACOM's support of Mr. Vernon Solomon, the EMT Course director and in having all AUACOM students become ACLS certified.

The classrooms/cadaver laboratory/study space and library resources are all well designed and include the resources necessary for AUACOM to meet the educational objectives of the program.

A concern from my prior evaluation of the AUACOM's Self-Assessment Report was whether it was able to meet the requirements of item (14); Evaluation of Program Effectiveness. Based on the information reviewed at the site visit it is clear that AUACOM has an effective method of collecting and using a variety of outcome data to demonstrate the extent to which it is meeting the educational program objectives. An example of this is in the minutes of the 2010 Joint Meeting of the Basic Sciences and Clinical Sciences Faculty. This document demonstrates compliance with an ongoing method of effective self-assessment and continuous improvement in the integration of the basic and clinical sciences. The summary points made in these minutes closely matched

the independent assessment of the Board's site visit team. We feel this confirms that AUACOM has a robust means of self-assessment to guide continuous improvement.

AUACOM is meeting its stated goals to support diversity of its student body and its faculty and is actively involved in its community with projects for health screening and education of the island's population.

Efforts to improve the Introduction to Clinical Medicine (ICM) Course have been substantial, are well-documented and meet the objectives. Students are better prepared for their clerkships. The site visit team was informed by virtually all of the clinical faculty in New York that there had been a substantial improvement in clinical skills and preparedness within the past two years and that the students are now on a par with students from other medical schools.

The educational resources for the expanded ICM Course include:

- The Doctor/Patient/Society (DPS) Curriculum.
- A Hospital Community Project.
- Simulation Suite Training (as described above).
- Professional Patients.
- Small Group Labs.
- Hospital Rounds.
- Lectures.
- Community Based Clinics.
- School Education Projects.
- 7 Station OSCEs (Objective Structured Clinical Examinations).
- NBME (National Board of Medical Examiners) Preparation.
- Skills Labs.
- The Pan Caribbean Center for excellence; a regional effort to improve delivery of ACLS level care.

There is a growing research presence on the campus and at the clinical clerkship sites. There were a number of poster presentations that we reviewed including a variety of scholarly efforts. Many of these involved case reports and community projects. The School currently has a $70,000 (US dollars) budget to support these research activities. AUACOM is engaged in discussions about forming a foundation or other nonprofit entity that could obtain funding for research for which AUACOM itself may not otherwise be eligible.

AUACOM presented information on its financial resources. The funds to support AUACOM come from tuition fees. AUACOM describes an operating budget of $38.5 million (US dollars). AUACOM appears to have sufficient financial resources to carry out its stated mission.

AUACOM indicates that it is compliant with the requirement to retain student transcripts. They are kept indefinitely.

Areas Requiring a Response From the School

1. The site visit team was concerned with the ability of the school to assess the content of the student portfolios to ensure that each student was given appropriate supervision and performance feedback. Further, the team was concerned whether AUACOM was using aggregate information from the portfolios to assess the quality and equivalence of the clerkship sites and the effectiveness of the basic science and clinical training in the first five semesters on the student's performance in the clerkships.

Portfolios are required for each student and based on our review of these documents, the content areas in these portfolios is appropriate. However, upon review of the completed portfolios at the main campus the team identified areas for improvement that need to be addressed by AUACOM prior to further action by the Board.

It was unclear how the clinical site faculty closed the feedback loop to follow-up with a student's performance deficiencies. For example, when students were given feedback that their history and physical exam sections needed improvement, we could not determine if there was sufficient follow-up with subsequent write ups. It was unclear how the portfolio was integrated back with the main campus; for example, in a student with performance concerns in physiology; how this information is linked back to the basic science faculty. For a student with performance improvement needed in physical diagnosis, it was unclear how this information came back to the instructors in the Introduction to Clinical Medicine course.

AUACOM needs to provide the Board with its corrective action plan to link the portfolio findings for continuous improvement for each student and for the aggregate of students. For each student, AUACOM should provide a corrective action plan with outcomes on how clinical site faculty will address performance concerns and how the outcomes will be monitored; e.g. how they will be able to determine if the student did correct the observed deficiency after receiving feedback. AUACOM will need to describe its process for monitoring this continuity over each clerkship for a student. Specifically, that if it observed that a student has a weakness in linking basic science knowledge to clinical practice in one setting; that this doesn't repeat in subsequent clerkships. AUACOM needs to demonstrate that it links the findings of the portfolio to activities in the ICM Course, SIM efforts, the Basic Science Courses, and the Educational Enhancement Department. Finally, AUACOM needs to provide the Board with its method to review the portfolio results in aggregate to ensure the various clinical sites are providing equivalent experiences. For example, in determining whether all students see the appropriate mix of patient problems and whether they have adequate exposure to procedures.

2. The site visit team also noted variability in how the clinical clerkships assessed cognitive skills obtained during the clerkships. Some clerkship directors used a written exam from another medical school and some used an examination that they personally wrote. The grading of the examinations was inconsistent and it was unclear how this information was used to determine if a student passed the clerkship.

AUACOM needs to describe steps it will take to standardize assessment of the cognitive skills in clinical clerkships outside of its efforts to use the shelf exams. AUACOM's Blackboard system has the capability to provide it sufficient tools to help it with such standardization; and must present a clear action plan with outcome goals that are measurable.

3. The Educational Enhancement Department (EED) activities in AUACOM is a real strength and demonstrates commitment to supporting the students. However, EED is not sufficiently linked to the students when they are offsite. This is a concern, as it is expected that students will have performance concerns that are within the scope of this office, and that involvement of the EED in the clerkship years will provide important information on the effectiveness of educational interventions. AUACOM should provide a written summary to the Board with its corrective action plan that provides stronger educational and mental health support link between this department and students in the clerkship years. This response should include what outcomes will be monitored.

4. Our team's reflection of clinical sciences training is that there are excellent educational opportunities for the students. AUACOM supports a head of a clinical department who is the key contact person for the rotation. The faculty we met are uniformly enthusiastic teachers and are clearly qualified to be in the teaching role. But AUACOM must demonstrate its authority and responsibility for the educational outcomes and assessment for each student and the aggregate of students over time. This must include methods to standardize the evaluation process and to train the clinical faculty utilizing the same method used to standardize test questions for the basic sciences. AUACOM must inform the board how AUACOM will intervene to ensure that clinical faculty are trained in development of summative and formative feedback, that they can identify performance areas of concern, intervene, and monitor outcomes of the intervention over time. It should be noted that AUACOM has already demonstrated its capacity to do this with the Basic Science Faculty; an example being the standardization of methods to write test questions. Applying this same process to the Clinical Faculty should result in improvement in setting performance standards that are consistently applied and reviewed across all clinical sites.

5. Our team was concerned with the lack of comprehensive written feedback given by the head of the clinical department for a clerkship, how this information is given to the students and to the School, and how this information is incorporated into the final performance summation letter [known as the MSPE (Medical Student Performance Evaluation) or Dean's Letter]. This concern overlaps with the previously stated need to ensure that clinical faculty are trained in the development of summative and formative feedback and that the school ensures that students review this information, develop an educational plan to address performance deficiencies if necessary, and that the School demonstrate oversight in monitoring a students performance over the time they are in the clinical years of training. In reviewing the 140 MSPE's from the Class of 2010, it was noted that none of the letters contained structured summative evaluations from all of the clerkships. Further, the performance information provided does not reflect an assessment in each of the core competencies; medical knowledge, patient care, interpersonal skills

and communication, professionalism, practice-based learning and improvement, and systems-based practice. This is not consistent with the 2002 Association of American Medical Colleges (AAMC) Guidelines for writing an MSPE. It is also not consistent with the expectations that the institution collect and use outcome-based performance measures of knowledge, skills, attitudes and values. The content of the MSPE functions as one means to document that the school has comprehensive oversight to the performance of its students. Omitting performance content from most of the clinical clerkships may diminish the strength of a student's application for a residency position.

As stated above, there should be a written response to how AUACOM will intervene to ensure that clinical faculty are trained in development of summative and formative feedback, that they document that students and AUACOM faculty review this feedback, that educational plans are developed and monitored to address performance deficiencies, and to ensure that the MSPE provides a comprehensive report of performance in each of the clerkships.

6. The clinical training in outpatient family medicine at Wyckoff Heights Medical Center was concerning. The students described a volume of patients that was low and described variable expectations for whether they should write a note or present a patient to the resident or attending. Specifically, students informed the site visit team that they would see on average 1-2 patients during a clinic and that the resident may or may not have them write a note and present the patient to them, and that sometimes the faculty would only have the resident present the case. The School needs to reassess the quality of the outpatient experience at this site and inform the Board the steps that have been taken to ensure that students have an appropriate clinical experience in family medicine. AUACOM needs to describe to the Board the methods it will use to monitor this experience and to ensure that the onsite faculty are aware of their teaching expectations.

SUMMARY

Again, the summary recommendation by the site visit team is that AUACOM is in substantial compliance with the applicable statutes and regulations provided there is a satisfactory response to the above stated concerns prior to action by the Board on the request for recognition. In addition, AUACOM must respond to the above stated concerns prior to action by the Board.

Should the Board vote for recognition it will need to be determined whether this recognition will be retroactive to prior graduating classes. The site visit team had the opportunity to assess this question. The faculty at the clinical training sites indicated repeatedly that "something happened in the past two years" that demonstrated effective change by AUACOM in preparing their students for the clerkships. It became clear to the site visit team that the reasons for this improvement are multi-factorial and reflect changes in the Introduction to Clinical Medicine, Curricular Integration of Basic and Clinical Sciences, and the Fifth Semester Program.

Given this information, it is the opinion of the site visit team that when the issues identified above have been satisfactorily addressed, AUACOM should be deemed to be in substantial compliance with the requirements of Business and Professions Code Sections 2089 and 2089.5 and California Code of Regulations, Title 16, Division 13, Section 1314.1 and given the information provided at the clinical sites regarding the timing of significant changes in the preparation of the students, the team recommends that the Board's recognition extend only to those who matriculate at AUACOM on or after January 1, 2007.

We note that, in accordance with Business and Professions Code Section 2135.5(e), a student who matriculated at AUACOM prior to January 1, 2007 may nonetheless apply for licensure in California and be evaluated by the Board, through its Application Review Committee.

Finally, we are aware that students from Kasturba Medical College International Center (KMCIC), located in India, complete their basic science training at that site, and then do clinical training at the same facilities as students enrolled at AUACOM. The site visit was not focused on the training at KMCIC, and it should be clear that graduates of this school are not part of the recognition process of this report.

Students who complete their Basic Sciences at KMCIC will therefore not be eligible to do clinical rotations or postgraduate training in California nor would they be eligible for licensure in California even if they graduate with an MD degree from AUACOM unless KMCIC or its parent school (if applicable) applies for and is granted recognition of the program/school.

AMERICAN UNIVERSITY OF ANTIGUA COLLEGE OF MEDICINE

RESPONSE TO

MEDICAL BOARD OF CALIFORNIA
JUNE 6, 2011 - SITE VISIT REPORT

June 24, 2011

Curt Worden, Esq.
Chief of Licensing
California Medical Board
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

RE: Site Visit

Dear Mr. Worden:

Please find AUA's responses to the California Site Team's "areas requiring a response from the school."

On behalf of AUA, its administrators, faculty and students, I join Dr. Seymour Schwartz in thanking the site team for their time and effort in reviewing AUACOM. AUA is committed to improving its educational programs. AUA is not just interested in meeting standards, but rather in exceeding standards, to provide the best medical education possible.

The site team's report has been invaluable in this regard. I trust AUA's response to the "areas needing a response" is indicative of the value we place on the input of the site team as well as AUA's commitment to a continued process of improvement.

Thank you.

Sincerely yours,

Neal S. Simon
President

June 20, 2011

RE: AUA Site Visit

To the California Site Team:

On behalf of the faculty and staff of the AUA, I express deep appreciation for efforts expended in conducting your thorough review of our academic program. We are in agreement with the California Site Team's suggestions. We are extremely pleased and encouraged by your generally favorable assessment and offer the accompanying responses to your specific areas of concern.

We emphasize that it has been the continuous and unalterable goal of our institution to provide our students with an educational experience that equates with the continental United States and Canadian schools. The desired end points are that our graduates perform well on licensing examinations, achieve sought-after residencies, and, ultimately, become highly regarded participants in the medical profession. Not only does the AUA hope to be recognized for its parity with the other institutions approved by the California Board, but it intends to become regarded as the premier off-shore medical school.

Respectfully submitted,

Seymour I. Schwartz, M.D., Provost

Areas Requiring a Response from the School

1. The site visit team was concerned with the ability of the school to assess the content of the student portfolios to ensure that each student was given appropriate supervision and performance feedback. Further, the team was concerned whether AUACOM was using aggregate information from the portfolios to assess the quality and equivalence of the clerkship sites and the effectiveness of the basic science and clinical training in the first five semesters on the student's performance in the clerkships.

Portfolios are required for each student and based on our review of the documents, the content areas in these portfolios is appropriate. However, upon review of the completed portfolios at the main campus the team identified areas for improvement that need to be addressed by AUACOM prior to further action by the Board.

It was unclear how the clinic site faculty closed the feedback loop to follow-up with a student's performance deficiencies. For example, when students were given feedback that their history and physical exam sections needed improvement, we could not determine if there was sufficient follow-up with subsequent write ups. It was unclear how the portfolio was integrated back with the main campus; for example, in a student with performance concerns in physiology; how this information is linked back to the basic science faculty. For a student with performance improvement needed in physical diagnosis, it was unclear how this information came back to the instructors in the Introduction to Clinical Medicine course.

AUACOM needs to provide the Board with its corrective action plan to link the portfolio findings for continuous improvement for each student and for the aggregate of students. For each student, AUACOM should provide a corrective action plan with outcomes on how clinical site faculty will address performance concerns and how the outcomes will be monitored; e.g. how they will be able to determine if the student did correct the observed deficiency after receiving feedback. AUACOM will need to describe its process for monitoring this continuity over each clerkship for a student. Specifically, that if it observed that a student has a weakness in linking basic science knowledge to clinical practice in one setting; that this doesn't repeat in subsequent clerkships. AUACOM needs to demonstrate that it links the findings of the portfolio to activities in the ICM Course, SIM efforts, the Basic Science Courses, and the Educational Enhancement Department. Finally, AUACOM needs to provide the Board with its method to review the portfolio results in aggregate to ensure the various clinical sites are providing equivalent experiences. For example, in determining whether all students see the appropriate mix of patient problems and whether they have adequate exposure to procedures.

Corrective Action Plan

Based on AUACOM's own assessment of the evaluation of each student's performance in a given clinical rotation, each student's longitudinal performance throughout the clinical education

in various subjects at different departments, the comparability of rotations in the same subject area at different clinical sites and on the oral recommendations of the Site Visit Team, AUACOM has introduced improvements to its existing procedures. Portfolio review is conducted as follows:

1. Students maintain a portfolio on a daily basis.

2. Students submit the portfolio on a weekly basis to clinical faculty for sign off.

3. On a weekly basis at the time of the faculty sign off, the faculty will review the student's portfolio and will address performance concerns directly with the student. Areas where improvement is needed will be re-visited during the sign off in the following week. This is in addition to the continuous daily supervision of the student by the clinical faculty. The quality of the student's portfolio is part of the student's clerkship evaluation.

4. Faculty can comment in writing during the sign offs or at the final review of the portfolio (a weekly faculty sign off box and a faculty comment box have been added to the formal portfolio). [see attached]

5. The completed portfolio, including faculty comments and sign offs, list of academic activities, patient logs and case write ups, is submitted by the student to the office of the Executive Dean Clinical Sciences (EDCS).

6. If a student receives a failing grade in the clerkship, he/she must repeat the clerkship. If the failing grade is due to failing the portfolio or other academically-related competency, then the EDCS shall contact the student to determine what remediation the student might need in order to improve his/her portfolio or other academically-related competency and arrange for necessary remediation with EED faculty, mentor, etc. The EDCS shall in addition notify the clinical chair responsible for the next scheduled rotation to monitor the student's overall performance as well as his specific performance on the portfolio during that rotation.

7. The office of the EDCS files the portfolios in the school's database.

8. The grade for the clerkship will not be released to the student unless the portfolio was submitted.

9. AUACOM's database provides web-based access to authorized individuals such as the EDCS, the clinical chairs and the clinical faculty.

10. EDCS, the clinical chairs and the clinical faculty review individual student portfolios, or all portfolios of a given student, all portfolios at a given clinical site, and all portfolios of a given subject on a real time basis.

11. The Office of the Executive Dean shall compile and maintain aggregate information of student performance for each individual clinical site.

AUACOM has had, and continues to have, a policy that requires review of student portfolios, the student's evaluation of the individual rotation, the EDCS and clinical chair's ongoing communication with clinical faculty at the various clinical sites, either via phone or email and at a minimum annual site visits by each program chair and discussions at bi-monthly scheduled conference calls between EDCS and the clinical chairs and during the annual Basic & Clinical Sciences Faculty Meeting. In addition, the EDCS and the clinical chairs provide formal and informal feedback to the basic sciences faculty including Education Enhancement Department (EED) faculty. Clinical chairs also meet with basic sciences faculty in Antigua on as needed basis but at least twice a year.

Based on the described review processes the Provost, EDCS and Clinical Chairs evaluate the continuity of clinical education across all clinical sites; thereby ensuring that the various clinical sites provide equivalent clinical experience to all students.

A summary of this feedback is provided during weekly scheduled conference calls between the Provost, EDCS, the dean responsible for 5th semester and the Executive Dean Basic Sciences, in direct communication among the clinical chairs and the basic sciences faculty via phone and email, in direct communication and discussions during the annual Basic & Clinical Sciences Joint Faculty Meeting, during the annual Clinical Chair meeting on the basic sciences campus in Antigua (one out of 4 scheduled clinical chair meetings per year) and during the visits of individual clinical chairs to the campus in order to fulfill their teaching commitment in the basic sciences courses, especially ICM.

The revised ICM syllabus, the establishment of the clinical skills laboratory, the simulation laboratory on the Antigua campus, the revised format of the 5th semester and the overall curriculum revision leading to a 24 month clinically integrated basic sciences education serve as evidence that an effective ongoing feedback mechanism is in place. Suggestions by clinical faculty and students are communicated to basic sciences committees which induce necessary changes to improve learning.

As a consequence of the clinical students' feedback, communicated to the Provost, the Physiology course at AUA is currently undergoing external review by a member of the faculty from Washington University, St Louis. Similarly, Pathology has been reviewed by the course instructor at the University of Rochester, School of Medicine. The process of external review by medical education experts from U.S. Medical Schools has been and will continue to play an important part in AUA's course evaluation process. In addition to the above external reviews, faculty from the University of Rochester School of Medicine have conducted external reviews of the Anatomy course, the Microbiology course, and the Histology course. The recommendations of the eternal reviewers have played an important role in the course evaluations and have led to changes in course curriculum as appropriate.

AMERICAN UNIVERSITY OF ANTIGUA
College of Medicine

Student Portfolio

Student Name:

Student ID Number:

Name of Hospital:

Type of Clerkship:

(Choose from Internal Medicine, Surgery, Pediatrics, Obstetrics & Gynecology, Psychiatry, Family Practice or enter an Elective)

Name of Specialty:

Start Date (mm/dd/yyyy): End Date (mm/dd/yyyy):

PART 1

Patient Log:
See Attached Spreadsheet
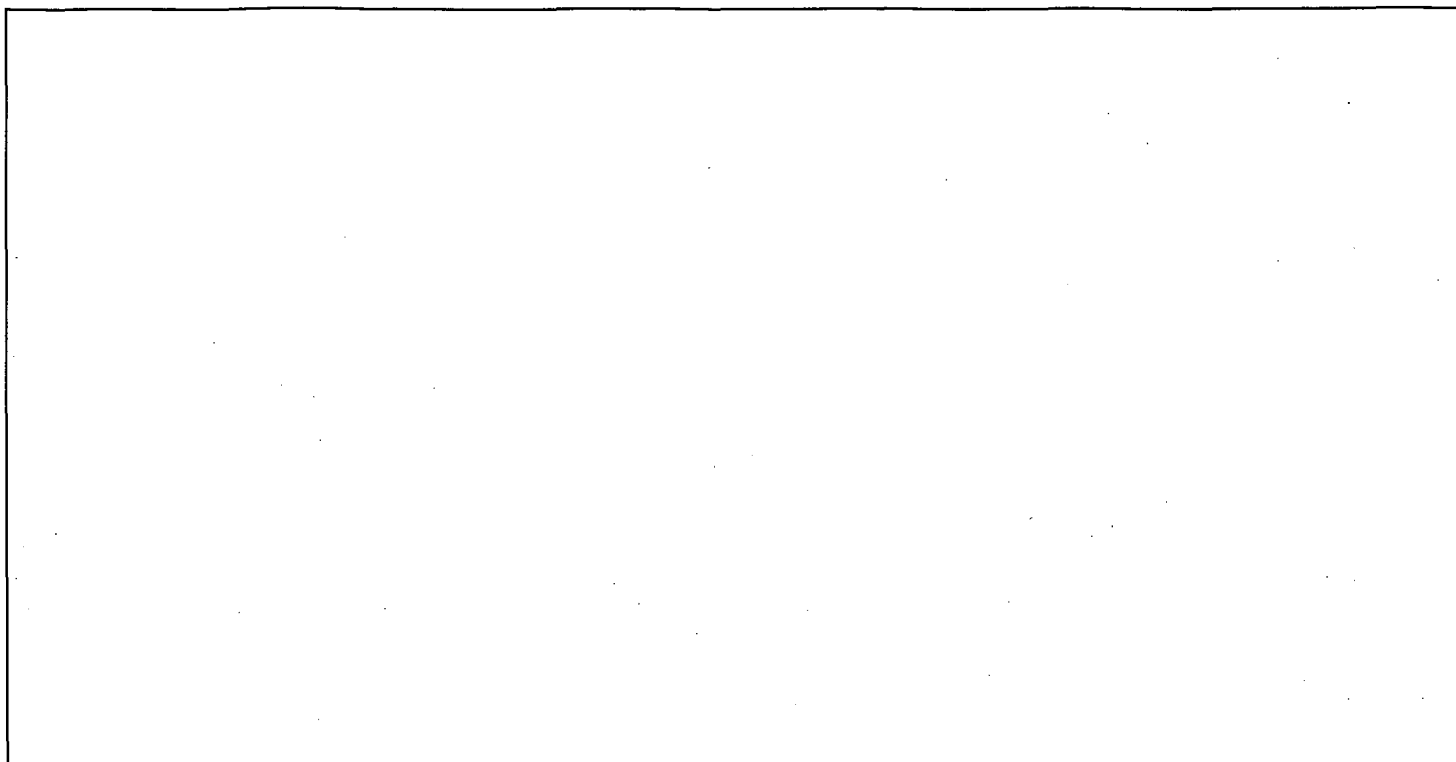
PART 2

List 3 cases and discuss in depth:
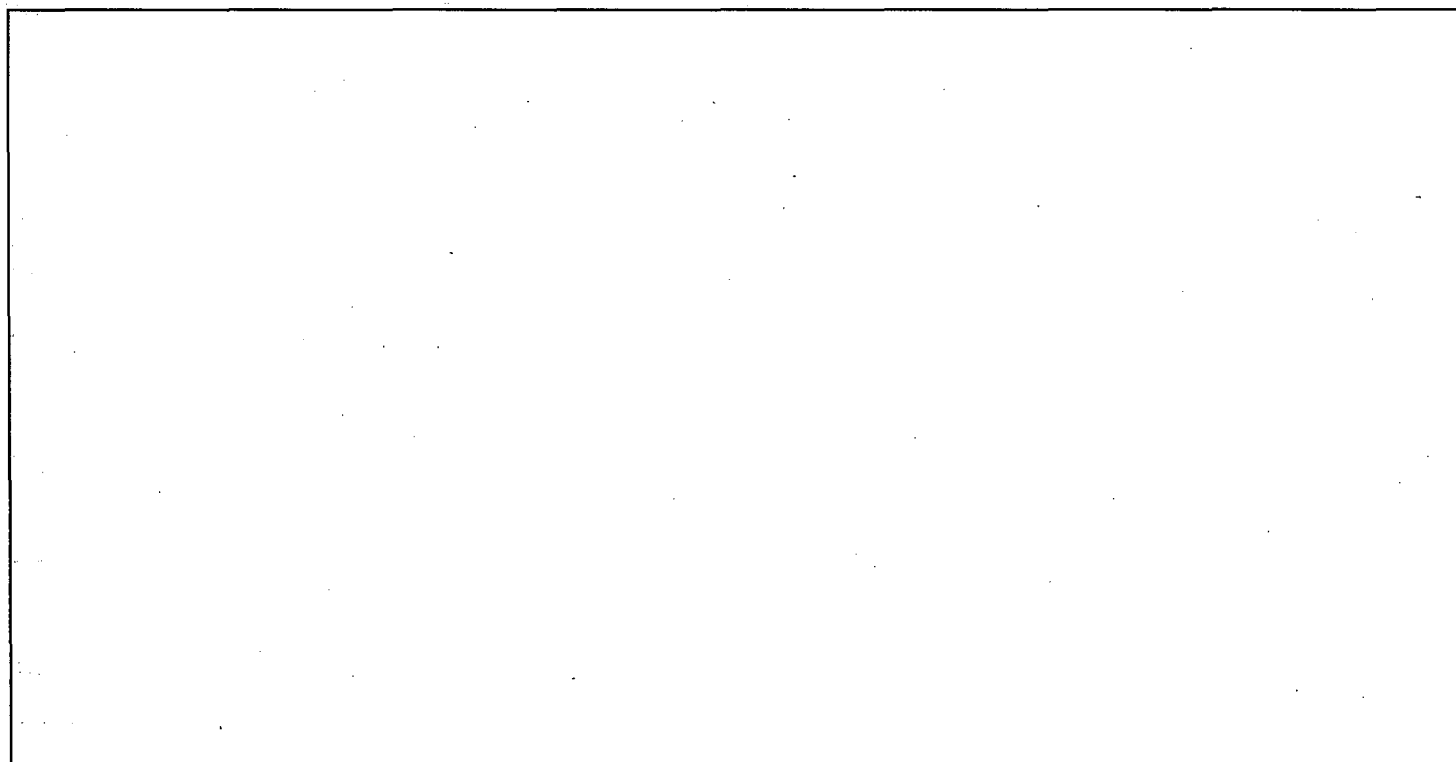
- Pathophysiology
- Differential Diagnosis
- Findings to Support Final Diagnosis
- Treatment Options

Case 1: (500 word maximum)

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Case 2: (500 word maximum)

Case 3: (500 word maximum)

PART 3

Procedure Log:

See attached Spreadsheet

PART 4

Academic Activities:

See attached Spreadsheet

Formal Case Presentations (If Applicable):

See attached Spreadsheet

Lectures/Grand Rounds/ Conference Attended:

See attached Spreadsheet

Faculty Comments

Weekly Faculty Sign-off

Week	1	2	3	4	5	6	7	8	9	10	11	12
Faculty Initial												

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2. The site visit team also noted variability in how the clinical clerkships assessed cognitive skills obtained during the clerkships. Some clerkship directors used a written exam from another medical school and some used an examination that they personally wrote. The grading of the examinations was inconsistent and it was unclear how this information was used to determine if a student passed the clerkship. AUACOM needs to describe steps it will take to standardize assessment of the cognitive skills in clinical clerkships outside of its efforts to use the shelf exams. AUACOM's Blackboard system has the capability to provide it sufficient tools to help it with such standardization; and must present a clear action plan with outcome goals that are measurable.

AUACOM recognizes the need to improve the standardized assessment of cognitive skills obtained during the clerkships at various clinical sites and has found that it agrees with the LCME that this is one of the most difficult challenges in modern medical education. At present, AUACOM utilizes site specific examinations at the end of each clerkship in addition to USMLE Step 2 CK for final determination of the student's cognitive skills; passing of USMLE Step 2 CK (and CS) is a pre-requisite for graduation. The National Board of Medical Examiners (NBME) describes their exams as follows:

> Step 2 assesses whether you can apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision and includes emphasis on health promotion and disease prevention. Step 2 ensures that due attention is devoted to principles of clinical sciences and basic patient-centered skills that provide the foundation for the safe and competent practice of medicine.

> Step 2 CK assesses whether you can demonstrate the fundamental clinical skills essential for safe and effective patient care under supervision. There are three subcomponents of Step 2 CS: Integrated Clinical Encounter (ICE). Communication and Interpersonal Skills (CIS) and Spoken English Proficiency (SEP).

Corrective Action Plan

By July 2012, NBME has agreed to administer clinical shelf exams for AUA at PROMETRIC centers. Discussions with the National Board of Medical Examiners (NBME) over the past 15 months revealed that paper-based NBME clinical subject shelf examinations are not a feasible solution for AUACOM's students because it would require that all clinical sites be accredited as NBME testing sites and that each site administer different NBME shelf examinations at different times. NBME was not supportive of this solution. Web-based NBME clinical subject shelf examinations were not available at that time. In recent discussions between AUACOM and NMBE, a solution was found. By July 2012, NBME will be in the position to administer clinical subject shelf examinations web-based via PROMETRIC testing centers nationwide. AUACOM has already agreed to subscribe to that service as soon as it becomes available. Utilizing web-

based NBME clinical subject shelf examinations administered at PROMETRIC testing sites will provide standardized assessment of cognitive skills at the end of each clerkship.

Until July 2012 when NBME is in the position to administer web-based clinical subject shelf examinations at PROMETRIC testing centers, AUACOM will administer standardized web-based examinations in all clinical core subjects. The NBME has agreed to provide seminars to faculty.

In Family Medicine, OB/GYN, and Psychiatry, the AUA faculty is developing standardized examinations. The examinations will contain no less than 30 questions, written by AUACOM faculty and chairs. Those examinations will be administered as open book web-based examinations at the end of each clerkship via AUACOM's e-learning platform BlackBoard. Clinical chairs will review and grade the examinations, allowing them to further assess the cognitive skills of each student. The first exam in the subject of Psychiatry has already been placed on BlackBoard, and serves as a pilot study for internal exam evaluation.

In the core subject areas of Surgery, Internal Medicine, and Pediatrics, AUACOM uses MedU, a web-based peer reviewed e-learning platform widely used by U.S. LCME accredited medical schools. The programs, SIMPLE for Internal Medicine, CLIPP for Pediatrics and WISEMD for Surgery provide case-based clinical content in those subject areas already utilized by AUACOM in order to standardize clinical subject content across clinical sites, and content testing features. AUACOM clinical faculty is in the process of familiarizing with the subject testing features. The first tests administered via MedU in Internal Medicine using the case-based SIMPLE testing feature is scheduled to be administered in late June of this year.

3. The Educational Enhancement Department (EED) activities in AUACOM is a real strength and demonstrates commitment to supporting the students. However, EED is not sufficiently linked to the students when they are offsite. This is a concern, as it is expected that students will have performance concerns that are within the scope of this office, and that involvement of the EED in the clerkship years will provide important information on the effectiveness of educational interventions. AUACOM should provide a written summary to the Board with its corrective action plan that provides stronger educational and mental health support link between this department and students in the clerkship years. This response should include what outcomes will be monitored.

Corrective Action Plan

AUACOM has recognized the positive impact of the Department for Educational Enhancement (EED) on the performance of the students during their education in basic sciences. The benefits of extending the services of the EDD to students during their clinical education are evident. In order to fulfill this goal AUACOM has retained a long serving faculty member of EED, to extend the reach of the department to clinical sciences students. This individual, Dr. Carla Cummings, is now based in the U.S. and will interact with the clinical students through site visits, personal counseling and via the established BlackBoard e-learning platform.

In this position, she works directly with the EDCS, the clinical chairs and faculty to create avenues for students to work towards a seamless transition from basic sciences to clinical sciences through residency and maximizing opportunities from the moment they commence their clinical rotations.

A Community area in Blackboard for Students has been created and includes:

USMLE Exam study strategies/resources will include

- Video Demos, Internet Links, Self-Assessment, E-Textbooks, Simulated Patient Scenarios

- Time management/Exam taking skills/Test Anxiety resources

- Resource Area for each level, Step 1, Step 2 CK, Step CS, Step 3

Perspectives from Current Students

- Advice on Passing Step

- Balancing professional and personal lives

Transitional Information for Clinical Site Areas/Student Discussion Boards

- Housing

- Transportation

- Basic Needs

Professional Organizations

- Conferences

- Networking

Workplace

- Conflict resolution

- Professionalism/Ethics

- Networking/Communication

Funding/Grant Writing/Scholarship Opportunities

Value of Professional Development Opportunities (in collaboration with AUACOM's section for professional guidance)

- Research

- Community Service/International Service Opportunities

- Journal Article Submission

Resume/Personal Statement Writing

- Sample Resumes and Personal Statements for Health Professionals

- Practice Interview Questions

Self-Enrolled Groups are being created for each Clinical Site/Discussion Boards for each Hospital

The U.S. based EED faculty member will connect with clinical students as they transition to the States to alert them to the support AUACOM provides:

- Blackboard Community, Social Networking, Email, Phone

- Site visits as necessary

- Assessment of students' perception of needs

The clinical faculty member, in co-operation with campus-based EED faculty and the Associate Dean for Clinical Students, Christine Olazagasti, will provide individual mentoring and assistance to students. Students who are deemed to be at risk due to academic (poor exam results, clerkship evaluations, portfolio comments) or non-academic activities will be identified and contacted to set up necessary remedial assistance. The EED will be available for clinical students through a number of modalities including in-person interaction, as well as via Skype, BlackBoard, on-line chat, email and phone.

In addition, EED will help students establish teaching assistant (TA) style study groups at each clinical site based on the positive experience with those groups on campus. Those groups will facilitate student's self-study utilizing mock examinations as well as patient simulators (SIM-Man, Harvey, models) where available.

The AUACOM's Student Ambassadors Program is being extended to the clinical sites. Two or more student representatives at each clinical site will guide new students through their first weeks of new clerkship experience and will assist in academic and non-academic issues.

The envisioned success of that program, similar to the success of the EED's program on campus, cannot be monitored or defined by a single outcome indicator. Outcome indicators include but are not limited to student performance in clinical clerkships as documented on the clerkship evaluation form, performance on standardized tests including USMLE Step 2 CS and CK, and clinical student exams, student satisfaction surveys and residency placement.

To supplement our present Mental Health support for clinical students, AUA has added additional U.S. based staff to its counseling center. Dr. Joyce Kleinberg, Ph.D., who is based in the New York Metropolitan area and who has previous experience counseling students as part of a University Counseling Center and who has been in private practice for over 25 years, shall provide mental health counseling or referrals to mental health professionals as circumstances dictate. In addition, AUA will continue to use the Department of Psychiatry of Richmond University Medical Center for consults and referrals in mental health issues.

4. Our team's reflection of clinical sciences training is that there are excellent educational opportunities for the students. AUACOM supports a head of a clinical department who is the key contact person for the rotation. The faculty we met are uniformly enthusiastic teachers and are clearly qualified to be in the teaching role. But AUACOM must demonstrate its authority and responsibility for the educational outcomes and assessment for each student and the aggregate of students over time. This must include methods to standardize the evaluation process and to train the clinical faculty utilizing the same method used to standardize test questions for the basic sciences. AUACOM must inform the board how AUACOM will intervene to ensure that clinical faculty are trained in development of summative and formative feedback, that they can identify performance areas of concern, intervene, and monitor outcomes of the intervention over time. It should be noted that AUACOM has already demonstrated its capacity to do this with the Basic Science Faculty; an example being the standardization of methods to write test questions. Applying this same process to the Clinical Faculty should result in improvement in setting performance standards that are consistently applied and reviewed across all clinical sites.

LCME ED-8 states: There must be comparable educational experiences and equivalent methods of evaluation across all alternative instructional sites within a given discipline.

Compliance with this standard requires that educational experiences given at alternative sites be designed to achieve the same educational objectives. Course duration or clerkship length should be identical, unless a compelling reason exists for varying the length of the experience. The instrument and criteria used for student evaluation, as well as policies for the determination of grades, should be the same at all alternative sites. The faculty who teach at various sites should be sufficiently knowledgeable in the subject matter to provide effective instruction, with a clear understanding of the objectives of the educational experience and the evaluation methods used to determine achievement of those objectives. Opportunities to enhance teaching and evaluation skills should be available for faculty at all instructional sites.

While the types and frequency of problems or clinical conditions seen at alternative sites may vary, each course or clerkship must identify any core experiences needed to achieve its objectives, and assure that students received sufficient exposure to such experiences. Likewise, the proportion of time spent in inpatient and ambulatory settings may vary according to local circumstance, but in such cases the course or clerkship director must assure that limitations in learning environments do not impede the accomplishment of objectives.

To facilitate comparability of educational experiences and equivalency of evaluation methods, the course or clerkship director should orient all participants, both teachers and learners, about the educational objectives and grading system used. This is accomplished through regularly scheduled meetings between the director of the course or clerkship and the directors of the various sites that are used.

The course/clerkship leadership should review student evaluations of their experiences at alternative sites to identify any persistent variations in educational experiences or evaluation methods.

While AUACOM believes that in general it complies with ED-8, it agrees with the site team, that AUA must do more so that the instruments and criteria used for student evaluations as well as determination of grades are comparable at all alternative sites, and we thank the site team for confirming our concerns.

AUA realizes that this is a difficult task as does the LCME (See Whitcomb, The AAMC Project on Clinical Evaluation of Medical Students).

Corrective Action Plan

AUACOM has recognized the need to improve standardized assessment of an individual student's performance across various disciplines and clinical sites. As detailed in AUACOM's response number two (2), AUACOM is in the process of introducing standardized tests in the core subject areas utilizing either AUACOM's web-based BlackBoard e-learning platform (Family Medicine, OB/GYN and Psychiatry) or the web-based peer reviewed e-learning platform MedU (Internal Medicine, Surgery, Pediatrics) and will introduce clinical subject shelf exams in 2012. Clinical chairs and faculty are currently trained by AUACOM's EED faculty and members of AUACOM's information technology team, which includes one academician. Pilot tests are conducted via BlackBoard for Psychiatry and via MedU for Internal Medicine (SIMPLE).

AUA recognizes its responsibility to ensure that its faculty has adequate training in the development of summative and formative feedback. In order to improve faculty skills in this regard, AUACOM will use the resources of EED, which are being made available to clinical faculty utilizing AUACOM's web-based e-learning platform BlackBoard, as well as promoting live or virtual attendance of faculty in educational workshops provided by professional associations, including the AAMC, even if they have already taken part in these workshops in the past. AUACOM faculty and programs are also subject to systematic program review. The program review process includes analyses of the faculty members' achievement of the program's outcomes and supports appropriate linkages among scholarship, teaching, and student learning. AUA has already acted on the suggestion of the site team that the clinical faculty receive continued training in such areas as the "standardization of methods to write test questions." In this regard, we have contacted **Aggie Butler Ph.D., Associate Vice President of Medical School Services of the National Board of Medical Examiners to have the National Board of Medical Examiners conduct training sessions on standardization of methods and writing test questions for AUA clinical faculty.** The first seminar is tentatively scheduled for New York in July. We are awaiting the contract from the NBME, which will be forwarded to you upon receipt.

EED supports AUACOM faculty in providing orientation, training, teaching assistantships, and small learning communities. Evaluation practices are aligned with the mission of the institution and educational objectives. Evaluation processes are systematic and include peer review. Evidence of teaching effectiveness including student evaluations of instruction is included. Resources are provided from a review of the literature. Qualitative and quantitative research studies are provided to faculty to promote the development of formative and summative

assessments that are tracked in Blackboard. Additionally, EED provides faculty with updates on best practices in the field. These practices are now being extended to all clinical faculty.

EED also provides additional opportunities for faculty professional development for the purpose of improving teaching and student learning that meet the institution's objectives. AUA is adding to its agenda for its annual clinical faculty meeting, sessions on improving teaching and student evaluation techniques. These sessions will be conducted by specialists in clinical teaching and assessment; we expect the NBME will agree to conduct some of these sessions.

5. Our team was concerned with the lack of comprehensive written feedback given by the head of the clinical department for a clerkship, how this information is given to the students and to the School, an how this information is incorporated into the final performance summation letter [known as the MSPE (Medical Student Performance Evaluation) or Dean's Letter]. This concern overlaps with the previously stated need to ensure that clinical faculty are trained in the development of summative and formative feedback and that the school ensures that students review this information, develop an educational plan to address performance deficiencies if necessary, and that the School demonstrate oversight in monitoring a students performance over the time they are in the clinical years of training. In reviewing the 140 MSPE's from the Class of 2010, it was noted that none of the letters contained structured summative evaluations from all of the clerkships. Further, the performance information provided does not reflect an assessment in each of the core competencies; medical knowledge, patient care, interpersonal skills and communication, professionalism, practice-based learning and improvement, and systems-based practice. This is not consistent with the 2002 Association of American Medical Colleges (AAMC) Guidelines for writing an MSPE. It is also not consistent with the expectations that the institution collect and use outcome-based performance measures of knowledge, skills, attitudes and values. The content of the MSPE functions as one means to document that the school has comprehensive oversight to the performance of its students. Omitting performance content from most of the clinical clerkships may diminish the strength of a student's application for a residency position.

As stated above, there should be a written response to how AUACOM will intervene to ensure that clinical faculty are trained in development of summative and formative feedback, that they document that students and AUACOM faculty review this feedback, that educational plans are developed and monitored to address performance deficiencies, and to ensure that the MSPE provides a comprehensive report of performance in each of the clerkships.

AUA has arranged for faculty from the University of Rochester School of Medicine and is in discussion with the Mayo Medical School to have faculty with expertise in development of summative and formative feedback provide additional training to AUA's clinical faculty in development of summative and formative feedback These seminars will also be available to AUA faculty through BlackBoard.

In order to insure that student feedback from faculty is documented, AUACOM is requiring the clinical faculty to formally review student portfolios on a weekly basis; a comment box and a sign off box have been added to the formal portfolio [see attachment to response #1]. During those formal reviews, faculty will address areas of concern in direct conversation with the student. This is in addition to the daily educational interaction between faculty and students, during which deficiencies are immediately addressed and corrected. It is the policy of AUA that student portfolios and the clerkship evaluation forms are submitted to the office of the EDCS at

the end of each rotation and are made web-based available via the AUACOM's database to all stakeholders.

Even though AUACOM's MSPEs played a significant role in securing outstanding residencies for our students in the 2011 match AUACOM recognizes the need to enhance the formative and summative evaluation of its students' clinical performance, and the need to communicate and remediate perceived shortcomings. While the AAMC Guidelines for writing MSPEs are not always followed (by U.S. medical schools), we agree with and appreciate the site team's suggestions that AUA's MSPEs should follow the AAMC Guidelines. In this regard, AUA has already provided the various involved parties the AAMC Guide to the preparation of the MSPE [see attached].

In order to follow the recommendations of the AAMC Guidelines, AUA will also need to change its clinical evaluation forms. AUA has reviewed clinical evaluation forms used by a number of U.S. Schools. AUA decided that the clinical evaluation form attached hereto is best suited for evaluating clinical students and providing information needed for the MSPEs.

In addition, to formalize performance feedback between student and faculty, faculty and students will be given a format for student evaluations.

1. Prior to entering the clerkship, students will be given copies of the evaluation format, so that they know what behaviors are praiseworthy and which are deemed unacceptable. Our standards of excellence should be clearly advertised to the students at the outset [see attached- Domains of Performance].
2. Near the mid-point of the clerkship, faculty will be required to conduct an on-line mid-clerkship formative evaluation, focusing on how students have fulfilled those expected standards. Faculty will be encouraged to be critical in these formative mid-clerkship evaluations, citing specific deficiencies and areas to improve upon. Faculty will be encouraged to specify at least two domains in which each student (even the best) should strive to improve upon. It should be noted by all that these mid-clerkship evaluations will not be counted in the final grading, except to make note of improvement or lack thereof.
3. To educate faculty on proper evaluation, each of the six domains of evaluation will list examples of performance deemed unacceptable and examples of outstanding performance. Faculty will be expected to check the box denoting the level met by each student and to write a narrative evaluation of each evaluated domain.
4. Each student will meet with the Faculty mid-way through the clerkship to review the student's performance. Specific deficiencies and excellences will be discussed, and the Faculty member will counsel students on ways to improve areas of perceived deficiency.
5. At the end of the clerkship, teaching faculty will complete the evaluation form and submit it on-line to the Site Director. The Site Director will then form a composite evaluation, weighting grades and comments made by faculty according to their duration of exposure to the student. Special note will be made of improvement (or lack of it) in domains previously identified as having been problematic. A copy of that composite evaluation will be made available to the student, and a copy will be submitted to the Clinical Chair and to the Graduate Affairs Office. Abstracts of these evaluations will be incorporated into the body of the student's MSPE.

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A Guide to the Preparation of the
Medical Student Performance Evaluation

Foreword

Establishment of Initial Guidelines for the Dean's Letter

In 1989, the Association of American Medical Colleges (AAMC) charged a Committee on Deans' Letters, composed of experienced representatives from medical schools and graduate medical education (GME) programs, to "develop guidelines on the evaluative information desired by program directors" and to "explore the feasibility of providing a model format for deans' letters." In 1989, the AAMC distributed the resulting "Guide to the Preparation of the Medical School Dean's Letter," in which the committee noted that:

- "Graduation from medical school...is the student's transition from a general phase to a specialized phase" of medical education.

- "Residency program directors and their selection committees require information about the levels of accomplishment candidates for their programs have achieved during medical school. The transmission of this information is through an instrument termed THE DEAN'S LETTER of EVALUATION."

- The dean's letter "is not a letter of recommendation; it is a letter of evaluation."

- A "common, recurrent complaint of those who interpret deans' letters of evaluation is that too often it is impossible to estimate how a candidate performed in comparison to his or her peers. The dean's letter can provide information about comparative performance. The comparative report should be compiled and formatted so that a recipient can perceive a candidate's performance profile consistent with the medical school's grading system."

- The "gradations [within medical school grading systems] are sufficient to place a candidate's performance in relationship to his or her classmates. These descriptions of performance can be included in the body of the letter, but a more easily interpreted display is recommended."

- "Rarely do those who prepare dean's letters of evaluation have sufficient information to be students' advocates for selection in a particular specialty. Students should be counseled to iden-tify faculty members who will advocate their suitability for a career in a specialty and to write a separate *letter of recommendation* for their training in that specialty."

A Need for Revision, Enhancement, and Continuous Quality Improvement

In late 2000, four factors resulted in the AAMC's appointment of a second Dean's Letter Advisory Committee (DLAC):

- A lack of implementation by all schools of the 1989 guidelines.

- The involvement, by a variety of professional organizations, in significant ongoing efforts to define and assess professionalism in medicine.

- The decline in the importance of the dean's letter to the GME community.

- The significant changes in the delivery of residency application information resulting from the introduction of the Electronic Residency Application Service (ERAS).

During 2001-02, the DLAC:

- Consulted with the medical school and GME communities through a comprehensive Web-based questionnaire.

- Developed a comprehensive set of preliminary recommendations and presented them at the 2001 AAMC Annual Meeting.

- Received and incorporated feedback regarding these preliminary recommendations from the medical school and GME communities.

- Submitted a comprehensive set of final recommendations to the AAMC Executive Council.

The final recommendations of the DLAC, approved by the AAMC Executive Council in March 2002, represent attempts to:

- Ensure consistency in the re-designed and re-named Medical Student Performance Evaluation across medical schools.

- Strongly reaffirm the purpose of the Medical Student Performance Evaluation.

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- Improve collaboration and communication between senders and recipients of the Medical Student Performance Evaluation.

- Establish an ongoing quality improvement process, across medical schools, for the Medical Student Performance Evaluation.

The Medical Student Performance Evaluation

Name and Purpose. The name of the dean's letter has been changed, effective immediately, to Medical Student Performance Evaluation (MSPE) in order to reflect its purpose as an evaluation of a medical student's performance (rather than a recommendation or prediction of future performance). The MSPE describes, in a sequential manner, a student's performance, as compared to that of his/her peers, through three full years of medical school and, as much as possible, the fourth year. The MSPE includes an assessment of both the student's academic performance and professional attributes.

Timeline. The MSPE is completed upon the successful completion of all core clinical clerkships (Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery) in the third year (or their institutional equivalents).

Composition. Final authority for composing the MSPE, as an institutional assessment composed on behalf of the medical school faculty, should rest with a professional person, at the faculty level in the institution, who has access to all relevant evaluation data for all students. Ideally, the process by which the MSPE is composed should include a personal meeting with each student.

Student review. The MSPE, as an institutional assessment, should be considered a component of the student's academic record and, thus, be available for a student's review. The student should be permitted to correct factual errors in the MSPE, but not to revise evaluative statements in the MSPE.

Release date. The MSPE release date will continue to be November 1.

ERAS Post Office opening date. With the approval of the Electronic Residency Application Service (ERAS) Advisory Committee, the opening date of the ERAS Post Office has been moved, by two weeks, from August 15 to September 1.

NRMP Rank Order List deadline date. With the approval of the National Resident Matching Program (NRMP) Board of Directors, the deadline date for submission of Rank Order Lists (ROL) for the Main Match has been moved later by six days.

Mode of delivery. The MSPE will be delivered via ERAS in a computer file compatible with an Internet-based delivery system.

MSPE Advisory Committee. An MSPE Advisory Committee has been established to:

- Establish a mechanism for ongoing information exchange between schools and GME programs about the MSPE.

- Implement recommendations for standardization of MSPE content and format among medical schools.

- Define a standard set of measurable professional attributes expected of medical students.

- Develop by 2006, in concert with a representative group of medical schools, policy and procedure guidelines for the systematic, performance-based assessment, across third-year clerkships, of these professional attributes. This assessment will be a component of the academic evaluation of students and complementary to the grade that will appear on the academic transcript.

- Ensure a continuous quality improvement process for the MSPE.

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2

A Guide to the Preparation of the Medical Student Performance Evaluation

Length and Format: The MSPE should be a two-to-three page, single-spaced, appropriately formatted document, with five appendices. The MSPE should be typed, single-spaced, in New Times Roman, 12-point font with a one-inch margin on each side.

Content: The MSPE contains six sections:

The <u>Identifying Information</u> section includes the:

- Student's legal name.
- Name and location of the medical school.

The <u>Unique Characteristics</u> section includes a brief statement about the unique characteristics of the student, as follows:

- Information about special considerations, including any distinguishing characteristics exhibited by the student in medical school (e.g., demonstrated leadership and research abilities, participation in community service activities).
- Information about any significant challenges or hardships encountered by the student during medical school.

The <u>Academic History</u> section includes:

- The month and year of the student's initial matriculation in, and expected graduation from, medical school.
- An explanation, based on school-specific policies, of any extensions, leave(s) of absence, gap(s), or break(s) in the student's educational program.
- Information about the student's prior, current, or expected enrollment in, and the month and year of the student's expected graduation from, dual, joint, or combined degree programs.
- Information, based upon school-specific policies, of coursework that the student was required to repeat or otherwise remediate during the student's medical education.
- Information, based on school-specific policies, of any adverse action(s) imposed on the student by the medical school or its parent institution.

The <u>Academic Progress</u> section includes information about the student's academic performance and professional attributes in preclinical/basic science coursework and core clinical and elective rotations, as follows:

- Narrative information regarding the student's overall (rather than course-specific) performance in the preclinical/basic science curriculum.
- Narrative information regarding the student's overall performance on each core clinical clerkship and elective rotation completed to date, with a focus on summative, rather than formative, comments by clerkship/elective directors. This information should be provided in the chronological order in which the student completed each core clinical clerkship and elective rotation. Information should be provided about the location of any "away" elective rotations.
- Narrative information about the student's level of initiative, enthusiasm, and ability to self-start in all curricular components.
- An assessment of the student's compatibility with faculty members, peers, other members of the health care team, and patients during all curricular components.

The <u>Summary</u> section includes a summative assessment, based upon the school's evaluation system, of the student's comparative performance in medical school, relative to his/her peers, including information about any school-specific categories used in differentiating among levels of student performance.

The <u>Appendices</u> section includes:

- **Appendix A:** a graphic representation of the student's performance, relative to his/her peers, in each preclinical/basic science course.
- **Appendix B:** a graphic representation of the student's performance, relative to his/her peers, in each core third-year clinical clerkship.
- **Appendix C:** information supplementary to that contained in the body of the MSPE regarding the assessment of the student's performance, relative to his/her peers, in the area of professional attributes. This assessment should be linked to those professional attributes of students that are specifically and systematically observed,134

evaluated and reported upon by medical school faculty members. Where the medical school has defined a set of professional attributes for which systematic evaluations are available, a graphic representation of the student's comparative performance in this area is recommended. Where the medical school has not yet defined and/or does not systematically evaluate a set of essential professional attributes, a narrative assessment, in the body of the MSPE, of the degree to which the student has demonstrated the following professional attributes, relative to his/her peers, should be considered: ability to treat patients with compassion; honesty and integrity; respect for others; ability to act as an advocate for patients; communication skills; and commitment to putting the needs of others before one's own needs. A final set of recommendations for this appendix is expected by 2006.

- **Appendix D:** a graphic representation of the student's overall performance in medical school, relative to his/her peers, including a list of the school-specific categories used in distinguishing among levels of student performance, a definition of each category, and a report of the distribution of students among categories.

- **Appendix E:** the Medical School Information Page, includes:

- Information about any specific programmatic emphases, strengths, mission(s), or goal(s) of the medical school.

- Information about any unusual characteristics of the medical school's educational program, including the timing of preclinical/ basic science coursework, core clinical clerkships, and elective rotations.

- Information about the average length of enrollment of students in this graduating class, from initial matriculation until graduation.

- Information about the medical school's compliance with the AAMC "Guidelines for Medical Schools Regarding Academic Transcripts" (www.aamc.org/members/gsa/transcripts.htm and see page 9).

- A description of the evaluation system used at the medical school, including a "translation" of the "meaning" of the grades received by the student.

- A statement about medical school requirements regarding a student's successful completion of USMLE Step 1 and Step 2 for promotion and/or graduation.

- Information about the use at the medical school of Objective Structured Clinical Evaluations (OSCEs) in the assessment of medical students.

- Information about the utilization of narrative comments from medical school course, clerkship, or elective directors in the composition of the MSPE.

- Information about the process by which the MSPE is composed at the medical school

- Information about whether the student is permitted to review his/her MSPE prior to transmission.

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4

Template

Medical Student Performance Evaluation
for

_____

Student's Legal Name

_____

Month, Date, Year

Identifying Information

_____is a fourth-year student at_____in_____.

Student's Legal Name   Medical School   City, State

Unique Characteristics

(Provide narrative information about distinguishing characteristics exhibited and any significant challenges or hardships encountered by the student during medical school)

Academic History

Date of Expected Graduation from Medical School:

_____
Month, Date, Year

Date of Initial Matriculation in Medical School:

_____
Month, Date, Year

Please explain any extensions, leave(s) of absence, gap(s), or break(s)in the student's educational program.

or ❑ Not applicable

For transfer students:

❑ Not applicable

Date of Initial Matriculation in Prior Medical School:

_____
Month, Date, Year

Date of Transfer from Prior Medical School:

_____
Month, Date, Year

For dual/joint/combined degree students:

❑ Not applicable

Date of Initial Matriculation in Other Degree Program:

_____
Month, Date, Year

Date of Expected Graduation from Other Degree Program:

_____
Month, Date, Year

Type of Other Degree Program:

_____
Degree, Major

Was this student required to repeat or otherwise remediate any coursework during his/her medical education?

❑ No
❑ Yes - Please explain:

Was this student the recipient of any adverse actions(s) by the medical school or its parent institution?

❑ No
❑ Yes - Please explain:

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Academic Progress

Preclinical/Basic Science Curriculum:
(Provide narrative information about overall, not course-specific, performance)

Core Clinical Clerkships and Elective Rotations:
(Provide a narrative evaluation about each core clinical clerkship and elective rotation taken in chronological order)

Example I
(when school policy requires that students complete all core clerkships prior to enrollment in electives)

Example II:
(when school policy permits interspersal of core clerkships and electives)

Clerkship 1:

Clerkship 2:

Clerkship 3:

Clerkship 4:

Clerkship 5:

Clerkship 6:

Elective 1:
(Provide location if an "away" elective rotation)

Elective 2:
(Provide location if an "away" elective rotation)

Clerkship 1:

Clerkship 2:

Elective 1:
(Provide location if an "away" elective rotation)

Clerkship 3:

Clerkship 4:

Elective 2:
(Provide location if an "away" elective rotation)

Clerkship 5:

Clerkship 6:

Summary

(Provide a summative assessment, in narrative format, of the student's comparative performance, relative to his/her peers, in medical school, including information about any school-specific categories used in differentiating among levels of student performance)

Signature of School Official

Name of School Official

Title

E-mail address

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For purposes of illustration only; school-specific course and clerkship names, grading systems, and categories of overall performance will vary by school.

Appendix A
Graphic Representations of Comparative Performance in Preclinical/Basic Science Coursework
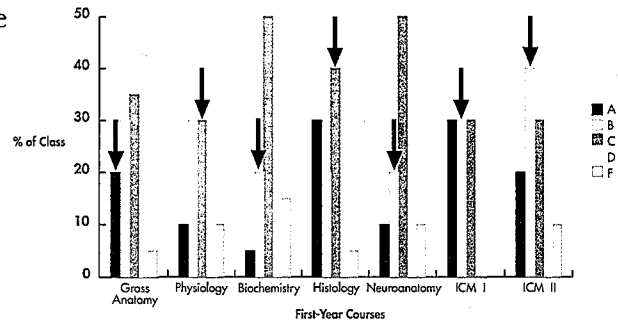
Appendix B
Graphic Representations of Comparative Performance in Core Clinical Clerkships
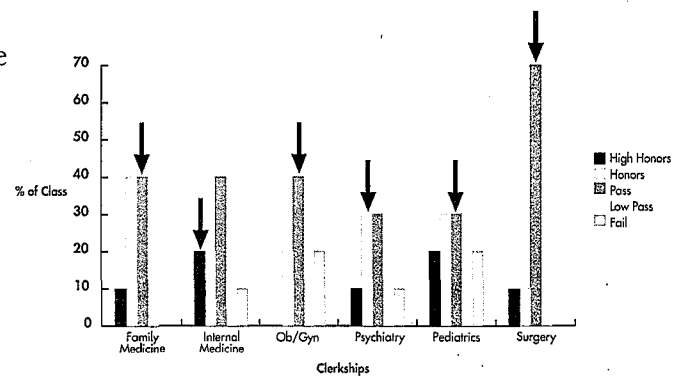
Appendix C
Graphic Representations of Comparative Performance in Professional Attributes

(Final recommendations expected by 2006)
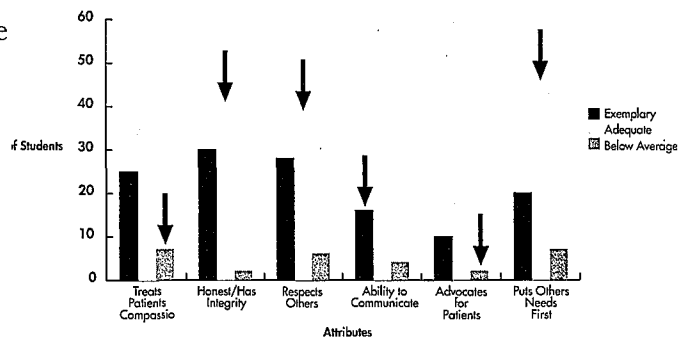
Appendix D
Graphic Representations of Overall Comparative Performance in Medical School

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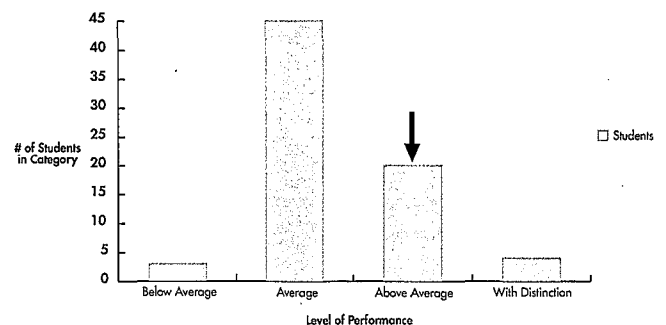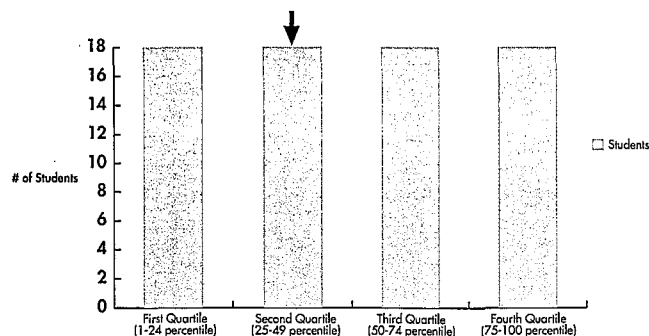
Appendix E
Medical School Information Page

Medical School Name

City, State

Special programmatic emphases, strengths, mission/goal(s) of the medical school:

Special characteristics of the medical school's educational program:

Average length of enrollment (initial matriculation to graduation) at the medical school:

Years   Months

Description of the evaluation system used at the medical school:

Medical school requirements for successful completion of USMLE Step 1, 2 (check all that apply):

USMLE Step 1:   USMLE Step 2:
- ❑ Required for promotion   - ❑ Required for promotion
- ❑ Required for graduation   - ❑ Required for graduation
- ❑ Required, but not for promotion/graduation   - ❑ Required, but not for promotion/graduation
- ❑ Not required   - ❑ Not required

Medical school requirements for successful completion of Objective/Observed Structured Clinical Evaluation (OSCE) at medical school. OSCEs are used for (check all that apply):
- ❑ Completion of course
- ❑ Completion of clerkship
- ❑ Completion of third year
- ❑ Graduation
- ❑ Other:_____

Utilization of the course, clerkship, or elective director's narrative comments in composition of the MSPE. The narrative comments contained in the attached MSPE can best be described as (check one):
- ❑ Reported exactly as written
- ❑ Edited for length or grammar, but not for content
- ❑ Edited for content or included selectively

Utilization by the medical school of the AAMC "Guidelines for Medical Schools Regarding Academic Transcripts." This medical school is:
- ❑ Completely in compliance with Guidelines' recommendations
- ❑ Partially in compliance with Guidelines' recommendations
     Exceptions:
- ❑ Not in compliance with Guidelines' recommendations

Description of the process by which the MSPE is composed at the medical school (including number of school personnel involved in composition of the MSPE).

Students are permitted to review the MSPE prior to its transmission:
- ❑ Yes
- ❑ No

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Group on Student Affairs Guidelines for Medical Schools Regarding Academic Transcripts

An academic transcript is a certified document intended for use by parties outside the educational institution and is an unabridged summary of the student's academic history at that institution. It is distinguished from the larger body of information which may be contained in the student's educational or academic record. The educational or academic record is an internal document that also reflects the student's unabridged academic history at the institution, but which may contain additional data that are useful internally, yet not needed externally.

1. Medical schools are encouraged to follow the recommendations of the American Association of Collegiate Registrars and Admissions Officers (AACRAO) as published in the Academic Record and Transcript Guide. Where the medical school is part of a university, the school is encouraged to consult with the university registrar to ensure that the medical school transcript is in compliance with university requirements.

2. The academic transcript should reflect the total, unabridged academic history of the student at the institution. All courses should be recorded in the academic period in which the course was taken and graded.

3. Essential elements of an academic transcript include: name of institution, location of institution, name of student, terms of attendance, withdrawal date, course identification number and title, credit hours for each course, units of credit, grade in each course, summary of transfer credit accepted and the name of the institution from which the credit is accepted, any instances of academic suspension or dismissal and the date, title of degree awarded, date degree is conferred, program studied (i.e., medicine), date of issuance of the transcript, and date of last entry to the transcript. Name changes should be recorded on transcripts only while the individual is enrolled and the name can be changed concurrently in the AAMC database.

4. Each student should have a unique identification number that is recorded on the transcript.

5. The following items are NOT recommended for inclusion on the academic transcript (although the institution may wish to retain some of these items in the educational or academic record): student's address, place of birth, gender, ethnicity, marital status, religious preference, disability, and INS status; secondary school data; prior post-secondary school data; academic probation; class rank.

6. Medical schools should record on a transcript only that academic information which is under the purview of the school's faculty of medicine. Consequently, United States Medical Licensing Examination (USMLE) results and election to Alpha Omega Alpha (AOA) should NOT be included on the transcript. However, honors awarded by the school's faculty, either in course or at graduation, should be included on the transcript.

7. It is essential that the transcript include notation of any academic suspension or dismissal since this is an academic action that interrupts the student's continued enrollment. Similarly, a suspension for academic misconduct (e.g., plagiarism) should be included on the transcript. While an institution may want to include academic probation in the educational database, it is not desirable to include this status on an academic transcript since the definition of academic probation varies from school to school. Thus, the item serves no useful purpose on an academic transcript which, by definition, is intended for use outside the school. In any event, if academic probation is included on the transcript, it is vital that this term be clearly defined in the transcript legend or key.

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8. Where a student is dismissed, the transcript should record the initial date of dismissal. If there is a subsequent appeal, the result of this appeal and the date of this decision should be recorded, as well. If the student is permitted to continue in the curriculum pending the outcome of an appeal, this should be noted on the transcript with a footnote.

9. In the case of a student who is a candidate for two degrees (e.g., MD/PhD), courses which are given combined or dual credit toward both degrees should be so noted.

10. The transcript should include the title and number for each course taken by the student and should show the academic period in which the course is taken. Both required and elective courses should be courses that have been developed and approved by faculty following the school's procedures for approval of courses. All courses, including elective courses, should have an identification number, title, and course description and appear in the school's Bulletin or Elective Handbook, or both. In the case when a student is currently enrolled, courses which the student is taking are listed with an indication that these courses are in progress.

11. The transcript should include a legend that explains the grading system, symbols, inclusive dates for grading systems where changes have occurred, honors, units of credit, and notation of courses in progress. If the school requires a passing score on USMLE for promotion and/or graduation, this policy should be included in the transcript legend. Additionally, the legend should include the accreditation status of the school, Family Educational Rights and Privacy Act (FERPA) disclaimer, and an explanation of how the authenticity of the transcript can be determined.

12. Issuing official academic transcripts is a central and unique function of the Registrar's Office. Transcripts should be issued only upon written request of the student/alumnus who has properly identified himself/herself with an ID card, driver's license, or signature on a request form or letter. Telephone and e-mail requests for transcripts should NOT be accepted because security and authenticity cannot be ensured.

   a. A transcript is issued only at the written request of the student/alumnus or a specified third party whom the student/alumnus has authorized, in writing, to obtain a transcript for a specific stated purpose. The request must be signed and dated; the third party must be specified and the release must state that the school may release the student's/alumnus' transcript for that purpose.

   b. A transcript ceases to be an "official" transcript if it is photocopied or faxed. An original transcript must not be transferred to a third party since doing so violates FERPA.

   c. The Registrar's Office must maintain a Transcript Transmittal Record for each student/alumnus. This record must show the date and party to whom a transcript is sent and the purpose for which the transcript is issued. Transcripts issued to the student/alumnus should say "Issued to the Student" rather than "Unofficial Transcript" since the latter can be altered easily.

   d. If the school has a policy that requires withholding transcripts for default on student loans or other reasons, that policy should be stated clearly in both the Bulletin and the Student Handbook. Transcript holds for financial reasons should be limited to charges that relate directly to the education that is reported on the student's/alumnus' academic transcript.

   e. If there is an institutional charge for issuing a transcript, this fee should be modest.

f. Faxing a transcript should be avoided unless there is an urgency that requires immediate transfer. If a transcript is faxed, it is important that proper procedures for the transcript request be used (#12.a.); a properly signed fax request may be accepted. Additionally, a transcript that is faxed should be considered "unofficial" and used only until an original can be sent. A cover memorandum should describe the document as confidential information intended for the exclusive use of the addressee.

13. Where a transcript is to be transmitted electronically (e.g., ERAS, SPEEDE), it is recommended that the system used require that the sending and receiving stations be authenticated.

14. Schools are encouraged to take a number of steps to protect the institution from fraudulent transcripts. The use of special paper, multicolored pens for the Registrar's signature, metered postage rather than postage stamps and inclusion of a physical description of the transcript in the transcript key are helpful ways to improve security. Additionally, it is recommended that the transcript include an institutional statement regarding the school's plans to pursue vigorously all allegations of security breaches with respect to transcripts.

15. The educational record database and academic transcripts should be stored in a secure location which is fireproof. Access to the database and to the area where documents and equipment (records, stationery, and the school seal and signature equipment) are stored should be limited to authorized personnel only.

16. A medical school should have a disaster plan for the secure storage and recovery of educational records and academic transcripts which may be damaged or destroyed in the event of a catastrophic disaster. Usually, this entails the identification of a remote location where duplicate records are maintained. It is important for the school to develop an appropriate protocol for the regular duplication and transfer of records to the remote location.

Dean's Letter Advisory Committee

Robert C. Talley, M.D., Chair
Vice President for Health Affairs and Dean
University of South Dakota School of Medicine
Sioux Falls, SD

David Brett-Major
Student
Uniformed Services University
of the Health Sciences
F. Edward Hébert School of Medicine
Bethesda, MD

Dwight Davis, M.D.
Associate Dean for Admissions
and Student Affairs
Pennsylvania State University
College of Medicine
Hershey, PA

John Herman, M.D.
Clinical Director
Department of Psychiatry
Massachusetts General Hospital/
McLean Hospital
Boston, MA

Carol E. MacLaren, Ph.D.
Assistant Dean, Student Affairs
University of Washington
School of Medicine
Seattle, WA

Robert J. Nolan, Jr., M.D.
Deputy Chair for Education and Training
Department of Pediatrics
University of Texas Medical School
at San Antonio
San Antonio, TX

Eric L. Radin, M.D.
Professor, Orthopaedic Surgery
Tufts University
School of Medicine
Boston, MA

Ajit K. Sachdeva, M.D.
Director, Division of Education
American College of Surgeons
Chicago, Illinois

Susan Skochelak, M.D., M.P.H.
Senior Associate Dean for Academic Affairs
University of Wisconsin Medical School
Madison, WI

Lisa Wallenstein, M.D.
Association of Program Directors
in Internal Medicine
Washington, DC

Clinical Clerkship Evaluation Form

Please mail the complete form to the following address:
Registrar
American University of Antigua
2 Wall Street 5th Floor
New York, New York
10005

Student First & Last Name (Full Name, no nicknames)

Student ID

Rotation Name

Rotation Dates (Must start on a Monday and end on a Friday)

Start Date   End Date

Hospital Name

Hospital Address

Hospital City

Hospital State

(Must be full name of accredited hospital - not clinical or physician's office)

Name and Phone Number of Director of Medical Education

(Name)   (Phone)

Patient Interaction:

Provides compassionate interaction that is effective for health promotion, wellness and disease treatment.

Assessed Skills:

Physical examinations, patient reviews, judgement, consideration of patient privacy.

◯ A Outstanding   ◯ B Competent   ◯ C Adequate   ◯ F Substandard

Comments:

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Medical Knowledge:

Demonstrates appropriate knowledge of basic sciences & clinical sciences and applies that knowledge effectively

Assessed Skills:

Degree of knowledge; commitment to life-long learning; complex problem-solving skills.

◯ A Outstanding   ◯ B Competent   ◯ C Adequate   ◯ F Substandard

Comments:

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Practice-Based Learning and Improvement:

Understanding evidence-based medicine and applies sound principles of practice within the context of patient care.

Assessed Skills:

Relationship with patient/families; educates and counsels patient/families.

◯ A Outstanding   ◯ B Competent   ◯ C Adequate   ◯ F Substandard

Comments:

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Interpersonal and Communication Skills:

Demonstrates skills (i.e. listening, responding) that results in effective information exchange between patients and the healthcare team.

Assessed Skills:

Establishes relationships with patients/families; educates and counsels patients/families; maintains comprehensive, timely, legible medical records.

◯ A Outstanding   ◯ B Competent   ◯ C Adequate   ◯ F Substandard

Comments:

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                                                                          145
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Professionalism:

Demonstrates commitment to professional development and ethical principles and sensitivity to patient/family and peer diversity

Assessed Skills:

Shows compassion, respect and honesty, accepts responsibility for actions; dresses in a professional manner.

○ A Outstanding   ○ B Competent   ○ C Adequate   ○ F Substandard

Comments:

[ ]

Student Portfolio:

Provides information about student's exposure to patients and academic curricular and non-curricular activities

Assessed Skills:

Adequate patient encounters, adequate curricular and non-curricular academic activities, comprehensive case presentations

○ A Outstanding   ○ B Competent   ○ C Adequate   ○ F Substandard

Comments:

[ ]

Name of Supervising Physician

[ ]

DME SIGNATURE

[ ]

Supervising Physician's Phone

[ ]

Date of Evaluation (mm/dd/yy)

[ ]

Place Seal Here

Signature of Supervising Physician

[ ]

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Print Form

Domains of Performance:

1. Patient Care

Examples of Unacceptable Performance:

Frequently fails to gather important historical information

Has difficulty performing basic aspects of the physical examination

Cannot synthesize bedside and laboratory data to form an inclusive differential

Write-ups are often late, illegible, or incomplete

Oral presentations are disorganized, omit important data, or are inaccurate

Examples of Outstanding Performance:

Routinely compiles an accurate, organized, and thorough history and physical exam

Is able to synthesize clinical data into an organized differential diagnosis

Submits timely, legible, and thorough patient write-ups

Presents patients orally in a systematic, organized, and lucid fashion

Makes sound diagnostic and therapeutic judgments about patients

2. Medical Knowledge

Examples of Unacceptable Performance:

Rarely demonstrates even basic knowledge of patients' conditions

Gives no evidence of having read about aspects of patients' presenting problems

Does not know anatomy, physiology, or pathophysiology of conditions being considered

Cannot reason through clinical data to formulate differential diagnosis.

Examples of Outstanding Performance:

Reliably has read about patients' conditions and is able to answer questions related to it

Cites and brings relevant journal articles pertaining to their patients

Demonstrates knowledge of basic science pertinent to patients' problems

Applies basic science knowledge to reason through patients' clinical presentation

Routinely accesses on-line information to address questions relevant to their patients
Demonstrates advanced clinical reasoning skills

3. Professionalism

Examples of Unacceptable Performance:

Lacks respect, compassion, integrity, honesty

Disregards need for self-assessment

Fails to acknowledge errors

Does not consider needs of patients, families, colleagues

Does not take responsibility for role in patient care

Is insensitive to cultural, racial, gender issues

Often arrives late to appointments, meetings

Examples of Outstanding Performance:

Always demonstrates respect, compassion, integrity, honesty

Teaches and models responsible behavior

Demonstrates total commitment to patients' care

Willingly acknowledges errors

Always considers needs of patients, families, colleagues ahead of personal needs

Is sensitive to and respects cultural diversity

Is reliably punctual

4. Practice-Based Learning Improvement

Examples of Unacceptable Performance:

Fails to perform self-evaluation

Lacks insight, initiative

Resists or ignores feedback

Fails to use information technology to enhance patient care or pursue self-improvement

Examples of Outstanding Performance:

Constantly evaluates own performance

Incorporates feedback into improvement activities

Effectively uses technology to manage information for patient care and self-improvement

5. Interpersonal and Communication Skills

Examples of Unacceptable Performance:

Does not establish even minimally effective therapeutic relationships with patients and families

Does not demonstrate ability to build relationships through listening

Is argumentative with or abrasive to patients, colleagues, staff, attendings

Examples of Outstanding Performance:

Listens intently to patients

Establishes a highly effective therapeutic relationship with patients and families

Demonstrates excellent relationship-building through listening, narrative, and non-verbal skills

Relates constructively with colleagues, staff, and attendings

6. System-Based Learning

Examples of Unacceptable Performance:

Unable to access/mobilize outside resources

Actively resists efforts to improve systems of care

Does not use systematic approaches to reduce error and improve patient care

Examples of Outstanding Performance:

Effectively accesses/utilizes outside resources

Effectively uses systematic approaches to reduce errors and improve patient care

Enthusiastically assists in developing system' improvement

6. The clinical training in outpatient family medicine at Wyckoff Heights Medical Center was concerning. The students described a volume of patients that was low and described variable expectations for whether they should write a note or present a patient to the resident or attending. Specifically, students informed the site visit team that they would see on average 1-2 patients during a clinic and that the resident may or may not have them write a note and present the patient to them, and that sometimes the faculty would only have the resident present the case. The School needs to reassess the quality of the outpatient experience at this site and inform the Board the steps that have been taken to ensure that students have an appropriate clinical experience in family medicine. AUACOM needs to describe to the Board the methods it will use to monitor this experience and to ensure that the onsite faculty are aware of their teaching expectations.

AUACOM was surprised and concerned by the findings of the site team that students at Wyckoff Heights Medical Center "would see an average of 1-2 patients during a clinic." AUACOM is in complete agreement that such a small number of patient interactions would not be acceptable. In addition, it would mean that the clerkship was not being properly monitored. Therefore, upon receipt of the site team report, AUACOM began an immediate investigation into the team's finding. We found the following:

1. Data supplied by Wyckoff Heights Medical Center show that the outpatient clinic used for the Family Practice residency at Wyckoff Heights Medical Center saw over 10,000 patients per annum [see attached Wyckoff Heights Medical Center outpatient admissions by date].

2. AUACOM's Executive Dean of Clinical Sciences (EDCS) did a review of the chair's site visit reports. This review confirmed that students see an adequate number of students at the site (4-5 patients on a 4-hour session). (Note: AUA's chair of Family Practice, Dr. Nischal, is actually on site at Wyckoff Heights Medical Center.

3. AUA's Dean of Academic Affairs, Dr Rafael Olazagasti, who had visited the site on numerous occasions and met with Family Practice students, also reported that the students saw an adequate number of patients (4-5 patients per session).

4. AUA's Clinical Chair for Family Medicine conducted an additional review of clinical sites' outpatient caseload and student portfolios, the patient logs that students at Wyckoff Heights Medical center have to maintain and patient charts. Based on that data, students see a minimum number of 4 to 5 patients in the outpatient family medicine setting per 4-hour session, a minimum of 12 patients per day in the in-patient setting and about 15 to 20 patients on emergency calls and rounds during night calls. In addition, formal write-ups are submitted by students and discussed as a group with a senior faculty member on a weekly

basis. There is also noted documentation from the students on patient charts in the form of H&P and progress note.

Based on AUA's review, including documentary evidence, we believe the site team was misinformed. However, based on the site team's stated concern regarding Wyckoff Heights Medical Center's Family Practice clinics, AUA will increase its monitoring of patient case logs, particularly in the clinical areas of concern, from rotating students at the outpatient family medicine facility at Wyckoff Heights Medical Center. Faculty and administration of Wyckoff Heights Medical Center have been made aware, that regardless of whether or not students have been seeing an adequate number of patients as their investigation shows, there is a vital need to ensure that students are exposed to an adequate number of patients in both ambulatory and out-patient settings.

Corrective Action Plan

The EDCS and the Clinical Chair for Family Medicine will increase their monitoring to ensure that students at that facility will be exposed to an adequate number of patients in order to fulfill the educational requirements. AUA's Chair of Family Practice has, since the site team report, increased his number of regular visits to the Wyckoff Heights Medical Center Family Practice clinic, and he will continue to visit the clinic on a more frequent basis. He will provide the EDCS with reports specifically addressing the number of patients seen by students at the clinic.

The EDCS and Clinical Chair, in their continued monitoring of all sites, will pay additional attention of the number of patients seen by students in outpatient clinics and the EDCS has sent a memo to all clinical sites advising that per our agreement, students must see a sufficient number of patients in each clinical rotation to meet our curricula goals.

Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	1	12 SOUTH ED TRIAGE	NS12ST		239		2		241
2010	1	4 NORTH SURG DAY CARE(ASU) HD	NS4NH					361	361
2010	1	BUENA VITA LAB WORK	POPBUENAVI				308		308
2010	1	CAMBA BROADWAY HOUSE	POPCAMBA				3		3
2010	1	CARE COACH	POPCARECOA				73		73
2010	1	CATHERIZATION LAB - ASU	NSCATHLAB					6	6
2010	1	CYTOGENETICS	CYTOGEN				105		105
2010	1	EMERGENCY DEPT FASTTRACK	NSEDF		1,066				1,066
2010	1	EMERGENCY ROOM - ADULT	NSEDA		2,086				2,086
2010	1	EMERGENCY ROOM - PEDIATRICS	NSEDP		1,835		1		1,836
2010	1	ENDOSCOPY SUITE - ASU ONLY	NS10E					173	173
2010	1	FAMILY MEDICINE CLINIC	OPFAMMED	170					170
2010	1	FAMILY MEDICINE GYN	OPFAMGYN	7					7
2010	1	FAMILY MEDICINE PEDS	OPFAMPED	61					61
2010	1	FETAL ASSESSMENT RADIOLOGY	FETALASSES	2			420		422
2010	1	HYPERBARIC CHAMBER (RCR)	OPHYPER			1			1
2010	1	JACKSON HEIGHTS ID CLINIC	OPJACKID	26					26
2010	1	LA MARCA LAB WORK	POPLAMA				47		47
2010	1	LABOR & DELIVERY-SDC (ASU)	NS12SDC		9			16	25
2010	1	LAMARCA FAMILY HEALTH GYN	LAMAGYN	5					5
2010	1	LAMARCA FAMILY HEALTH MEDICAL	LAMAMED	651					651
2010	1	LAMARCA FAMILY HEALTH OB	LAMAOB	11					11
2010	1	LAMARCA FAMILY HEALTH PEDS	LAMAPED	76					76
2010	1	LAMARCA NUTRITIONAL COUNSEL	LAMADIET				1		1
2010	1	MIDDLE VILLAGE FAM. HEALTH CTR	POPMIDVIL				168		168
2010	1	OB SONOGRAM	OBSONO				39		39
2010	1	OP PEDS HIGH RISK	OPPEDHIRSK	26					26
2010	1	OUT PATIENT ALLERGY ADULT	OPALLERGY	9					9
2010	1	OUT PATIENT ASTHMA ADULT	OPASTHMA	19					19
2010	1	OUT PATIENT AUDIOLOGY TESTING	OPAUDIO	11					11
2010	1	OUT PATIENT CARDIOLOGY	OPCARD	100					100
2010	1	OUT PATIENT CHEMOTHERAPY	OPCHEMO				2		2
2010	1	OUT PATIENT DENTAL	OPDENT			139			139
2010	1	OUT PATIENT DERMATOLOGY	OPDERM	30					30
2010	1	OUT PATIENT DIABETIC	OPDIAB	113					113
2010	1	OUT PATIENT EAR NOSE & THROAT	OPENT	125					125
2010	1	OUT PATIENT ENDOCRINOLOGY	OPENDO	97					97
2010	1	OUT PATIENT GASTROENTEROLOGY	OPGI	94					94
2010	1	OUT PATIENT GENETIC COUNSELING	OPGENE				5		5
2010	1	OUT PATIENT GERIATRICS	OPGERIATRI	3					3
2010	1	OUT PATIENT GYN	OPGYN	583			24		607
2010	1	OUT PATIENT HEMATOLOGY	OPHEMA	47					47
2010	1	OUT PATIENT HEPATITIS C	OPHIC	26					26
2010	1	OUT PATIENT ID	OPID	195					195
2010	1	OUT PATIENT MEDICAL	OPMED	936					936
2010	1	OUT PATIENT NEPHROLOGY	OPNEPH	56					56
2010	1	OUT PATIENT NEUROLOGY	OPNEURO	45					45
2010	1	OUT PATIENT NEURO-SURGERY	OPNEUROSUR	2					2
2010	1	OUT PATIENT OB	OPOB	797					797
2010	1	OUT PATIENT OB POST PARTUM	OPOBPOSTPA	42					42
2010	1	OUT PATIENT OCCUP THX (RCR)	OPOT			2			2
2010	1	OUT PATIENT OPHTHALMOLOGY	OPEYE	93					93
2010	1	OUT PATIENT ORTHOPEDIC ADULT	OPORTHO	228					228
2010	1	OUT PATIENT OSTEO	OPOSTEO	24			1		25

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Wyckoff Heights Medical Center
Outpatient Visits by Location from 2010 to Date

Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	1	OUT PATIENT PAIN MANAGMENT	OPPAIN	80					80
2010	1	OUT PATIENT PEDIATRICS	OPPED	513					513
2010	1	OUT PATIENT PEDS CARDIOLOGY	OPPEDCARD	15					15
2010	1	OUT PATIENT PEDS ENDOCRINOLOGY	OPPEDENDO	8					8
2010	1	OUT PATIENT PEDS NEUROLOGY	OPPEDNEURO	27					27
2010	1	OUT PATIENT PHYSIATRY CLINIC	OPPHYS	146					146
2010	1	OUT PATIENT PHYSICAL THX (RCR)	OPPT	6		6			12
2010	1	OUT PATIENT PODIATRY	OPPOD	243					243
2010	1	OUT PATIENT PULMONARY	OPPULMO	30					30
2010	1	OUT PATIENT RHEUMATOLOGY	OPRHEUM	20					20
2010	1	OUT PATIENT SURGICAL	OPSURG	229					229
2010	1	OUT PATIENT UROLOGY	OPGU	175					175
2010	1	OUT PATIENT VASCULAR	OPVASC	83			2		85
2010	1	OUT PATIENT WOUND CARE	OPWOUND	189					189
2010	1	OUT PT PLASTIC SURGERY/HAND	OPPLAST	108					108
2010	1	OUTPATIENT NUTRITIONAL COUNSEL	OPDIET	25					25
2010	1	PRESURGICAL TESTING	PRETEST				154		154
2010	1	PRIVATE OUT PATIENT CARDIOLOGY	POPCARD	1			125		126
2010	1	PRIVATE OUT PATIENT CHEMO	POPCHEMO				98		98
2010	1	PRIVATE OUT PATIENT LAB	POPLAB	2			986		988
2010	1	PRIVATE OUT PATIENT RADIOLOGY	POPRAD				1,691		1,691
2010	1	QUEENSBRIDGE CARDIOLOGY	QBRIGCARD	10					10
2010	1	QUEENSBRIDGE CLINIC	POPQBRIDGE				41		41
2010	1	QUEENSBRIDGE GYN	QBRIGGYN	12					12
2010	1	QUEENSBRIDGE MEDICAL	QBRIGMED	226			1		227
2010	1	QUEENSBRIDGE PEDIATRICS	QBRIGPED	78					78
2010	1	QUEENSBRIDGE PODIATRY	QBRIGPOD	27					27
2010	1	VASCULAR LAB	VASLAB				73		73
2010	1	WYCKOFF CLINIC LAB WORK	POPCLINIC	2			716		718
2010	2	12 SOUTH ED TRIAGE	NS12ST		207			1	208
2010	2	4 NORTH SURG DAY CARE(ASU) HD	NS4NH					325	325
2010	2	BUENA VITA LAB WORK	POPBUENAVI				353		353
2010	2	CAMBA BROADWAY HOUSE	POPCAMBA				8		8
2010	2	CARE COACH	POPCARECOA				81		81
2010	2	CATHERIZATION LAB - ASU	NSCATHLAB					7	7
2010	2	CYTOGENETICS	CYTOGEN				106		106
2010	2	EMERGENCY DEPT FASTTRACK	NSEDF		949				949
2010	2	EMERGENCY ROOM - ADULT	NSEDA		1,924				1,924
2010	2	EMERGENCY ROOM - PEDIATRICS	NSEDP		1,562				1,562
2010	2	ENDOSCOPY SUITE - ASU ONLY	NS10E				1	163	164
2010	2	FAMILY MEDICINE CLINIC	OPFAMMED	171					171
2010	2	FAMILY MEDICINE GYN	OPFAMGYN	7					7
2010	2	FAMILY MEDICINE PEDS	OPFAMPED	38					38
2010	2	FETAL ASSESSMENT RADIOLOGY	FETALASSES	5			368		373
2010	2	HYPERBARIC CHAMBER (RCR)	OPHYPER			1			1
2010	2	JACKSON HEIGHTS ID CLINIC	OPJACKID	29					29
2010	2	LA MARCA LAB WORK	POPLAMA				43		43
2010	2	LABOR & DELIVERY-SDC (ASU)	NS12SDC		20			17	37
2010	2	LAMARCA FAMILY HEALTH GYN	LAMAGYN	1					1
2010	2	LAMARCA FAMILY HEALTH MEDICAL	LAMAMED	567					567
2010	2	LAMARCA FAMILY HEALTH OB	LAMAOB	5					5
2010	2	LAMARCA FAMILY HEALTH PEDS	LAMAPED	58					58
2010	2	LAMARCA NUTRITIONAL COUNSEL	LAMADIET				1		1
2010	2	MIDDLE VILLAGE FAM. HEALTH CTR	POPMIDVIL				176		176

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Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	2	OB GENETIC COUNSELING	OPOBGENETI				1		1
2010	2	OB SONOGRAM	OBSONO				15		15
2010	2	OP PEDS HIGH RISK	OPPEDHIRSK	20					20
2010	2	OUT PATIENT ALLERGY ADULT	OPALLERGY	15					15
2010	2	OUT PATIENT ASTHMA ADULT	OPASTHMA	15					15
2010	2	OUT PATIENT AUDIOLOGY TESTING	OPAUDIO	9					9
2010	2	OUT PATIENT CARDIOLOGY	OPCARD	116					116
2010	2	OUT PATIENT CHEMOTHERAPY	OPCHEMO				1		1
2010	2	OUT PATIENT DENTAL	OPDENT	1		140			141
2010	2	OUT PATIENT DERMATOLOGY	OPDERM	26					26
2010	2	OUT PATIENT DIABETIC	OPDIAB	95					95
2010	2	OUT PATIENT EAR NOSE & THROAT	OPENT	98					98
2010	2	OUT PATIENT ENDOCRINOLOGY	OPENDO	91					91
2010	2	OUT PATIENT GASTROENTEROLOGY	OPGI	84					84
2010	2	OUT PATIENT GENETIC COUNSELING	OPGENE				2		2
2010	2	OUT PATIENT GERIATRICS	OPGERIATRI	2					2
2010	2	OUT PATIENT GYN	OPGYN	542			1		543
2010	2	OUT PATIENT HEMATOLOGY	OPHEMA	54					54
2010	2	OUT PATIENT HEPATITIS C	OPHIC	10					10
2010	2	OUT PATIENT ID	OPID	197			1		198
2010	2	OUT PATIENT MEDICAL	OPMED	797			1		798
2010	2	OUT PATIENT NEPHROLOGY	OPNEPH	51					51
2010	2	OUT PATIENT NEUROLOGY	OPNEURO	50					50
2010	2	OUT PATIENT NEURO-SURGERY	OPNEUROSUR	7					7
2010	2	OUT PATIENT NEWBORN SCREENING	OPPEDNEW	1					1
2010	2	OUT PATIENT OB	OPOB	677					677
2010	2	OUT PATIENT OB POST PARTUM	OPOBPOSTPA	33					33
2010	2	OUT PATIENT OCCUP THX (RCR)	OPOT			1			1
2010	2	OUT PATIENT OPHTHALMOLOGY	OPEYE	88					88
2010	2	OUT PATIENT ORTHOPEDIC ADULT	OPORTHO	158					158
2010	2	OUT PATIENT OSTEO	OPOSTEO	14					14
2010	2	OUT PATIENT PAIN MANAGMENT	OPPAIN	76					76
2010	2	OUT PATIENT PEDIATRICS	OPPED	487					487
2010	2	OUT PATIENT PEDS CARDIOLOGY	OPPEDCARD	10					10
2010	2	OUT PATIENT PEDS ENDOCRINOLOGY	OPPEDENDO	2					2
2010	2	OUT PATIENT PEDS NEUROLOGY	OPPEDNEURO	22					22
2010	2	OUT PATIENT PHYSIATRY CLINIC	OPPHYS	138		2			140
2010	2	OUT PATIENT PHYSICAL THX (RCR)	OPPT	5		89			94
2010	2	OUT PATIENT PODIATRY	OPPOD	175					175
2010	2	OUT PATIENT PULMONARY	OPPULMO	18					18
2010	2	OUT PATIENT RHEUMATOLOGY	OPRHEUM	11					11
2010	2	OUT PATIENT SURGICAL	OPSURG	187					187
2010	2	OUT PATIENT THORACIC SURGERY	OPTHORAC	3					3
2010	2	OUT PATIENT UROLOGY	OPGU	145					145
2010	2	OUT PATIENT VASCULAR	OPVASC	65			2		67
2010	2	OUT PATIENT VASCULAR LAB	OPVASCLAB				1		1
2010	2	OUT PATIENT WOUND CARE	OPWOUND	151					151
2010	2	OUT PT PLASTIC SURGERY/HAND	OPPLAST	118					118
2010	2	OUTPATIENT NUTRITIONAL COUNSEL	OPDIET	22			1		23
2010	2	PRESURGICAL TESTING	PRETEST				131		131
2010	2	PRIVATE OUT PATIENT CARDIOLOGY	POPCARD				118		118
2010	2	PRIVATE OUT PATIENT CHEMO	POPCHEMO	2			94		96
2010	2	PRIVATE OUT PATIENT LAB	POPLAB	2			869		871
2010	2	PRIVATE OUT PATIENT RADIOLOGY	POPRAD				1,520		1,520

Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	2	QUEENSBRIDGE CLINIC	POPQBRIDGE				51		51
2010	2	QUEENSBRIDGE GYN	QBRIGGYN	6					6
2010	2	QUEENSBRIDGE MEDICAL	QBRIGMED	205					205
2010	2	QUEENSBRIDGE PEDIATRICS	QBRIGPED	60					60
2010	2	QUEENSBRIDGE PODIATRY	QBRIGPOD	29					29
2010	2	VASCULAR LAB	VASLAB				71		71
2010	2	WYCKOFF CLINIC LAB WORK	POPCLINIC				586		586
2010	3	12 SOUTH ED TRIAGE	NS12ST	2	191		2	1	196
2010	3	4 NORTH SURG DAY CARE(ASU) HD	NS4NH		1			427	428
2010	3	BUENA VITA LAB WORK	POPBUENAVI				398		398
2010	3	CAMBA BROADWAY HOUSE	POPCAMBA				19		19
2010	3	CARE COACH	POPCARECOA				91		91
2010	3	CATHERIZATION LAB - ASU	NSCATHLAB					13	13
2010	3	COMMUNITY CARE COACH GYN	COACHGYN				1		1
2010	3	CYTOGENETICS	CYTOGEN				110		110
2010	3	EMERGENCY DEPT FASTTRACK	NSEDF		1,129				1,129
2010	3	EMERGENCY ROOM - ADULT	NSEDA		2,127				2,127
2010	3	EMERGENCY ROOM - PEDIATRICS	NSEDP		1,814				1,814
2010	3	ENDOSCOPY SUITE - ASU ONLY	NS10E				1	210	211
2010	3	FAMILY MEDICINE CLINIC	OPFAMMED	260					260
2010	3	FAMILY MEDICINE GYN	OPFAMGYN	5					5
2010	3	FAMILY MEDICINE PEDS	OPFAMPED	69					69
2010	3	FETAL ASSESSMENT RADIOLOGY	FETALASSES				468		468
2010	3	HYPERBARIC CHAMBER (RCR)	OPHYPER			4			4
2010	3	JACKSON HEIGHTS ID CLINIC	OPJACKID	34					34
2010	3	LA MARCA LAB WORK	POPLAMA				69		69
2010	3	LABOR & DELIVERY-SDC (ASU)	NS12SDC		19			23	42
2010	3	LAMARCA FAMILY HEALTH GYN	LAMAGYN	8					8
2010	3	LAMARCA FAMILY HEALTH MEDICAL	LAMAMED	786					786
2010	3	LAMARCA FAMILY HEALTH OB	LAMAOB	24					24
2010	3	LAMARCA FAMILY HEALTH PEDS	LAMAPED	122					122
2010	3	LAMARCA NUTRITIONAL COUNSEL	LAMADIET	1			4		5
2010	3	MIDDLE VILLAGE FAM. HEALTH CTR	POPMIDVIL				204		204
2010	3	OB GENETIC COUNSELING	OPOBGENETI				1		1
2010	3	OB SONOGRAM	OBSONO				31		31
2010	3	OP PEDS HIGH RISK	OPPEDHIRSK	27					27
2010	3	OP PULMONARY FUNCTION TEST	OPPFT				6		6
2010	3	OUT PATIENT ALLERGY ADULT	OPALLERGY	21					21
2010	3	OUT PATIENT ASTHMA ADULT	OPASTHMA	28					28
2010	3	OUT PATIENT AUDIOLOGY TESTING	OPAUDIO	21					21
2010	3	OUT PATIENT CARDIOLOGY	OPCARD	159					159
2010	3	OUT PATIENT CHEMOTHERAPY	OPCHEMO	1					1
2010	3	OUT PATIENT DENTAL	OPDENT			169			169
2010	3	OUT PATIENT DERMATOLOGY	OPDERM	26					26
2010	3	OUT PATIENT DIABETIC	OPDIAB	130					130
2010	3	OUT PATIENT EAR NOSE & THROAT	OPENT	193					193
2010	3	OUT PATIENT ENDOCRINOLOGY	OPENDO	98					98
2010	3	OUT PATIENT GASTROENTEROLOGY	OPGI	105					105
2010	3	OUT PATIENT GENETIC COUNSELING	OPGENE				5		5
2010	3	OUT PATIENT GERIATRICS	OPGERIATRI	4					4
2010	3	OUT PATIENT GYN	OPGYN	818					818
2010	3	OUT PATIENT HEMATOLOGY	OPHEMA	57					57
2010	3	OUT PATIENT HEPATITIS C	OPHIC	42					42
2010	3	OUT PATIENT ID	OPID	220					220

Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	3	OUT PATIENT MEDICAL	OPMED	1,135					1,135
2010	3	OUT PATIENT NEPHROLOGY	OPNEPH	71					71
2010	3	OUT PATIENT NEUROLOGY	OPNEURO	70					70
2010	3	OUT PATIENT NEURO-SURGERY	OPNEUROSUR	14					14
2010	3	OUT PATIENT OB	OPOB	924					924
2010	3	OUT PATIENT OB POST PARTUM	OPOBPOSTPA	49					49
2010	3	OUT PATIENT OPHTHALMOLOGY	OPEYE	153					153
2010	3	OUT PATIENT ORTHOPEDIC ADULT	OPORTHO	280					280
2010	3	OUT PATIENT OSTEO	OPOSTEO	34					34
2010	3	OUT PATIENT PAIN MANAGMENT	OPPAIN	74					74
2010	3	OUT PATIENT PEDIATRICS	OPPED	608					608
2010	3	OUT PATIENT PEDS CARDIOLOGY	OPPEDCARD	16					16
2010	3	OUT PATIENT PEDS ENDOCRINOLOGY	OPPEDENDO	7					7
2010	3	OUT PATIENT PEDS NEUROLOGY	OPPEDNEURO	39					39
2010	3	OUT PATIENT PHYSIATRY CLINIC	OPPHYS	256		3			259
2010	3	OUT PATIENT PHYSICAL THX (RCR)	OPPT	4		64			68
2010	3	OUT PATIENT PODIATRY	OPPOD	318					318
2010	3	OUT PATIENT PULMONARY	OPPULMO	30					30
2010	3	OUT PATIENT RHEUMATOLOGY	OPRHEUM	18					18
2010	3	OUT PATIENT SURGICAL	OPSURG	222					222
2010	3	OUT PATIENT UROLOGY	OPGU	180					180
2010	3	OUT PATIENT VASCULAR	OPVASC	85			5		90
2010	3	OUT PATIENT VASCULAR LAB	OPVASCLAB				38		38
2010	3	OUT PATIENT WOUND CARE	OPWOUND	247					247
2010	3	OUT PT PLASTIC SURGERY/HAND	OPPLAST	145					145
2010	3	OUTPATIENT NUTRITIONAL COUNSEL	OPDIET	42					42
2010	3	PRESURGICAL TESTING	PRETEST				198		198
2010	3	PRIVATE OUT PATIENT CARDIOLOGY	POPCARD	2			161		163
2010	3	PRIVATE OUT PATIENT CHEMO	POPCHEMO				88		88
2010	3	PRIVATE OUT PATIENT LAB	POPLAB				1,194		1,194
2010	3	PRIVATE OUT PATIENT RADIOLOGY	POPRAD				2,158		2,158
2010	3	QUEENSBRIDGE CARDIOLOGY	QBRIGCARD	11					11
2010	3	QUEENSBRIDGE CLINIC	POPQBRIDGE				44		44
2010	3	QUEENSBRIDGE GYN	QBRIGGYN	11					11
2010	3	QUEENSBRIDGE MEDICAL	QBRIGMED	241					241
2010	3	QUEENSBRIDGE PEDIATRICS	QBRIGPED	89					89
2010	3	QUEENSBRIDGE PODIATRY	QBRIGPOD	42					42
2010	3	VASCULAR LAB	VASLAB				72	1	73
2010	3	WYCKOFF CLINIC LAB WORK	POPCLINIC				805		805
2010	4	12 SOUTH ED TRIAGE	NS12ST	1	175				176
2010	4	4 NORTH SURG DAY CARE(ASU) HD	NS4NH					473	473
2010	4	BUENA VITA LAB WORK	POPBUENAVI				398		398
2010	4	CAMBA BROADWAY HOUSE	POPCAMBA				3		3
2010	4	CARE COACH	POPCARECOA				113		113
2010	4	CATHERIZATION LAB - ASU	NSCATHLAB					14	14
2010	4	COMMUNITY CARE COACH PEDIATRIC	COACHPED		1				1
2010	4	CYTOGENETICS	CYTOGEN				124		124
2010	4	EMERGENCY DEPT FASTTRACK	NSEDF		971				971
2010	4	EMERGENCY ROOM - ADULT	NSEDA		2,247				2,247
2010	4	EMERGENCY ROOM - PEDIATRICS	NSEDP		1,696				1,696
2010	4	ENDOSCOPY SUITE - ASU ONLY	NS10E				4	224	228
2010	4	FAMILY MEDICINE CLINIC	OPFAMMED	239					239
2010	4	FAMILY MEDICINE GYN	OPFAMGYN	3					3
2010	4	FAMILY MEDICINE PEDS	OPFAMPED	63					63

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Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	4	FETAL ASSESSMENT RADIOLOGY	FETALASSES	3			437		440
2010	4	HYPERBARIC CHAMBER (RCR)	OPHYPER			2			2
2010	4	JACKSON HEIGHTS ID CLINIC	OPJACKID	42					42
2010	4	LA MARCA LAB WORK	POPLAMA				51		51
2010	4	LABOR & DELIVERY-SDC (ASU)	NS12SDC		16			18	34
2010	4	LAMARCA FAMILY HEALTH GYN	LAMAGYN	8					8
2010	4	LAMARCA FAMILY HEALTH MEDICAL	LAMAMED	690			1		691
2010	4	LAMARCA FAMILY HEALTH OB	LAMAOB	12					12
2010	4	LAMARCA FAMILY HEALTH PEDS	LAMAPED	164					164
2010	4	MIDDLE VILLAGE FAM. HEALTH CTR	POPMIDVIL				181		181
2010	4	OB GENETIC COUNSELING	OPOBGENETI	1					1
2010	4	OB SONOGRAM	OBSONO				22		22
2010	4	OP PEDS HIGH RISK	OPPEDHIRSK	22					22
2010	4	OP PULMONARY FUNCTION TEST	OPPFT				7		7
2010	4	OUT PATIENT ALLERGY ADULT	OPALLERGY	9					9
2010	4	OUT PATIENT ASTHMA ADULT	OPASTHMA	20					20
2010	4	OUT PATIENT AUDIOLOGY TESTING	OPAUDIO	30					30
2010	4	OUT PATIENT CARDIOLOGY	OPCARD	169					169
2010	4	OUT PATIENT CHEMOTHERAPY	OPCHEMO	28					28
2010	4	OUT PATIENT DENTAL	OPDENT			194			194
2010	4	OUT PATIENT DERMATOLOGY	OPDERM	36					36
2010	4	OUT PATIENT DIABETIC	OPDIAB	133					133
2010	4	OUT PATIENT EAR NOSE & THROAT	OPENT	175					175
2010	4	OUT PATIENT ENDOCRINOLOGY	OPENDO	82					82
2010	4	OUT PATIENT GASTROENTEROLOGY	OPGI	131					131
2010	4	OUT PATIENT GERIATRICS	OPGERIATRI	2					2
2010	4	OUT PATIENT GYN	OPGYN	796					796
2010	4	OUT PATIENT HEMATOLOGY	OPHEMA	69					69
2010	4	OUT PATIENT HEPATITIS C	OPHIC	34					34
2010	4	OUT PATIENT ID	OPID	250					250
2010	4	OUT PATIENT MEDICAL	OPMED	952					952
2010	4	OUT PATIENT NEPHROLOGY	OPNEPH	92					92
2010	4	OUT PATIENT NEUROLOGY	OPNEURO	79					79
2010	4	OUT PATIENT NEURO-SURGERY	OPNEUROSUR	11					11
2010	4	OUT PATIENT OB	OPOB	860					860
2010	4	OUT PATIENT OB POST PARTUM	OPOBPOSTPA	38					38
2010	4	OUT PATIENT OPHTHALMOLOGY	OPEYE	172					172
2010	4	OUT PATIENT ORTHOPEDIC ADULT	OPORTHO	288					288
2010	4	OUT PATIENT OSTEO	OPOSTEO	26					26
2010	4	OUT PATIENT PAIN MANAGMENT	OPPAIN	86					86
2010	4	OUT PATIENT PEDIATRICS	OPPED	608					608
2010	4	OUT PATIENT PEDS CARDIOLOGY	OPPEDCARD	17					17
2010	4	OUT PATIENT PEDS ENDOCRINOLOGY	OPPEDENDO	6					6
2010	4	OUT PATIENT PEDS NEUROLOGY	OPPEDNEURO	34					34
2010	4	OUT PATIENT PHYSIATRY CLINIC	OPPHYS	219		2			221
2010	4	OUT PATIENT PHYSICAL THX (RCR)	OPPT	1		34			35
2010	4	OUT PATIENT PODIATRY	OPPOD	301					301
2010	4	OUT PATIENT PULMONARY	OPPULMO	59					59
2010	4	OUT PATIENT RHEUMATOLOGY	OPRHEUM	16					16
2010	4	OUT PATIENT SURGICAL	OPSURG	268					268
2010	4	OUT PATIENT UROLOGY	OPGU	208					208
2010	4	OUT PATIENT VASCULAR	OPVASC	125			10		135
2010	4	OUT PATIENT VASCULAR LAB	OPVASCLAB				48		48
2010	4	OUT PATIENT WELL BABY	OPPEDWELL					1	1

Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	4	OUT PATIENT WOUND CARE	OPWOUND	208					208
2010	4	OUT PT PLASTIC SURGERY/HAND	OPPLAST	120					120
2010	4	OUTPATIENT NUTRITIONAL COUNSEL	OPDIET	40					40
2010	4	PRESURGICAL TESTING	PRETEST				189		189
2010	4	PRIVATE OUT PATIENT CARDIOLOGY	POPCARD				177		177
2010	4	PRIVATE OUT PATIENT CHEMO	POPCHEMO				72		72
2010	4	PRIVATE OUT PATIENT LAB	POPLAB				1,108		1,108
2010	4	PRIVATE OUT PATIENT RADIOLOGY	POPRAD				2,097		2,097
2010	4	QUEENSBRIDGE CARDIOLOGY	QBRIGCARD	8					8
2010	4	QUEENSBRIDGE CLINIC	POPQBRIDGE				44		44
2010	4	QUEENSBRIDGE GYN	QBRIGGYN	8					8
2010	4	QUEENSBRIDGE MEDICAL	QBRIGMED	233					233
2010	4	QUEENSBRIDGE PEDIATRICS	QBRIGPED	66					66
2010	4	QUEENSBRIDGE PODIATRY	QBRIGPOD	40					40
2010	4	VASCULAR LAB	VASLAB				75		75
2010	4	WYCKOFF CLINIC LAB WORK	POPCLINIC	3			766		769
2010	5	12 SOUTH ED TRIAGE	NS12ST		199		1	1	201
2010	5	4 NORTH SURG DAY CARE(ASU) HD	NS4NH					400	400
2010	5	BUENA VITA LAB WORK	POPBUENAVI				344		344
2010	5	CAMBA BROADWAY HOUSE	POPCAMBA				6		6
2010	5	CARE COACH	POPCARECOA				96		96
2010	5	CATHERIZATION LAB - ASU	NSCATHLAB					9	9
2010	5	COMMUNITY CARE COACH MEDICAL	COACHMED				1		1
2010	5	CYTOGENETICS	CYTOGEN				114		114
2010	5	EMERGENCY DEPT FASTTRACK	NSEDF		1,237				1,237
2010	5	EMERGENCY ROOM - ADULT	NSEDA		2,240				2,240
2010	5	EMERGENCY ROOM - PEDIATRICS	NSEDP		1,884				1,884
2010	5	ENDOSCOPY SUITE - ASU ONLY	NS10E				2	174	176
2010	5	FAMILY MEDICINE CLINIC	OPFAMMED	223					223
2010	5	FAMILY MEDICINE GYN	OPFAMGYN	3					3
2010	5	FAMILY MEDICINE PEDS	OPFAMPED	53					53
2010	5	FETAL ASSESSMENT RADIOLOGY	FETALASSES	5			302		307
2010	5	HYPERBARIC CHAMBER (RCR)	OPHYPER			3			3
2010	5	JACKSON HEIGHTS ID CLINIC	OPJACKID	31					31
2010	5	LA MARCA LAB WORK	POPLAMA				51		51
2010	5	LABOR & DELIVERY-SDC (ASU)	NS12SDC		14			17	31
2010	5	LAMARCA FAMILY HEALTH GYN	LAMAGYN	11					11
2010	5	LAMARCA FAMILY HEALTH MEDICAL	LAMAMED	561					561
2010	5	LAMARCA FAMILY HEALTH OB	LAMAOB	23					23
2010	5	LAMARCA FAMILY HEALTH PEDS	LAMAPED	155					155
2010	5	LAMARCA NUTRITIONAL COUNSEL	LAMADIET				3		3
2010	5	MIDDLE VILLAGE FAM. HEALTH CTR	POPMIDVIL				174		174
2010	5	OB GENETIC COUNSELING	OPOBGENETI	5					5
2010	5	OB SONOGRAM	OBSONO	1			118		119
2010	5	OP PEDS HIGH RISK	OPPEDHIRSK	25					25
2010	5	OP PULMONARY FUNCTION TEST	OPPFT				5		5
2010	5	OUT PATIENT ALLERGY ADULT	OPALLERGY	18					18
2010	5	OUT PATIENT ASTHMA ADULT	OPASTHMA	26					26
2010	5	OUT PATIENT AUDIOLOGY TESTING	OPAUDIO	17					17
2010	5	OUT PATIENT CARDIOLOGY	OPCARD	171			1		172
2010	5	OUT PATIENT CHEMOTHERAPY	OPCHEMO	6			3		9
2010	5	OUT PATIENT DENTAL	OPDENT	762		39			801
2010	5	OUT PATIENT DERMATOLOGY	OPDERM	25					25
2010	5	OUT PATIENT DIABETIC	OPDIAB	112					112

Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	5	OUT PATIENT EAR NOSE & THROAT	OPENT	175					175
2010	5	OUT PATIENT ENDOCRINOLOGY	OPENDO	71					71
2010	5	OUT PATIENT GASTROENTEROLOGY	OPGI	168					168
2010	5	OUT PATIENT GERIATRICS	OPGERIATRI	4					4
2010	5	OUT PATIENT GYN	OPGYN	723					723
2010	5	OUT PATIENT HEMATOLOGY	OPHEMA	70					70
2010	5	OUT PATIENT HEPATITIS C	OPHIC	31					31
2010	5	OUT PATIENT ID	OPID	301					301
2010	5	OUT PATIENT MEDICAL	OPMED	926					926
2010	5	OUT PATIENT NEPHROLOGY	OPNEPH	49					49
2010	5	OUT PATIENT NEUROLOGY	OPNEURO	79					79
2010	5	OUT PATIENT NEWBORN SCREENING	OPPEDNEW	1					1
2010	5	OUT PATIENT OB	OPOB	783			1		784
2010	5	OUT PATIENT OB POST PARTUM	OPOBPOSTPA	49					49
2010	5	OUT PATIENT OCCUP THX (RCR)	OPOT			1			1
2010	5	OUT PATIENT OPHTHALMOLOGY	OPEYE	165					165
2010	5	OUT PATIENT ORTHOPEDIC ADULT	OPORTHO	241					241
2010	5	OUT PATIENT OSTEO	OPOSTEO	24					24
2010	5	OUT PATIENT PAIN MANAGMENT	OPPAIN	83					83
2010	5	OUT PATIENT PEDIATRICS	OPPED	520					520
2010	5	OUT PATIENT PEDS CARDIOLOGY	OPPEDCARD	9					9
2010	5	OUT PATIENT PEDS ENDOCRINOLOGY	OPPEDENDO	9					9
2010	5	OUT PATIENT PEDS NEUROLOGY	OPPEDNEURO	40					40
2010	5	OUT PATIENT PHYSIATRY CLINIC	OPPHYS	168		2			170
2010	5	OUT PATIENT PHYSICAL THX (RCR)	OPPT	8		47			55
2010	5	OUT PATIENT PODIATRY	OPPOD	291			1		292
2010	5	OUT PATIENT PULMONARY	OPPULMO	33					33
2010	5	OUT PATIENT RHEUMATOLOGY	OPRHEUM	21					21
2010	5	OUT PATIENT SURGICAL	OPSURG	189					189
2010	5	OUT PATIENT THORACIC SURGERY	OPTHORAC	1					1
2010	5	OUT PATIENT UROLOGY	OPGU	173					173
2010	5	OUT PATIENT VASCULAR	OPVASC	98			4		102
2010	5	OUT PATIENT VASCULAR LAB	OPVASCLAB				12		12
2010	5	OUT PATIENT WOUND CARE	OPWOUND	225					225
2010	5	OUT PATIENT WOUND CARE ID	OPWOUNDID	1					1
2010	5	OUT PT PLASTIC SURGERY/HAND	OPPLAST	94					94
2010	5	OUTPATIENT NUTRITIONAL COUNSEL	OPDIET	33					33
2010	5	PRESURGICAL TESTING	PRETEST				152		152
2010	5	PRIVATE OUT PATIENT CARDIOLOGY	POPCARD				136		136
2010	5	PRIVATE OUT PATIENT CHEMO	POPCHEMO				104		104
2010	5	PRIVATE OUT PATIENT LAB	POPLAB	1			982		983
2010	5	PRIVATE OUT PATIENT RADIOLOGY	POPRAD				2,039		2,039
2010	5	QUEENSBRIDGE CARDIOLOGY	QBRIGCARD	5					5
2010	5	QUEENSBRIDGE CLINIC	POPQBRIDGE				33		33
2010	5	QUEENSBRIDGE MEDICAL	QBRIGMED	204					204
2010	5	QUEENSBRIDGE PEDIATRICS	QBRIGPED	53					53
2010	5	QUEENSBRIDGE PODIATRY	QBRIGPOD	29					29
2010	5	VASCULAR LAB	VASLAB				94		94
2010	5	WYCKOFF CLINIC LAB WORK	POPCLINIC				701		701
2010	6	12 SOUTH ED TRIAGE	NS12ST	4	190			2	196
2010	6	4 NORTH SURG DAY CARE(ASU) HD	NS4NH				1	451	452
2010	6	BUENA VITA LAB WORK	POPBUENAVI				378		378
2010	6	CAMBA BROADWAY HOUSE	POPCAMBA				10		10
2010	6	CARE COACH	POPCARECOA				106		106

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Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	6	CATHERIZATION LAB - ASU	NSCATHLAB					11	11
2010	6	CYTOGENETICS	CYTOGEN				135		135
2010	6	EMERGENCY DEPT FASTTRACK	NSEDF		1,384				1,384
2010	6	EMERGENCY ROOM - ADULT	NSEDA		2,179		2		2,181
2010	6	EMERGENCY ROOM - PEDIATRICS	NSEDP		1,658				1,658
2010	6	ENDOSCOPY SUITE - ASU ONLY	NS10E					207	207
2010	6	FAMILY MEDICINE CLINIC	OPFAMMED	222					222
2010	6	FAMILY MEDICINE GYN	OPFAMGYN`	3					3
2010	6	FAMILY MEDICINE PEDS	OPFAMPED	64	1				65
2010	6	FETAL ASSESSMENT RADIOLOGY	FETALASSES	10			445		455
2010	6	HYPERBARIC CHAMBER (RCR)	OPHYPER			1			1
2010	6	JACKSON HEIGHTS ID CLINIC	OPJACKID	44					44
2010	6	LA MARCA LAB WORK	POPLAMA				39		39
2010	6	LABOR & DELIVERY-SDC (ASU)	NS12SDC		12			23	35
2010	6	LAMARCA FAMILY HEALTH GYN	LAMAGYN	10					10
2010	6	LAMARCA FAMILY HEALTH MEDICAL	LAMAMED	621					621
2010	6	LAMARCA FAMILY HEALTH OB	LAMAOB	17					17
2010	6	LAMARCA FAMILY HEALTH PEDS	LAMAPED	139					139
2010	6	MIDDLE VILLAGE FAM. HEALTH CTR	POPMIDVIL				171		171
2010	6	OB GENETIC COUNSELING	OPOBGENETI	2					2
2010	6	OB SONOGRAM	OBSONO				12		12
2010	6	OP PEDS HIGH RISK	OPPEDHIRSK	25					25
2010	6	OP PULMONARY FUNCTION TEST	OPPFT				5		5
2010	6	OUT PATIENT ALLERGY ADULT	OPALLERGY	14					14
2010	6	OUT PATIENT ASTHMA ADULT	OPASTHMA	22					22
2010	6	OUT PATIENT AUDIOLOGY TESTING	OPAUDIO	10					10
2010	6	OUT PATIENT CARDIOLOGY	OPCARD	152			1		153
2010	6	OUT PATIENT CHEMOTHERAPY	OPCHEMO	92					92
2010	6	OUT PATIENT DENTAL	OPDENT	806		20			826
2010	6	OUT PATIENT DERMATOLOGY	OPDERM	26					26
2010	6	OUT PATIENT DIABETIC	OPDIAB	119					119
2010	6	OUT PATIENT EAR NOSE & THROAT	OPENT	84					84
2010	6	OUT PATIENT ENDOCRINOLOGY	OPENDO	105					105
2010	6	OUT PATIENT GASTROENTEROLOGY	OPGI	166					166
2010	6	OUT PATIENT GERIATRICS	OPGERIATRI	4					4
2010	6	OUT PATIENT GYN	OPGYN	798			1		799
2010	6	OUT PATIENT GYN BREAST	OPGYNBRST	3					3
2010	6	OUT PATIENT HEMATOLOGY	OPHEMA	47					47
2010	6	OUT PATIENT HEPATITIS C	OPHIC	33					33
2010	6	OUT PATIENT ID	OPID	296					296
2010	6	OUT PATIENT MEDICAL	OPMED	1,021					1,021
2010	6	OUT PATIENT NEPHROLOGY	OPNEPH	67					67
2010	6	OUT PATIENT NEUROLOGY	OPNEURO	105					105
2010	6	OUT PATIENT NEURO-SURGERY	OPNEUROSUR	8					8
2010	6	OUT PATIENT OB	OPOB	875			1		876
2010	6	OUT PATIENT OB POST PARTUM	OPOBPOSTPA	60					60
2010	6	OUT PATIENT OPHTHALMOLOGY	OPEYE	183					183
2010	6	OUT PATIENT ORTHOPEDIC ADULT	OPORTHO	315					315
2010	6	OUT PATIENT OSTEO	OPOSTEO	19					19
2010	6	OUT PATIENT PAIN MANAGMENT	OPPAIN	93					93
2010	6	OUT PATIENT PEDIATRICS	OPPED	509					509
2010	6	OUT PATIENT PEDS CARDIOLOGY	OPPEDCARD	13					13
2010	6	OUT PATIENT PEDS ENDOCRINOLOGY	OPPEDENDO	6					6
2010	6	OUT PATIENT PEDS NEUROLOGY	OPPEDNEURO	33					33

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Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	6	OUT PATIENT PEDS PODIATRY	OPPEDPOD	2					2
2010	6	OUT PATIENT PHYSIATRY CLINIC	OPPHYS	228					228
2010	6	OUT PATIENT PHYSICAL THX (RCR)	OPPT	5		23			28
2010	6	OUT PATIENT PODIATRY	OPPOD	332					332
2010	6	OUT PATIENT PULMONARY	OPPULMO	25					25
2010	6	OUT PATIENT RHEUMATOLOGY	OPRHEUM	12					12
2010	6	OUT PATIENT SURGICAL	OPSURG	162					162
2010	6	OUT PATIENT THORACIC SURGERY	OPTHORAC	4					4
2010	6	OUT PATIENT UROLOGY	OPGU	195					195
2010	6	OUT PATIENT VASCULAR	OPVASC	96					96
2010	6	OUT PATIENT VASCULAR LAB	OPVASCLAB				8		8
2010	6	OUT PATIENT WOUND CARE	OPWOUND	255					255
2010	6	OUT PT PLASTIC SURGERY/HAND	OPPLAST	133					133
2010	6	OUTPATIENT NUTRITIONAL COUNSEL	OPDIET	27					27
2010	6	PRESURGICAL TESTING	PRETEST				170		170
2010	6	PRIVATE OUT PATIENT CARDIOLOGY	POPCARD	2			173		175
2010	6	PRIVATE OUT PATIENT CHEMO	POPCHEMO	3			39		42
2010	6	PRIVATE OUT PATIENT LAB	POPLAB				1,104		1,104
2010	6	PRIVATE OUT PATIENT RADIOLOGY	POPRAD				2,133		2,133
2010	6	QUEENSBRIDGE CARDIOLOGY	QBRIGCARD	10					10
2010	6	QUEENSBRIDGE CLINIC	POPQBRIDGE				32		32
2010	6	QUEENSBRIDGE MEDICAL	QBRIGMED	244					244
2010	6	QUEENSBRIDGE PEDIATRICS	QBRIGPED	31					31
2010	6	QUEENSBRIDGE PODIATRY	QBRIGPOD	22					22
2010	6	VASCULAR LAB	VASLAB				110		110
2010	6	WYCKOFF CLINIC LAB WORK	POPCLINIC				803		803
2010	7	12 SOUTH ED TRIAGE	NS12ST		222			1	223
2010	7	4 NORTH SURG DAY CARE(ASU) HD	NS4NH				6	404	410
2010	7	BUENA VITA LAB WORK	POPBUENAVI				393		393
2010	7	CAMBA BROADWAY HOUSE	POPCAMBA				6		6
2010	7	CARE COACH	POPCARECOA				99		99
2010	7	CATHERIZATION LAB - ASU	NSCATHLAB					9	9
2010	7	CYTOGENETICS	CYTOGEN				119		119
2010	7	EMERGENCY DEPT FASTTRACK	NSEDF		1,719				1,719
2010	7	EMERGENCY ROOM - ADULT	NSEDA		1,950				1,950
2010	7	EMERGENCY ROOM - PEDIATRICS	NSEDP		1,712				1,712
2010	7	ENDOSCOPY SUITE - ASU ONLY	NS10E				1	187	188
2010	7	FAMILY MEDICINE CLINIC	OPFAMMED	175					175
2010	7	FAMILY MEDICINE GYN	OPFAMGYN	7					7
2010	7	FAMILY MEDICINE PEDS	OPFAMPED	36					36
2010	7	FETAL ASSESSMENT RADIOLOGY	FETALASSES	11			402		413
2010	7	HYPERBARIC CHAMBER (RCR)	OPHYPER			3			3
2010	7	LA MARCA LAB WORK	POPLAMA				54		54
2010	7	LABOR & DELIVERY-SDC (ASU)	NS12SDC		3			10	13
2010	7	LAMARCA FAMILY HEALTH GYN	LAMAGYN	16					16
2010	7	LAMARCA FAMILY HEALTH MEDICAL	LAMAMED	526					526
2010	7	LAMARCA FAMILY HEALTH OB	LAMAOB	20					20
2010	7	LAMARCA FAMILY HEALTH PEDS	LAMAPED	123					123
2010	7	MIDDLE VILLAGE FAM. HEALTH CTR	POPMIDVIL				165		165
2010	7	OB GENETIC COUNSELING	OPOBGENETI	2					2
2010	7	OB SONOGRAM	OBSONO				11		11
2010	7	OP PEDS HIGH RISK	OPPEDHIRSK	30					30
2010	7	OP PULMONARY FUNCTION TEST	OPPFT				16		16
2010	7	OUT PATIENT ALLERGY ADULT	OPALLERGY	20					20

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Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	7	OUT PATIENT ASTHMA ADULT	OPASTHMA	16					16
2010	7	OUT PATIENT AUDIOLOGY TESTING	OPAUDIO	24					24
2010	7	OUT PATIENT CARDIOLOGY	OPCARD	130					130
2010	7	OUT PATIENT CHEMOTHERAPY	OPCHEMO	63			1		64
2010	7	OUT PATIENT DENTAL	OPDENT	895		3			898
2010	7	OUT PATIENT DERMATOLOGY	OPDERM	25					25
2010	7	OUT PATIENT DIABETIC	OPDIAB	151					151
2010	7	OUT PATIENT EAR NOSE & THROAT	OPENT	147					147
2010	7	OUT PATIENT ENDOCRINOLOGY	OPENDO	93					93
2010	7	OUT PATIENT GASTROENTEROLOGY	OPGI	188					188
2010	7	OUT PATIENT GENETIC COUNSELING	OPGENE	1					1
2010	7	OUT PATIENT GERIATRICS	OPGERIATRI	2					2
2010	7	OUT PATIENT GYN	OPGYN	702			1		703
2010	7	OUT PATIENT GYN BREAST	OPGYNBRST	23					23
2010	7	OUT PATIENT HEMATOLOGY	OPHEMA	48					48
2010	7	OUT PATIENT HEPATITIS C	OPHIC	43					43
2010	7	OUT PATIENT ID	OPID	245					245
2010	7	OUT PATIENT MEDICAL	OPMED	915					915
2010	7	OUT PATIENT NEPHROLOGY	OPNEPH	69					69
2010	7	OUT PATIENT NEUROLOGY	OPNEURO	77					77
2010	7	OUT PATIENT NEURO-SURGERY	OPNEUROSUR	6					6
2010	7	OUT PATIENT OB	OPOB	784					784
2010	7	OUT PATIENT OB POST PARTUM	OPOBPOSTPA	37					37
2010	7	OUT PATIENT OCCUP THX (RCR)	OPOT			1			1
2010	7	OUT PATIENT OPHTHALMOLOGY	OPEYE	164					164
2010	7	OUT PATIENT ORTHOPEDIC ADULT	OPORTHO	266					266
2010	7	OUT PATIENT OSTEO	OPOSTEO	21					21
2010	7	OUT PATIENT PAIN MANAGMENT	OPPAIN	62					62
2010	7	OUT PATIENT PEDIATRICS	OPPED	481					481
2010	7	OUT PATIENT PEDS CARDIOLOGY	OPPEDCARD	13					13
2010	7	OUT PATIENT PEDS ENDOCRINOLOGY	OPPEDENDO	8					8
2010	7	OUT PATIENT PEDS NEUROLOGY	OPPEDNEURO	25					25
2010	7	OUT PATIENT PHYSIATRY CLINIC	OPPHYS	143					143
2010	7	OUT PATIENT PHYSICAL THX (RCR)	OPPT	5		15			20
2010	7	OUT PATIENT PODIATRY	OPPOD	346					346
2010	7	OUT PATIENT PULMONARY	OPPULMO	37					37
2010	7	OUT PATIENT RHEUMATOLOGY	OPRHEUM	15					15
2010	7	OUT PATIENT SURGICAL	OPSURG	188				4	192
2010	7	OUT PATIENT UROLOGY	OPGU	178					178
2010	7	OUT PATIENT VASCULAR	OPVASC	122			7		129
2010	7	OUT PATIENT VASCULAR LAB	OPVASCLAB				28		28
2010	7	OUT PATIENT WOUND CARE	OPWOUND	224					224
2010	7	OUT PT PLASTIC SURGERY/HAND	OPPLAST	106					106
2010	7	OUTPATIENT NUTRITIONAL COUNSEL	OPDIET	27					27
2010	7	PRESURGICAL TESTING	PRETEST				152		152
2010	7	PRIVATE OUT PATIENT CARDIOLOGY	POPCARD				144		144
2010	7	PRIVATE OUT PATIENT CHEMO	POPCHEMO				21		21
2010	7	PRIVATE OUT PATIENT LAB	POPLAB				921		921
2010	7	PRIVATE OUT PATIENT RADIOLOGY	POPRAD				1,862		1,862
2010	7	VASCULAR LAB	VASLAB				100		100
2010	7	WYCKOFF CLINIC LAB WORK	POPCLINIC	5			773		778
2010	8	12 SOUTH ED TRIAGE	NS12ST		221		1	1	223
2010	8	4 NORTH SURG DAY CARE(ASU) HD	NS4NH				2	431	433
2010	8	BUENA VITA LAB WORK	POPBUENAVI				388		388

Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	8	CAMBA BROADWAY HOUSE	POPCAMBA				9		9
2010	8	CARE COACH	POPCARECOA				95		95
2010	8	CATHERIZATION LAB - ASU	NSCATHLAB					10	10
2010	8	CYTOGENETICS	CYTOGEN				101		101
2010	8	EMERGENCY DEPT FASTTRACK	NSEDF		1,697				1,697
2010	8	EMERGENCY ROOM - ADULT	NSEDA		1,907				1,907
2010	8	EMERGENCY ROOM - PEDIATRICS	NSEDP		1,409				1,409
2010	8	ENDOSCOPY SUITE - ASU ONLY	NS10E				1	211	212
2010	8	FAMILY MEDICINE CLINIC	OPFAMMED	210					210
2010	8	FAMILY MEDICINE GYN	OPFAMGYN	3					3
2010	8	FAMILY MEDICINE PEDS	OPFAMPED	46					46
2010	8	FETAL ASSESSMENT RADIOLOGY	FETALASSES	4			399		403
2010	8	HYPERBARIC CHAMBER (RCR)	OPHYPER			2			2
2010	8	LA MARCA LAB WORK	POPLAMA				71		71
2010	8	LABOR & DELIVERY-SDC (ASU)	NS12SDC		4			17	21
2010	8	LAMARCA FAMILY HEALTH GYN	LAMAGYN	14					14
2010	8	LAMARCA FAMILY HEALTH MEDICAL	LAMAMED	593					593
2010	8	LAMARCA FAMILY HEALTH OB	LAMAOB	13					13
2010	8	LAMARCA FAMILY HEALTH PEDS	LAMAPED	172					172
2010	8	LAMARCA NUTRITIONAL COUNSEL	LAMADIET				2		2
2010	8	MIDDLE VILLAGE FAM. HEALTH CTR	POPMIDVIL				152		152
2010	8	OB GENETIC COUNSELING	OPOBGENETI	5					5
2010	8	OB SONOGRAM	OBSONO				25		25
2010	8	OP PEDS HIGH RISK	OPPEDHIRSK	27					27
2010	8	OP PULMONARY FUNCTION TEST	OPPFT	1			28	1	30
2010	8	OPERATING ROOM	OR					1	1
2010	8	OUT PATIENT ALLERGY ADULT	OPALLERGY	18					18
2010	8	OUT PATIENT ASTHMA ADULT	OPASTHMA	39					39
2010	8	OUT PATIENT AUDIOLOGY TESTING	OPAUDIO	16					16
2010	8	OUT PATIENT CARDIOLOGY	OPCARD	177			2		179
2010	8	OUT PATIENT CHEMOTHERAPY	OPCHEMO	98					98
2010	8	OUT PATIENT DENTAL	OPDENT	912		1		1	914
2010	8	OUT PATIENT DERMATOLOGY	OPDERM	19					19
2010	8	OUT PATIENT DIABETIC	OPDIAB	136					136
2010	8	OUT PATIENT EAR NOSE & THROAT	OPENT	178					178
2010	8	OUT PATIENT ENDOCRINOLOGY	OPENDO	110					110
2010	8	OUT PATIENT GASTROENTEROLOGY	OPGI	212					212
2010	8	OUT PATIENT GENETIC COUNSELING	OPGENE	4					4
2010	8	OUT PATIENT GERIATRICS	OPGERIATRI	5					5
2010	8	OUT PATIENT GYN	OPGYN	805			1		806
2010	8	OUT PATIENT GYN BREAST	OPGYNBRST	21					21
2010	8	OUT PATIENT GYN COUNSELING	OPGYNCOUNS	1					1
2010	8	OUT PATIENT HEMATOLOGY	OPHEMA	49					49
2010	8	OUT PATIENT HEPATITIS C	OPHIC	9					9
2010	8	OUT PATIENT ID	OPID	327					327
2010	8	OUT PATIENT MEDICAL	OPMED	945					945
2010	8	OUT PATIENT NEPHROLOGY	OPNEPH	60					60
2010	8	OUT PATIENT NEUROLOGY	OPNEURO	21					21
2010	8	OUT PATIENT NEURO-SURGERY	OPNEUROSUR	12					12
2010	8	OUT PATIENT OB	OPOB	848					848
2010	8	OUT PATIENT OB POST PARTUM	OPOBPOSTPA	38					38
2010	8	OUT PATIENT OPHTHALMOLOGY	OPEYE	169					169
2010	8	OUT PATIENT ORTHOPEDIC ADULT	OPORTHO	167					167
2010	8	OUT PATIENT OSTEO	OPOSTEO	25					25

Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	8	OUT PATIENT PAIN MANAGMENT	OPPAIN	79					79
2010	8	OUT PATIENT PEDIATRICS	OPPED	526					526
2010	8	OUT PATIENT PEDS CARDIOLOGY	OPPEDCARD	12					12
2010	8	OUT PATIENT PEDS ENDOCRINOLOGY	OPPEDENDO	6					6
2010	8	OUT PATIENT PEDS NEUROLOGY	OPPEDNEURO	18					18
2010	8	OUT PATIENT PHYSIATRY CLINIC	OPPHYS	212					212
2010	8	OUT PATIENT PHYSICAL THX (RCR)	OPPT	3					3
2010	8	OUT PATIENT PODIATRY	OPPOD	331					331
2010	8	OUT PATIENT PULMONARY	OPPULMO	29			1		30
2010	8	OUT PATIENT RHEUMATOLOGY	OPRHEUM	13					13
2010	8	OUT PATIENT SURGICAL	OPSURG	176				2	178
2010	8	OUT PATIENT THORACIC SURGERY	OPTHORAC	2					2
2010	8	OUT PATIENT UROLOGY	OPGU	184					184
2010	8	OUT PATIENT VASCULAR	OPVASC	119			6		125
2010	8	OUT PATIENT VASCULAR LAB	OPVASCLAB				42		42
2010	8	OUT PATIENT WOUND CARE	OPWOUND	286					286
2010	8	OUT PT PLASTIC SURGERY/HAND	OPPLAST	98					98
2010	8	OUTPATIENT NUTRITIONAL COUNSEL	OPDIET	38					38
2010	8	PRESURGICAL TESTING	PRETEST				174		174
2010	8	PRIVATE OUT PATIENT CARDIOLOGY	POPCARD				173		173
2010	8	PRIVATE OUT PATIENT CHEMO	POPCHEMO	2					2
2010	8	PRIVATE OUT PATIENT LAB	POPLAB	1			944		945
2010	8	PRIVATE OUT PATIENT RADIOLOGY	POPRAD				2,041		2,041
2010	8	VASCULAR LAB	VASLAB				82	1	83
2010	8	WYCKOFF CLINIC LAB WORK	POPCLINIC				785		785
2010	9	12 SOUTH ED TRIAGE	NS12ST		192		2		194
2010	9	4 NORTH SURG DAY CARE(ASU) HD	NS4NH					408	408
2010	9	BUENA VITA LAB WORK	POPBUENAVI				382		382
2010	9	CAMBA BROADWAY HOUSE	POPCAMBA				13		13
2010	9	CARE COACH	POPCARECOA				90		90
2010	9	CATHERIZATION LAB - ASU	NSCATHLAB					17	17
2010	9	CYTOGENETICS	CYTOGEN				119		119
2010	9	EMERGENCY DEPT FASTTRACK	NSEDF		1,532				1,532
2010	9	EMERGENCY ROOM - ADULT	NSEDA		1,922				1,922
2010	9	EMERGENCY ROOM - PEDIATRICS	NSEDP		1,594				1,594
2010	9	ENDOSCOPY SUITE - ASU ONLY	NS10E					225	225
2010	9	FAMILY MEDICINE CLINIC	OPFAMMED	194					194
2010	9	FAMILY MEDICINE GYN	OPFAMGYN	4					4
2010	9	FAMILY MEDICINE PEDS	OPFAMPED	77					77
2010	9	FETAL ASSESSMENT RADIOLOGY	FETALASSES	11			432		443
2010	9	HYPERBARIC CHAMBER (RCR)	OPHYPER			4			4
2010	9	LA MARCA LAB WORK	POPLAMA				44		44
2010	9	LABOR & DELIVERY-SDC (ASU)	NS12SDC		4			14	18
2010	9	LAMARCA FAMILY HEALTH GYN	LAMAGYN	8					8
2010	9	LAMARCA FAMILY HEALTH MEDICAL	LAMAMED	524					524
2010	9	LAMARCA FAMILY HEALTH OB	LAMAOB	12					12
2010	9	LAMARCA FAMILY HEALTH PEDS	LAMAPED	161					161
2010	9	LAMARCA NUTRITIONAL COUNSEL	LAMADIET				2		2
2010	9	MIDDLE VILLAGE FAM. HEALTH CTR	POPMIDVIL				128		128
2010	9	OB GENETIC COUNSELING	OPOBGENETI	11					11
2010	9	OB SONOGRAM	OBSONO				34		34
2010	9	OP PEDS HIGH RISK	OPPEDHIRSK	30					30
2010	9	OP PULMONARY FUNCTION TEST	OPPFT				21		21
2010	9	OUT PATIENT ALLERGY ADULT	OPALLERGY	26					26

Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	9	OUT PATIENT ASTHMA ADULT	OPASTHMA	26					26
2010	9	OUT PATIENT AUDIOLOGY TESTING	OPAUDIO	16					16
2010	9	OUT PATIENT CARDIOLOGY	OPCARD	170			1		171
2010	9	OUT PATIENT CHEMOTHERAPY	OPCHEMO	112					112
2010	9	OUT PATIENT DENTAL	OPDENT	877					877
2010	9	OUT PATIENT DERMATOLOGY	OPDERM	33					33
2010	9	OUT PATIENT DIABETIC	OPDIAB	138					138
2010	9	OUT PATIENT EAR NOSE & THROAT	OPENT	172					172
2010	9	OUT PATIENT ENDOCRINOLOGY	OPENDO	85					85
2010	9	OUT PATIENT GASTROENTEROLOGY	OPGI	218					218
2010	9	OUT PATIENT GENETIC COUNSELING	OPGENE	2					2
2010	9	OUT PATIENT GERIATRICS	OPGERIATRI	3					3
2010	9	OUT PATIENT GYN	OPGYN	785			1		786
2010	9	OUT PATIENT GYN BREAST	OPGYNBRST	21					21
2010	9	OUT PATIENT HEMATOLOGY	OPHEMA	58					58
2010	9	OUT PATIENT HEPATITIS C	OPHEPC	23					23
2010	9	OUT PATIENT ID	OPID	296					296
2010	9	OUT PATIENT MEDICAL	OPMED	1,038					1,038
2010	9	OUT PATIENT NEPHROLOGY	OPNEPH	70					70
2010	9	OUT PATIENT NEUROLOGY	OPNEURO	116					116
2010	9	OUT PATIENT NEURO-SURGERY	OPNEUROSUR	8					8
2010	9	OUT PATIENT OB	OPOB	805					805
2010	9	OUT PATIENT OB POST PARTUM	OPOBPOSTPA	37					37
2010	9	OUT PATIENT OPHTHALMOLOGY	OPEYE	165					165
2010	9	OUT PATIENT ORTHOPEDIC ADULT	OPORTHO	200					200
2010	9	OUT PATIENT OSTEO	OPOSTEO	36					36
2010	9	OUT PATIENT PAIN MANAGMENT	OPPAIN	84					84
2010	9	OUT PATIENT PEDIATRICS	OPPED	576					576
2010	9	OUT PATIENT PEDS CARDIOLOGY	OPPEDCARD	15					15
2010	9	OUT PATIENT PEDS ENDOCRINOLOGY	OPPEDENDO	10					10
2010	9	OUT PATIENT PEDS GI	OPPEDGI	5					5
2010	9	OUT PATIENT PEDS NEUROLOGY	OPPEDNEURO	22					22
2010	9	OUT PATIENT PEDS PODIATRY	OPPEDPOD	19					19
2010	9	OUT PATIENT PHYSIATRY CLINIC	OPPHYS	196					196
2010	9	OUT PATIENT PHYSICAL THX (RCR)	OPPT	2		1			3
2010	9	OUT PATIENT PODIATRY	OPPOD	301					301
2010	9	OUT PATIENT PULMONARY	OPPULMO	41					41
2010	9	OUT PATIENT RHEUMATOLOGY	OPRHEUM	12					12
2010	9	OUT PATIENT SURGICAL	OPSURG	201				1	202
2010	9	OUT PATIENT THORACIC SURGERY	OPTHORAC	2					2
2010	9	OUT PATIENT UROLOGY	OPGU	190					190
2010	9	OUT PATIENT VASCULAR	OPVASC	116			2		118
2010	9	OUT PATIENT VASCULAR LAB	OPVASCLAB				38		38
2010	9	OUT PATIENT WOUND CARE	OPWOUND	276					276
2010	9	OUT PT PLASTIC SURGERY/HAND	OPPLAST	101					101
2010	9	OUTPATIENT NUTRITIONAL COUNSEL	OPDIET	28					28
2010	9	PRESURGICAL TESTING	PRETEST				158		158
2010	9	PRIVATE OUT PATIENT CARDIOLOGY	POPCARD				165		165
2010	9	PRIVATE OUT PATIENT CHEMO	POPCHEMO	1					1
2010	9	PRIVATE OUT PATIENT LAB	POPLAB	1			994		995
2010	9	PRIVATE OUT PATIENT RADIOLOGY	POPRAD				2,093		2,093
2010	9	PRVT OP RAD THX (RCR)	POPRADIAT				1		1
2010	9	VASCULAR LAB	VASLAB				75		75
2010	9	WYCKOFF CLINIC LAB WORK	POPCLINIC	1			719		720

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Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	10	12 SOUTH ED TRIAGE	NS12ST		181				181
2010	10	4 NORTH SURG DAY CARE(ASU) HD	NS4NH				2	415	417
2010	10	BUENA VITA LAB WORK	POPBUENAVI				400		400
2010	10	CAMBA BROADWAY HOUSE	POPCAMBA				14		14
2010	10	CARE COACH	POPCARECOA				76		76
2010	10	CATHERIZATION LAB - ASU	NSCATHLAB					13	13
2010	10	CYTOGENETICS	CYTOGEN				122		122
2010	10	EMERGENCY DEPT FASTTRACK	NSEDF		1,597				1,597
2010	10	EMERGENCY ROOM - ADULT	NSEDA		1,958				1,958
2010	10	EMERGENCY ROOM - PEDIATRICS	NSEDP		1,802				1,802
2010	10	ENDOSCOPY SUITE - ASU ONLY	NS10E				2	196	198
2010	10	FAMILY MEDICINE CLINIC	OPFAMMED	192					192
2010	10	FAMILY MEDICINE GYN	OPFAMGYN	4					4
2010	10	FAMILY MEDICINE PEDS	OPFAMPED	59					59
2010	10	FETAL ASSESSMENT RADIOLOGY	FETALASSES	3			395		398
2010	10	HYPERBARIC CHAMBER (RCR)	OPHYPER			2			2
2010	10	LA MARCA LAB WORK	POPLAMA				39		39
2010	10	LABOR & DELIVERY-SDC (ASU)	NS12SDC		4			8	12
2010	10	LAMARCA FAMILY HEALTH GYN	LAMAGYN	14					14
2010	10	LAMARCA FAMILY HEALTH MEDICAL	LAMAMED	578					578
2010	10	LAMARCA FAMILY HEALTH OB	LAMAOB	10					10
2010	10	LAMARCA FAMILY HEALTH PEDS	LAMAPED	184					184
2010	10	LAMARCA NUTRITIONAL COUNSEL	LAMADIET				2		2
2010	10	MIDDLE VILLAGE FAM. HEALTH CTR	POPMIDVIL				166		166
2010	10	OB GENETIC COUNSELING	OPOBGENETI	3			2		5
2010	10	OB SONOGRAM	OBSONO				42		42
2010	10	OP PEDS HIGH RISK	OPPEDHIRSK	26					26
2010	10	OP PULMONARY FUNCTION TEST	OPPFT				24		24
2010	10	OPERATING ROOM	OR				1	1	2
2010	10	OUT PATIENT ALLERGY ADULT	OPALLERGY	21					21
2010	10	OUT PATIENT ASTHMA ADULT	OPASTHMA	31					31
2010	10	OUT PATIENT AUDIOLOGY TESTING	OPAUDIO	17					17
2010	10	OUT PATIENT CARDIOLOGY	OPCARD	154					154
2010	10	OUT PATIENT CHEMOTHERAPY	OPCHEMO	69	1				70
2010	10	OUT PATIENT DENTAL	OPDENT	751				1	752
2010	10	OUT PATIENT DERMATOLOGY	OPDERM	24					24
2010	10	OUT PATIENT DIABETIC	OPDIAB	142					142
2010	10	OUT PATIENT EAR NOSE & THROAT	OPENT	162					162
2010	10	OUT PATIENT ENDOCRINOLOGY	OPENDO	89					89
2010	10	OUT PATIENT GASTROENTEROLOGY	OPGI	198					198
2010	10	OUT PATIENT GERIATRICS	OPGERIATRI	4					4
2010	10	OUT PATIENT GYN	OPGYN	825			3		828
2010	10	OUT PATIENT GYN BREAST	OPGYNBRST	20					20
2010	10	OUT PATIENT HEMATOLOGY	OPHEMA	65					65
2010	10	OUT PATIENT HEPATITIS C	OPHEPC	28					28
2010	10	OUT PATIENT ID	OPID	280					280
2010	10	OUT PATIENT MEDICAL	OPMED	1,084					1,084
2010	10	OUT PATIENT NEPHROLOGY	OPNEPH	60					60
2010	10	OUT PATIENT NEUROLOGY	OPNEURO	89					89
2010	10	OUT PATIENT NEURO-SURGERY	OPNEUROSUR	9					9
2010	10	OUT PATIENT OB	OPOB	764					764
2010	10	OUT PATIENT OB POST PARTUM	OPOBPOSTPA	50					50
2010	10	OUT PATIENT OPHTHALMOLOGY	OPEYE	167					167
2010	10	OUT PATIENT ORTHOPEDIC ADULT	OPORTHO	252					252

Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	10	OUT PATIENT OSTEO	OPOSTEO	27					27
2010	10	OUT PATIENT PAIN MANAGMENT	OPPAIN	72					72
2010	10	OUT PATIENT PEDIATRICS	OPPED	594					594
2010	10	OUT PATIENT PEDS ENDOCRINOLOGY	OPPEDENDO	11					11
2010	10	OUT PATIENT PEDS GI	OPPEDGI	8					8
2010	10	OUT PATIENT PEDS NEUROLOGY	OPPEDNEURO	31					31
2010	10	OUT PATIENT PEDS PODIATRY	OPPEDPOD	18					18
2010	10	OUT PATIENT PHYSIATRY CLINIC	OPPHYS	147					147
2010	10	OUT PATIENT PHYSICAL THX (RCR)	OPPT	1					1
2010	10	OUT PATIENT PODIATRY	OPPOD	322					322
2010	10	OUT PATIENT PULMONARY	OPPULMO	41					41
2010	10	OUT PATIENT SURGICAL	OPSURG	158					158
2010	10	OUT PATIENT THORACIC SURGERY	OPTHORAC	2					2
2010	10	OUT PATIENT UROLOGY	OPGU	187					187
2010	10	OUT PATIENT VASCULAR	OPVASC	86			11		97
2010	10	OUT PATIENT VASCULAR LAB	OPVASCLAB				45		45
2010	10	OUT PATIENT WOUND CARE	OPWOUND	284					284
2010	10	OUT PT PLASTIC SURGERY/HAND	OPPLAST	98					98
2010	10	OUTPATIENT NUTRITIONAL COUNSEL	OPDIET	32					32
2010	10	PRESURGICAL TESTING	PRETEST				162		162
2010	10	PRIVATE OUT PATIENT CARDIOLOGY	POPCARD				156		156
2010	10	PRIVATE OUT PATIENT LAB	POPLAB				825		825
2010	10	PRIVATE OUT PATIENT RADIOLOGY	POPRAD				1,999		1,999
2010	10	VASCULAR LAB	VASLAB				64		64
2010	10	WYCKOFF CLINIC LAB WORK	POPCLINIC	1			723		724
2010	11	12 SOUTH ED TRIAGE	NS12ST		170		3		173
2010	11	4 NORTH SURG DAY CARE(ASU) HD	NS4NH				1	396	397
2010	11	BUENA VITA LAB WORK	POPBUENAVI				431		431
2010	11	CAMBA BROADWAY HOUSE	POPCAMBA				11		11
2010	11	CARE COACH	POPCARECOA				85		85
2010	11	CATHERIZATION LAB - ASU	NSCATHLAB					15	15
2010	11	COMMUNITY CARE COACH PEDIATRIC	COACHPED		1				1
2010	11	CYTOGENETICS	CYTOGEN				109		109
2010	11	EMERGENCY DEPT FASTTRACK	NSEDF		1,700				1,700
2010	11	EMERGENCY ROOM - ADULT	NSEDA		1,706				1,706
2010	11	EMERGENCY ROOM - PEDIATRICS	NSEDP		1,995				1,995
2010	11	ENDOSCOPY SUITE - ASU ONLY	NS10E					200	200
2010	11	FAMILY MEDICINE CLINIC	OPFAMMED	195					195
2010	11	FAMILY MEDICINE GYN	OPFAMGYN	6					6
2010	11	FAMILY MEDICINE PEDS	OPFAMPED	67					67
2010	11	FETAL ASSESSMENT RADIOLOGY	FETALASSES				396		396
2010	11	HYPERBARIC CHAMBER (RCR)	OPHYPER			4			4
2010	11	LA MARCA LAB WORK	POPLAMA				38		38
2010	11	LABOR & DELIVERY-SDC (ASU)	NS12SDC		2			11	13
2010	11	LAMARCA FAMILY HEALTH GYN	LAMAGYN	17					17
2010	11	LAMARCA FAMILY HEALTH MEDICAL	LAMAMED	500					500
2010	11	LAMARCA FAMILY HEALTH OB	LAMAOB	9					9
2010	11	LAMARCA FAMILY HEALTH PEDS	LAMAPED	111					111
2010	11	LAMARCA NUTRITIONAL COUNSEL	LAMADIET				1		1
2010	11	MIDDLE VILLAGE FAM. HEALTH CTR	POPMIDVIL				152		152
2010	11	OB GENETIC COUNSELING	OPOBGENETI	3					3
2010	11	OB SONOGRAM	OBSONO	1			5		6
2010	11	OP PEDS HIGH RISK	OPPEDHIRSK	18					18
2010	11	OP PULMONARY FUNCTION TEST	OPPFT				32		32

Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	11	OUT PATIENT ALLERGY ADULT	OPALLERGY	28					28
2010	11	OUT PATIENT ASTHMA ADULT	OPASTHMA	30					30
2010	11	OUT PATIENT AUDIOLOGY TESTING	OPAUDIO	15					15
2010	11	OUT PATIENT CARDIOLOGY	OPCARD	151			1		152
2010	11	OUT PATIENT CHEMOTHERAPY	OPCHEMO	85					85
2010	11	OUT PATIENT DENTAL	OPDENT	781					781
2010	11	OUT PATIENT DERMATOLOGY	OPDERM	17					17
2010	11	OUT PATIENT DIABETIC	OPDIAB	104					104
2010	11	OUT PATIENT EAR NOSE & THROAT	OPENT	169					169
2010	11	OUT PATIENT ENDOCRINOLOGY	OPENDO	101					101
2010	11	OUT PATIENT GASTROENTEROLOGY	OPGI	238					238
2010	11	OUT PATIENT GERIATRICS	OPGERIATRI	2					2
2010	11	OUT PATIENT GYN	OPGYN	833			2		835
2010	11	OUT PATIENT GYN BREAST	OPGYNBRST	22					22
2010	11	OUT PATIENT HEMATOLOGY	OPHEMA	53					53
2010	11	OUT PATIENT HEPATITIS C	OPHEPC	25					25
2010	11	OUT PATIENT ID	OPID	264					264
2010	11	OUT PATIENT MEDICAL	OPMED	1,001					1,001
2010	11	OUT PATIENT NEPHROLOGY	OPNEPH	35					35
2010	11	OUT PATIENT NEUROLOGY	OPNEURO	111					111
2010	11	OUT PATIENT NEURO-SURGERY	OPNEUROSUR	11					11
2010	11	OUT PATIENT OB	OPOB	817			1		818
2010	11	OUT PATIENT OB POST PARTUM	OPOBPOSTPA	35					35
2010	11	OUT PATIENT OPHTHALMOLOGY	OPEYE	175					175
2010	11	OUT PATIENT ORTHOPEDIC ADULT	OPORTHO	213					213
2010	11	OUT PATIENT OSTEO	OPOSTEO	24					24
2010	11	OUT PATIENT PAIN MANAGMENT	OPPAIN	80					80
2010	11	OUT PATIENT PEDIATRICS	OPPED	568					568
2010	11	OUT PATIENT PEDS CARDIOLOGY	OPPEDCARD	25					25
2010	11	OUT PATIENT PEDS ENDOCRINOLOGY	OPPEDENDO	5					5
2010	11	OUT PATIENT PEDS GI	OPPEDGI	10					10
2010	11	OUT PATIENT PEDS NEUROLOGY	OPPEDNEURO	35					35
2010	11	OUT PATIENT PEDS PODIATRY	OPPEDPOD	29					29
2010	11	OUT PATIENT PHYSIATRY CLINIC	OPPHYS	175					175
2010	11	OUT PATIENT PHYSICAL THX (RCR)	OPPT			1			1
2010	11	OUT PATIENT PODIATRY	OPPOD	232					232
2010	11	OUT PATIENT PULMONARY	OPPULMO	22					22
2010	11	OUT PATIENT SURGICAL	OPSURG	164					164
2010	11	OUT PATIENT THORACIC SURGERY	OPTHORAC	5					5
2010	11	OUT PATIENT UROLOGY	OPGU	172					172
2010	11	OUT PATIENT VASCULAR	OPVASC	88			1		89
2010	11	OUT PATIENT VASCULAR LAB	OPVASCLAB				37		37
2010	11	OUT PATIENT WOUND CARE	OPWOUND	331					331
2010	11	OUT PT PLASTIC SURGERY/HAND	OPPLAST	100					100
2010	11	OUTPATIENT NUTRITIONAL COUNSEL	OPDIET	26					26
2010	11	PRESURGICAL TESTING	PRETEST				160		160
2010	11	PRIVATE OUT PATIENT CARDIOLOGY	POPCARD				163		163
2010	11	PRIVATE OUT PATIENT LAB	POPLAB				853		853
2010	11	PRIVATE OUT PATIENT RADIOLOGY	POPRAD				1,919		1,919
2010	11	VASCULAR LAB	VASLAB				42		42
2010	11	WYCKOFF CLINIC LAB WORK	POPCLINIC				677		677
2010	12	*******UNKNOWN	U		521				521
2010	12	12 SOUTH ED TRIAGE	NS12ST		208				208
2010	12	4 NORTH SURG DAY CARE(ASU) HD	NS4NH					353	353

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Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	12	BUENA VITA LAB WORK	POPBUENAVI				353		353
2010	12	CAMBA BROADWAY HOUSE	POPCAMBA				5		5
2010	12	CARE COACH	POPCARECOA				80		80
2010	12	CATHERIZATION LAB - ASU	NSCATHLAB					12	12
2010	12	CYTOGENETICS	CYTOGEN				83		83
2010	12	EMERGENCY DEPT FASTTRACK	NSEDF		1,687				1,687
2010	12	EMERGENCY ROOM - ADULT	NSEDA		1,963				1,963
2010	12	EMERGENCY ROOM - PEDIATRICS	NSEDP		2,344				2,344
2010	12	ENDOSCOPY SUITE - ASU ONLY	NS10E					170	170
2010	12	FAMILY MEDICINE CLINIC	OPFAMMED	154					154
2010	12	FAMILY MEDICINE PEDS	OPFAMPED	64					64
2010	12	FETAL ASSESSMENT RADIOLOGY	FETALASSES	2			424		426
2010	12	HYPERBARIC CHAMBER (RCR)	OPHYPER			2			2
2010	12	LA MARCA LAB WORK	POPLAMA				23		23
2010	12	LABOR & DELIVERY-SDC (ASU)	NS12SDC		3		1	10	14
2010	12	LAMARCA FAMILY HEALTH GYN	LAMAGYN	4					4
2010	12	LAMARCA FAMILY HEALTH MEDICAL	LAMAMED	474					474
2010	12	LAMARCA FAMILY HEALTH OB	LAMAOB	12					12
2010	12	LAMARCA FAMILY HEALTH PEDS	LAMAPED	113					113
2010	12	LAMARCA NUTRITIONAL COUNSEL	LAMADIET				2		2
2010	12	MIDDLE VILLAGE FAM. HEALTH CTR	POPMIDVIL				199		199
2010	12	OB GENETIC COUNSELING	OPOBGENETI				1		1
2010	12	OP PEDS HIGH RISK	OPPEDHIRSK	27					27
2010	12	OP PULMONARY FUNCTION TEST	OPPFT				13		13
2010	12	OUT PATIENT ALLERGY ADULT	OPALLERGY	16					16
2010	12	OUT PATIENT ASTHMA ADULT	OPASTHMA	23					23
2010	12	OUT PATIENT AUDIOLOGY TESTING	OPAUDIO	3					3
2010	12	OUT PATIENT CARDIOLOGY	OPCARD	130			4		134
2010	12	OUT PATIENT CHEMOTHERAPY	OPCHEMO	98	2				100
2010	12	OUT PATIENT DENTAL	OPDENT	780					780
2010	12	OUT PATIENT DERMATOLOGY	OPDERM	27					27
2010	12	OUT PATIENT DIABETIC	OPDIAB	135					135
2010	12	OUT PATIENT EAR NOSE & THROAT	OPENT	132					132
2010	12	OUT PATIENT ENDOCRINOLOGY	OPENDO	64					64
2010	12	OUT PATIENT GASTROENTEROLOGY	OPGI	215					215
2010	12	OUT PATIENT GENETIC COUNSELING	OPGENE	2			1		3
2010	12	OUT PATIENT GERIATRICS	OPGERIATRI	3					3
2010	12	OUT PATIENT GYN	OPGYN	701	1				702
2010	12	OUT PATIENT GYN BREAST	OPGYNBRST	17					17
2010	12	OUT PATIENT HEMATOLOGY	OPHEMA	39					39
2010	12	OUT PATIENT HEPATITIS C	OPHEPC	20					20
2010	12	OUT PATIENT ID	OPID	213					213
2010	12	OUT PATIENT MEDICAL	OPMED	860					860
2010	12	OUT PATIENT NEPHROLOGY	OPNEPH	66					66
2010	12	OUT PATIENT NEUROLOGY	OPNEURO	56					56
2010	12	OUT PATIENT NEURO-SURGERY	OPNEUROSUR	7					7
2010	12	OUT PATIENT OB	OPOB	804			1		805
2010	12	OUT PATIENT OB POST PARTUM	OPOBPOSTPA	37					37
2010	12	OUT PATIENT OPHTHALMOLOGY	OPEYE	143					143
2010	12	OUT PATIENT ORTHOPEDIC ADULT	OPORTHO	217					217
2010	12	OUT PATIENT OSTEO	OPOSTEO	27					27
2010	12	OUT PATIENT PAIN MANAGMENT	OPPAIN	81					81
2010	12	OUT PATIENT PEDIATRICS	OPPED	540			1		541
2010	12	OUT PATIENT PEDS CARDIOLOGY	OPPEDCARD	10					10

Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2010	12	OUT PATIENT PEDS ENDOCRINOLOGY	OPPEDENDO	7					7
2010	12	OUT PATIENT PEDS GI	OPPEDGI	3					3
2010	12	OUT PATIENT PEDS NEUROLOGY	OPPEDNEURO	28					28
2010	12	OUT PATIENT PEDS PODIATRY	OPPEDPOD	25					25
2010	12	OUT PATIENT PHYSIATRY CLINIC	OPPHYS	136					136
2010	12	OUT PATIENT PODIATRY	OPPOD	258					258
2010	12	OUT PATIENT PULMONARY	OPPULMO	34					34
2010	12	OUT PATIENT RHEUMATOLOGY	OPRHEUM	10					10
2010	12	OUT PATIENT SURGICAL	OPSURG	148				1	149
2010	12	OUT PATIENT THORACIC SURGERY	OPTHORAC	3					3
2010	12	OUT PATIENT UROLOGY	OPGU	144					144
2010	12	OUT PATIENT VASCULAR	OPVASC	91			9		100
2010	12	OUT PATIENT VASCULAR LAB	OPVASCLAB				39		39
2010	12	OUT PATIENT WOUND CARE	OPWOUND	232					232
2010	12	OUT PT PLASTIC SURGERY/HAND	OPPLAST	119					119
2010	12	OUTPATIENT NUTRITIONAL COUNSEL	OPDIET	28					28
2010	12	PRESURGICAL TESTING	PRETEST				145		145
2010	12	PRIVATE OUT PATIENT CARDIOLOGY	POPCARD				127		127
2010	12	PRIVATE OUT PATIENT LAB	POPLAB				654		654
2010	12	PRIVATE OUT PATIENT RADIOLOGY	POPRAD				1,618		1,618
2010	12	VASCULAR LAB	VASLAB				20		20
2010	12	WYCKOFF CLINIC LAB WORK	POPCLINIC				595		595
2011	1	*******UNKNOWN	U		19				19
2011	1	12 SOUTH ED TRIAGE	NS12ST	1	201		2	2	206
2011	1	4 NORTH SURG DAY CARE(ASU) HD	NS4NH				1	377	378
2011	1	BUENA VITA LAB WORK	POPBUENAVI				363		363
2011	1	CAMBA BROADWAY HOUSE	POPCAMBA				12		12
2011	1	CARE COACH	POPCARECOA				85		85
2011	1	CATHERIZATION LAB - ASU	NSCATHLAB					6	6
2011	1	COMMUNITY CARE COACH GYN	COACHGYN				1		1
2011	1	CYTOGENETICS	CYTOGEN				104		104
2011	1	EMERGENCY DEPT FASTTRACK	NSEDF		1,791				1,791
2011	1	EMERGENCY ROOM - ADULT	NSEDA		1,861				1,861
2011	1	EMERGENCY ROOM - PEDIATRICS	NSEDP		2,188				2,188
2011	1	ENDOSCOPY SUITE - ASU ONLY	NS10E		1			143	144
2011	1	FAMILY MEDICINE CLINIC	OPFAMMED	164					164
2011	1	FAMILY MEDICINE GYN	OPFAMGYN	1					1
2011	1	FAMILY MEDICINE PEDS	OPFAMPED	70					70
2011	1	FETAL ASSESSMENT RADIOLOGY	FETALASSES	2			451		453
2011	1	HYPERBARIC CHAMBER (RCR)	OPHYPER			3			3
2011	1	LA MARCA LAB WORK	POPLAMA				36		36
2011	1	LABOR & DELIVERY-SDC (ASU)	NS12SDC		1			8	9
2011	1	LAMARCA FAMILY HEALTH GYN	LAMAGYN	10					10
2011	1	LAMARCA FAMILY HEALTH MEDICAL	LAMAMED	504					504
2011	1	LAMARCA FAMILY HEALTH OB	LAMAOB	9					9
2011	1	LAMARCA FAMILY HEALTH PEDS	LAMAPED	123					123
2011	1	LAMARCA NUTRITIONAL COUNSEL	LAMADIET				2		2
2011	1	MIDDLE VILLAGE FAM. HEALTH CTR	POPMIDVIL				156		156
2011	1	OP PEDS HIGH RISK	OPPEDHIRSK	23					23
2011	1	OP PULMONARY FUNCTION TEST	OPPFT				12		12
2011	1	OUT PATIENT ALLERGY ADULT	OPALLERGY	28					28
2011	1	OUT PATIENT ASTHMA ADULT	OPASTHMA	21					21
2011	1	OUT PATIENT AUDIOLOGY TESTING	OPAUDIO	11					11
2011	1	OUT PATIENT CARDIOLOGY	OPCARD	118			1		119

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Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2011	1	OUT PATIENT CHEMOTHERAPY	OPCHEMO	118					118
2011	1	OUT PATIENT DENTAL	OPDENT	806					806
2011	1	OUT PATIENT DERMATOLOGY	OPDERM	21					21
2011	1	OUT PATIENT DIABETIC	OPDIAB	116					116
2011	1	OUT PATIENT EAR NOSE & THROAT	OPENT	115	1				116
2011	1	OUT PATIENT ENDOCRINOLOGY	OPENDO	93					93
2011	1	OUT PATIENT GASTROENTEROLOGY	OPGI	184					184
2011	1	OUT PATIENT GYN	OPGYN	725					725
2011	1	OUT PATIENT GYN BREAST	OPGYNBRST	21					21
2011	1	OUT PATIENT HEMATOLOGY	OPHEMA	56					56
2011	1	OUT PATIENT HEPATITIS C	OPHEPC	18					18
2011	1	OUT PATIENT ID	OPID	220					220
2011	1	OUT PATIENT MEDICAL	OPMED	880	1				881
2011	1	OUT PATIENT NEPHROLOGY	OPNEPH	43					43
2011	1	OUT PATIENT NEUROLOGY	OPNEURO	53					53
2011	1	OUT PATIENT NEURO-SURGERY	OPNEUROSUR	8					8
2011	1	OUT PATIENT OB	OPOB	815	2				817
2011	1	OUT PATIENT OB POST PARTUM	OPOBPOSTPA	36					36
2011	1	OUT PATIENT OPHTHALMOLOGY	OPEYE	169					169
2011	1	OUT PATIENT ORTHOPEDIC ADULT	OPORTHO	233					233
2011	1	OUT PATIENT OSTEO	OPOSTEO	22					22
2011	1	OUT PATIENT PAIN MANAGMENT	OPPAIN	66					66
2011	1	OUT PATIENT PEDIATRICS	OPPED	547					547
2011	1	OUT PATIENT PEDS CARDIOLOGY	OPPEDCARD	12					12
2011	1	OUT PATIENT PEDS ENDOCRINOLOGY	OPPEDENDO	1					1
2011	1	OUT PATIENT PEDS GI	OPPEDGI	6					6
2011	1	OUT PATIENT PEDS NEUROLOGY	OPPEDNEURO	32					32
2011	1	OUT PATIENT PEDS PODIATRY	OPPEDPOD	16					16
2011	1	OUT PATIENT PHYSIATRY CLINIC	OPPHYS	158					158
2011	1	OUT PATIENT PHYSICAL THX (RCR)	OPPT	1					1
2011	1	OUT PATIENT PODIATRY	OPPOD	216					216
2011	1	OUT PATIENT PULMONARY	OPPULMO	13			1		14
2011	1	OUT PATIENT RHEUMATOLOGY	OPRHEUM	20					20
2011	1	OUT PATIENT SURGICAL	OPSURG	172				1	173
2011	1	OUT PATIENT THORACIC SURGERY	OPTHORAC	3					3
2011	1	OUT PATIENT UROLOGY	OPGU	214					214
2011	1	OUT PATIENT VASCULAR	OPVASC	69					69
2011	1	OUT PATIENT VASCULAR LAB	OPVASCLAB				67		67
2011	1	OUT PATIENT WOUND CARE	OPWOUND	257					257
2011	1	OUT PT PLASTIC SURGERY/HAND	OPPLAST	103					103
2011	1	OUTPATIENT NUTRITIONAL COUNSEL	OPDIET	20					20
2011	1	PRESURGICAL TESTING	PRETEST				199		199
2011	1	PRIVATE OUT PATIENT CARDIOLOGY	POPCARD				117		117
2011	1	PRIVATE OUT PATIENT LAB	POPLAB	1			715		716
2011	1	PRIVATE OUT PATIENT RADIOLOGY	POPRAD				1,730		1,730
2011	1	VASCULAR LAB	VASLAB				33		33
2011	1	WYCKOFF CLINIC LAB WORK	POPCLINIC	2			692		694
2011	2	*******UNKNOWN	U		9				9
2011	2	12 SOUTH ED TRIAGE	NS12ST	1	174		1	1	177
2011	2	4 NORTH SURG DAY CARE(ASU) HD	NS4NH					366	366
2011	2	BUENA VITA LAB WORK	POPBUENAVI				397		397
2011	2	CAMBA BROADWAY HOUSE	POPCAMBA				12		12
2011	2	CARE COACH	POPCARECOA				113		113
2011	2	CATHERIZATION LAB - ASU	NSCATHLAB					7	7

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Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2011	2	COMMUNITY CARE COACH GYN	COACHGYN				1		1
2011	2	CYTOGENETICS	CYTOGEN				96		96
2011	2	EMERGENCY DEPT FASTTRACK	NSEDF		1,692				1,692
2011	2	EMERGENCY ROOM - ADULT	NSEDA		1,567		1		1,568
2011	2	EMERGENCY ROOM - PEDIATRICS	NSEDP		1,883				1,883
2011	2	ENDOSCOPY SUITE - ASU ONLY	NS10E					161	161
2011	2	FAMILY MEDICINE CLINIC	OPFAMMED	197					197
2011	2	FAMILY MEDICINE GYN	OPFAMGYN	3					3
2011	2	FAMILY MEDICINE PEDS	OPFAMPED	56					56
2011	2	FETAL ASSESSMENT RADIOLOGY	FETALASSES	1			377		378
2011	2	HYPERBARIC CHAMBER (RCR)	OPHYPER			1			1
2011	2	LA MARCA LAB WORK	POPLAMA				36		36
2011	2	LABOR & DELIVERY-SDC (ASU)	NS12SDC		3			12	15
2011	2	LAMARCA FAMILY HEALTH GYN	LAMAGYN	13					13
2011	2	LAMARCA FAMILY HEALTH MEDICAL	LAMAMED	452					452
2011	2	LAMARCA FAMILY HEALTH OB	LAMAOB	13					13
2011	2	LAMARCA FAMILY HEALTH PEDS	LAMAPED	114					114
2011	2	LAMARCA NUTRITIONAL COUNSEL	LAMADIET				1		1
2011	2	MIDDLE VILLAGE FAM. HEALTH CTR	POPMIDVIL				192		192
2011	2	OB GENETIC COUNSELING	OPOBGENETI	5					5
2011	2	OP PEDS HIGH RISK	OPPEDHIRSK	31					31
2011	2	OP PULMONARY FUNCTION TEST	OPPFT				12		12
2011	2	OUT PATIENT ALLERGY ADULT	OPALLERGY	14					14
2011	2	OUT PATIENT ASTHMA ADULT	OPASTHMA	24					24
2011	2	OUT PATIENT AUDIOLOGY TESTING	OPAUDIO	4					4
2011	2	OUT PATIENT CARDIOLOGY	OPCARD	125			5		130
2011	2	OUT PATIENT CHEMOTHERAPY	OPCHEMO	113					113
2011	2	OUT PATIENT DENTAL	OPDENT	767					767
2011	2	OUT PATIENT DERMATOLOGY	OPDERM	43					43
2011	2	OUT PATIENT DIABETIC	OPDIAB	153					153
2011	2	OUT PATIENT EAR NOSE & THROAT	OPENT	69					69
2011	2	OUT PATIENT ENDOCRINOLOGY	OPENDO	82					82
2011	2	OUT PATIENT GASTROENTEROLOGY	OPGI	204					204
2011	2	OUT PATIENT GENETIC COUNSELING	OPGENE	1					1
2011	2	OUT PATIENT GERIATRICS	OPGERIATRI	3					3
2011	2	OUT PATIENT GYN	OPGYN	649					649
2011	2	OUT PATIENT GYN BREAST	OPGYNBRST	30					30
2011	2	OUT PATIENT HEMATOLOGY	OPHEMA	49					49
2011	2	OUT PATIENT HEPATITIS C	OPHEPC	27					27
2011	2	OUT PATIENT ID	OPID	235					235
2011	2	OUT PATIENT MEDICAL	OPMED	844					844
2011	2	OUT PATIENT NEPHROLOGY	OPNEPH	63					63
2011	2	OUT PATIENT NEUROLOGY	OPNEURO	87					87
2011	2	OUT PATIENT NEURO-SURGERY	OPNEUROSUR	11					11
2011	2	OUT PATIENT OB	OPOB	695			1		696
2011	2	OUT PATIENT OB POST PARTUM	OPOBPOSTPA	39					39
2011	2	OUT PATIENT OPHTHALMOLOGY	OPEYE	149					149
2011	2	OUT PATIENT ORTHOPEDIC ADULT	OPORTHO	207					207
2011	2	OUT PATIENT OSTEO	OPOSTEO	24					24
2011	2	OUT PATIENT PAIN MANAGMENT	OPPAIN	85					85
2011	2	OUT PATIENT PEDIATRICS	OPPED	558					558
2011	2	OUT PATIENT PEDS CARDIOLOGY	OPPEDCARD	6					6
2011	2	OUT PATIENT PEDS ENDOCRINOLOGY	OPPEDENDO	9					9
2011	2	OUT PATIENT PEDS GI	OPPEDGI	14					14

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Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2011	2	OUT PATIENT PEDS NEUROLOGY	OPPEDNEURO	38					38
2011	2	OUT PATIENT PEDS PODIATRY	OPPEDPOD	18					18
2011	2	OUT PATIENT PHYSIATRY CLINIC	OPPHYS	123					123
2011	2	OUT PATIENT PHYSICAL THX (RCR)	OPPT	2		32			34
2011	2	OUT PATIENT PODIATRY	OPPOD	202					202
2011	2	OUT PATIENT PULMONARY	OPPULMO	24					24
2011	2	OUT PATIENT RHEUMATOLOGY	OPRHEUM	27					27
2011	2	OUT PATIENT SURGICAL	OPSURG	168				1	169
2011	2	OUT PATIENT THORACIC SURGERY	OPTHORAC	2					2
2011	2	OUT PATIENT UROLOGY	OPGU	155					155
2011	2	OUT PATIENT VASCULAR	OPVASC	94					94
2011	2	OUT PATIENT VASCULAR LAB	OPVASCLAB				65		65
2011	2	OUT PATIENT WOUND CARE	OPWOUND	254					254
2011	2	OUT PT PLASTIC SURGERY/HAND	OPPLAST	109					109
2011	2	OUTPATIENT NUTRITIONAL COUNSEL	OPDIET	24					24
2011	2	PRESURGICAL TESTING	PRETEST				158		158
2011	2	PRIVATE OUT PATIENT CARDIOLOGY	POPCARD				133		133
2011	2	PRIVATE OUT PATIENT LAB	POPLAB				847		847
2011	2	PRIVATE OUT PATIENT RADIOLOGY	POPRAD				1,685		1,685
2011	2	VASCULAR LAB	VASLAB				27		27
2011	2	WYCKOFF CLINIC LAB WORK	POPCLINIC	2			638		640
2011	3	***********WHMC DENTAL CLINIC	W198	1					1
2011	3	*******UNKNOWN	U		120				120
2011	3	12 SOUTH ED TRIAGE	NS12ST		178		1		179
2011	3	4 NORTH SURG DAY CARE(ASU) HD	NS4NH					443	443
2011	3	BUENA VITA LAB WORK	POPBUENAVI				474		474
2011	3	CAMBA BROADWAY HOUSE	POPCAMBA				12		12
2011	3	CARE COACH	POPCARECOA				135		135
2011	3	CATHERIZATION LAB - ASU	NSCATHLAB					37	37
2011	3	CYTOGENETICS	CYTOGEN				129		129
2011	3	EMERGENCY DEPT FASTTRACK	NSEDF		1,800				1,800
2011	3	EMERGENCY ROOM - ADULT	NSEDA		1,827				1,827
2011	3	EMERGENCY ROOM - PEDIATRICS	NSEDP		2,055				2,055
2011	3	ENDOSCOPY SUITE - ASU ONLY	NS10E					183	183
2011	3	FAMILY MEDICINE CLINIC	OPFAMMED	198					198
2011	3	FAMILY MEDICINE PEDS	OPFAMPED	55					55
2011	3	FETAL ASSESSMENT RADIOLOGY	FETALASSES	14			516		530
2011	3	HYPERBARIC CHAMBER (RCR)	OPHYPER			5			5
2011	3	LA MARCA LAB WORK	POPLAMA				62		62
2011	3	LABOR & DELIVERY-SDC (ASU)	NS12SDC		8			14	22
2011	3	LAMARCA FAMILY HEALTH GYN	LAMAGYN	15					15
2011	3	LAMARCA FAMILY HEALTH MEDICAL	LAMAMED	561					561
2011	3	LAMARCA FAMILY HEALTH OB	LAMAOB	17					17
2011	3	LAMARCA FAMILY HEALTH PEDS	LAMAPED	157					157
2011	3	LAMARCA NUTRITIONAL COUNSEL	LAMADIET				6		6
2011	3	MIDDLE VILLAGE FAM. HEALTH CTR	POPMIDVIL				212		212
2011	3	OB GENETIC COUNSELING	OPOBGENETI	10					10
2011	3	OP PEDS HIGH RISK	OPPEDHIRSK	32					32
2011	3	OP PULMONARY FUNCTION TEST	OPPFT				25		25
2011	3	OUT PATIENT ALLERGY ADULT	OPALLERGY	25					25
2011	3	OUT PATIENT ASTHMA ADULT	OPASTHMA	32					32
2011	3	OUT PATIENT AUDIOLOGY TESTING	OPAUDIO	8					8
2011	3	OUT PATIENT CARDIOLOGY	OPCARD	185			4		189
2011	3	OUT PATIENT CHEMOTHERAPY	OPCHEMO	134					134

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Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2011	3	OUT PATIENT DENTAL	OPDENT	968					968
2011	3	OUT PATIENT DERMATOLOGY	OPDERM	42					42
2011	3	OUT PATIENT DIABETIC	OPDIAB	150					150
2011	3	OUT PATIENT EAR NOSE & THROAT	OPENT	171					171
2011	3	OUT PATIENT ENDOCRINOLOGY	OPENDO	124					124
2011	3	OUT PATIENT GASTROENTEROLOGY	OPGI	220					220
2011	3	OUT PATIENT GENETIC COUNSELING	OPGENE				3		3
2011	3	OUT PATIENT GERIATRICS	OPGERIATRI	3					3
2011	3	OUT PATIENT GYN	OPGYN	749			1		750
2011	3	OUT PATIENT GYN BREAST	OPGYNBRST	27					27
2011	3	OUT PATIENT GYN COUNSELING	OPGYNCOUNS	2					2
2011	3	OUT PATIENT HEMATOLOGY	OPHEMA	52					52
2011	3	OUT PATIENT HEPATITIS C	OPHEPC	17					17
2011	3	OUT PATIENT ID	OPID	286					286
2011	3	OUT PATIENT MEDICAL	OPMED	1,108					1,108
2011	3	OUT PATIENT NEPHROLOGY	OPNEPH	62					62
2011	3	OUT PATIENT NEUROLOGY	OPNEURO	71					71
2011	3	OUT PATIENT OB	OPOB	866	1				867
2011	3	OUT PATIENT OB POST PARTUM	OPOBPOSTPA	33					33
2011	3	OUT PATIENT OPHTHALMOLOGY	OPEYE	177					177
2011	3	OUT PATIENT ORTHOPEDIC ADULT	OPORTHO	286					286
2011	3	OUT PATIENT OSTEO	OPOSTEO	33					33
2011	3	OUT PATIENT PAIN MANAGMENT	OPPAIN	100					100
2011	3	OUT PATIENT PEDIATRICS	OPPED	716					716
2011	3	OUT PATIENT PEDS CARDIOLOGY	OPPEDCARD	16					16
2011	3	OUT PATIENT PEDS ENDOCRINOLOGY	OPPEDENDO	7					7
2011	3	OUT PATIENT PEDS GI	OPPEDGI	14					14
2011	3	OUT PATIENT PEDS NEUROLOGY	OPPEDNEURO	41					41
2011	3	OUT PATIENT PEDS PODIATRY	OPPEDPOD	38					38
2011	3	OUT PATIENT PHYSIATRY CLINIC	OPPHYS	219		1			220
2011	3	OUT PATIENT PHYSICAL THX (RCR)	OPPT	1		122			123
2011	3	OUT PATIENT PODIATRY	OPPOD	323					323
2011	3	OUT PATIENT PULMONARY	OPPULMO	44					44
2011	3	OUT PATIENT RHEUMATOLOGY	OPRHEUM	25					25
2011	3	OUT PATIENT SURGICAL	OPSURG	198				3	201
2011	3	OUT PATIENT THORACIC SURGERY	OPTHORAC	7					7
2011	3	OUT PATIENT UROLOGY	OPGU	181					181
2011	3	OUT PATIENT VASCULAR	OPVASC	117					117
2011	3	OUT PATIENT VASCULAR LAB	OPVASCLAB				101		101
2011	3	OUT PATIENT WELL BABY	OPPEDWELL		1				1
2011	3	OUT PATIENT WOUND CARE	OPWOUND	329					329
2011	3	OUT PT PLASTIC SURGERY/HAND	OPPLAST	129					129
2011	3	OUTPATIENT NUTRITIONAL COUNSEL	OPDIET	37					37
2011	3	PRESURGICAL TESTING	PRETEST				190		190
2011	3	PRIVATE OUT PATIENT CARDIOLOGY	POPCARD	5			152		157
2011	3	PRIVATE OUT PATIENT LAB	POPLAB				1,197		1,197
2011	3	PRIVATE OUT PATIENT RADIOLOGY	POPRAD				2,400		2,400
2011	3	VASCULAR LAB	VASLAB				24		24
2011	3	WYCKOFF CLINIC LAB WORK	POPCLINIC	3			801		804
2011	4	*******UNKNOWN	U		549				549
2011	4	12 SOUTH ED TRIAGE	NS12ST	1	189		2		192
2011	4	4 NORTH SURG DAY CARE(ASU) HD	NS4NH					407	407
2011	4	BUENA VITA LAB WORK	POPBUENAVI				305		305
2011	4	CAMBA BROADWAY HOUSE	POPCAMBA				6		6

Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2011	4	CARE COACH	POPCARECOA				110		110
2011	4	CATHERIZATION LAB - ASU	NSCATHLAB					39	39
2011	4	CYTOGENETICS	CYTOGEN				129		129
2011	4	EMERGENCY DEPT FASTTRACK	NSEDF		1,935				1,935
2011	4	EMERGENCY ROOM - ADULT	NSEDA		1,563				1,563
2011	4	EMERGENCY ROOM - PEDIATRICS	NSEDP		1,939				1,939
2011	4	ENDOSCOPY SUITE - ASU ONLY	NS10E					186	186
2011	4	FAMILY MEDICINE CLINIC	OPFAMMED	165					165
2011	4	FAMILY MEDICINE GYN	OPFAMGYN	2					2
2011	4	FAMILY MEDICINE PEDS	OPFAMPED	55					55
2011	4	FETAL ASSESSMENT RADIOLOGY	FETALASSES	7			441		448
2011	4	HYPERBARIC CHAMBER (RCR)	OPHYPER			3			3
2011	4	LA MARCA LAB WORK	POPLAMA				42		42
2011	4	LABOR & DELIVERY-SDC (ASU)	NS12SDC		1			12	13
2011	4	LAMARCA FAMILY HEALTH GYN	LAMAGYN	11					11
2011	4	LAMARCA FAMILY HEALTH MEDICAL	LAMAMED	513					513
2011	4	LAMARCA FAMILY HEALTH OB	LAMAOB	16					16
2011	4	LAMARCA FAMILY HEALTH PEDS	LAMAPED	110					110
2011	4	MIDDLE VILLAGE FAM. HEALTH CTR	POPMIDVIL				148		148
2011	4	OB GENETIC COUNSELING	OPOBGENETI	10					10
2011	4	OP DIABETIC/ENDOCRINOLOGY CLI	OPDIABENDO	14					14
2011	4	OP PEDS HIGH RISK	OPPEDHIRSK	27					27
2011	4	OP PULMONARY FUNCTION TEST	OPPFT				19		19
2011	4	OUT PATIENT ALLERGY ADULT	OPALLERGY	13					13
2011	4	OUT PATIENT ASTHMA ADULT	OPASTHMA	33					33
2011	4	OUT PATIENT AUDIOLOGY TESTING	OPAUDIO	4					4
2011	4	OUT PATIENT CARDIOLOGY	OPCARD	161			1		162
2011	4	OUT PATIENT CHEMOTHERAPY	OPCHEMO	111					111
2011	4	OUT PATIENT DENTAL	OPDENT	892					892
2011	4	OUT PATIENT DERMATOLOGY	OPDERM	28					28
2011	4	OUT PATIENT DIABETIC	OPDIAB	158					158
2011	4	OUT PATIENT EAR NOSE & THROAT	OPENT	117					117
2011	4	OUT PATIENT ENDOCRINOLOGY	OPENDO	92					92
2011	4	OUT PATIENT GASTROENTEROLOGY	OPGI	159					159
2011	4	OUT PATIENT GENETIC COUNSELING	OPGENE	1					1
2011	4	OUT PATIENT GERIATRICS	OPGERIATRI	4					4
2011	4	OUT PATIENT GYN	OPGYN	680					680
2011	4	OUT PATIENT GYN BREAST	OPGYNBRST	36					36
2011	4	OUT PATIENT GYN COUNSELING	OPGYNCOUNS	1					1
2011	4	OUT PATIENT HEMATOLOGY	OPHEMA	61					61
2011	4	OUT PATIENT HEPATITIS C	OPHEPC	29					29
2011	4	OUT PATIENT ID	OPID	239			1		240
2011	4	OUT PATIENT MEDICAL	OPMED	997			1		998
2011	4	OUT PATIENT NEPHROLOGY	OPNEPH	63					63
2011	4	OUT PATIENT NEUROLOGY	OPNEURO	53					53
2011	4	OUT PATIENT NEURO-SURGERY	OPNEUROSUR	8					8
2011	4	OUT PATIENT OB	OPOB	797					797
2011	4	OUT PATIENT OB COUNSELING	OPOBCOUNSE	1					1
2011	4	OUT PATIENT OB POST PARTUM	OPOBPOSTPA	45					45
2011	4	OUT PATIENT OCCUP THX (RCR)	OPOT	1		2			3
2011	4	OUT PATIENT OPHTHALMOLOGY	OPEYE	172					172
2011	4	OUT PATIENT ORTHOPEDIC ADULT	OPORTHO	271					271
2011	4	OUT PATIENT OSTEO	OPOSTEO	24					24
2011	4	OUT PATIENT PAIN MANAGMENT	OPPAIN	82					82

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Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2011	4	OUT PATIENT PEDIATRICS	OPPED	581					581
2011	4	OUT PATIENT PEDS CARDIOLOGY	OPPEDCARD	13					13
2011	4	OUT PATIENT PEDS ENDOCRINOLOGY	OPPEDENDO	8					8
2011	4	OUT PATIENT PEDS GI	OPPEDGI	9					9
2011	4	OUT PATIENT PEDS NEUROLOGY	OPPEDNEURO	35					35
2011	4	OUT PATIENT PEDS PODIATRY	OPPEDPOD	35					35
2011	4	OUT PATIENT PHYSIATRY CLINIC	OPPHYS	213		11			224
2011	4	OUT PATIENT PHYSICAL THX (RCR)	OPPT	2		342			344
2011	4	OUT PATIENT PODIATRY	OPPOD	249					249
2011	4	OUT PATIENT PULMONARY	OPPULMO	29					29
2011	4	OUT PATIENT RHEUMATOLOGY	OPRHEUM	38					38
2011	4	OUT PATIENT SURGICAL	OPSURG	131				21	152
2011	4	OUT PATIENT THORACIC SURGERY	OPTHORAC	4					4
2011	4	OUT PATIENT UROLOGY	OPGU	186					186
2011	4	OUT PATIENT VASCULAR	OPVASC	99			1		100
2011	4	OUT PATIENT VASCULAR LAB	OPVASCLAB				85		85
2011	4	OUT PATIENT WOUND CARE	OPWOUND	286					286
2011	4	OUT PT PLASTIC SURGERY/HAND	OPPLAST	108					108
2011	4	OUTPATIENT NUTRITIONAL COUNSEL	OPDIET	28					28
2011	4	PRESURGICAL TESTING	PRETEST				196		196
2011	4	PRIVATE OUT PATIENT CARDIOLOGY	POPCARD	12			174		186
2011	4	PRIVATE OUT PATIENT LAB	POPLAB				1,051		1,051
2011	4	PRIVATE OUT PATIENT RADIOLOGY	POPRAD	2			1,881		1,883
2011	4	VASCULAR LAB	VASLAB				43		43
2011	4	WYCKOFF CLINIC LAB WORK	POPCLINIC	6			759		765
2011	5	*******UNKNOWN	U		599				599
2011	5	12 SOUTH ED TRIAGE	NS12ST		232		2		234
2011	5	4 NORTH SURG DAY CARE(ASU) HD	NS4NH					6	6
2011	5	BUENA VITA LAB WORK	POPBUENAVI				393		393
2011	5	CAMBA BROADWAY HOUSE	POPCAMBA				6		6
2011	5	CARE COACH	POPCARECOA				122		122
2011	5	CATHERIZATION LAB - ASU	NSCATHLAB					41	41
2011	5	CYTOGENETICS	CYTOGEN				125		125
2011	5	EMERGENCY DEPT FASTTRACK	NSEDF		2,245				2,245
2011	5	EMERGENCY ROOM - ADULT	NSEDA		1,651				1,651
2011	5	EMERGENCY ROOM - PEDIATRICS	NSEDP		2,186				2,186
2011	5	ENDOSCOPY SUITE - ASU ONLY	NS10E					189	189
2011	5	FAMILY MEDICINE CLINIC	OPFAMMED	198					198
2011	5	FAMILY MEDICINE GYN	OPFAMGYN	4					4
2011	5	FAMILY MEDICINE PEDS	OPFAMPED	61					61
2011	5	FETAL ASSESSMENT RADIOLOGY	FETALASSES				466		466
2011	5	HYPERBARIC CHAMBER (RCR)	OPHYPER			3			3
2011	5	LA MARCA LAB WORK	POPLAMA				53		53
2011	5	LABOR & DELIVERY-SDC (ASU)	NS12SDC	1	5			11	17
2011	5	LAMARCA FAMILY HEALTH GYN	LAMAGYN	8					8
2011	5	LAMARCA FAMILY HEALTH MEDICAL	LAMAMED	464					464
2011	5	LAMARCA FAMILY HEALTH OB	LAMAOB	23					23
2011	5	LAMARCA FAMILY HEALTH PEDS	LAMAPED	117			1		118
2011	5	MIDDLE VILLAGE FAM. HEALTH CTR	POPMIDVIL				178		178
2011	5	OB GENETIC COUNSELING	OPOBGENETI	5					5
2011	5	OP DIABETIC/ENDOCRINOLOGY CLI	OPDIABENDO	114					114
2011	5	OP PEDS HIGH RISK	OPPEDHIRSK	27					27
2011	5	OP PULMONARY FUNCTION TEST	OPPFT				15		15
2011	5	OUT PATIENT ALLERGY ADULT	OPALLERGY	20					20

Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2011	5	OUT PATIENT ASTHMA ADULT	OPASTHMA	27					27
2011	5	OUT PATIENT AUDIOLOGY TESTING	OPAUDIO	2					2
2011	5	OUT PATIENT CARDIOLOGY	OPCARD	140			6		146
2011	5	OUT PATIENT CHEMOTHERAPY	OPCHEMO	125					125
2011	5	OUT PATIENT DENTAL	OPDENT	939					939
2011	5	OUT PATIENT DERMATOLOGY	OPDERM	15					15
2011	5	OUT PATIENT DIABETIC	OPDIAB	94					94
2011	5	OUT PATIENT EAR NOSE & THROAT	OPENT	95					95
2011	5	OUT PATIENT ENDOCRINOLOGY	OPENDO	70					70
2011	5	OUT PATIENT GASTROENTEROLOGY	OPGI	155					155
2011	5	OUT PATIENT GERIATRICS	OPGERIATRI	5					5
2011	5	OUT PATIENT GYN	OPGYN	675			1		676
2011	5	OUT PATIENT GYN BREAST	OPGYNBRST	39					39
2011	5	OUT PATIENT HEMATOLOGY	OPHEMA	69					69
2011	5	OUT PATIENT ID	OPID	210			1		211
2011	5	OUT PATIENT MEDICAL	OPMED	998	1				999
2011	5	OUT PATIENT NEPHROLOGY	OPNEPH	62					62
2011	5	OUT PATIENT NEUROLOGY	OPNEURO	72					72
2011	5	OUT PATIENT OB	OPOB	831	1				832
2011	5	OUT PATIENT OB HIGH RISK	OPOBHR	1					1
2011	5	OUT PATIENT OB POST PARTUM	OPOBPOSTPA	53					53
2011	5	OUT PATIENT OPHTHALMOLOGY	OPEYE	185					185
2011	5	OUT PATIENT ORTHOPEDIC ADULT	OPORTHO	294					294
2011	5	OUT PATIENT OSTEO	OPOSTEO	9					9
2011	5	OUT PATIENT PAIN MANAGMENT	OPPAIN	89					89
2011	5	OUT PATIENT PEDIATRICS	OPPED	630					630
2011	5	OUT PATIENT PEDS CARDIOLOGY	OPPEDCARD	19					19
2011	5	OUT PATIENT PEDS ENDOCRINOLOGY	OPPEDENDO	10					10
2011	5	OUT PATIENT PEDS GI	OPPEDGI	7					7
2011	5	OUT PATIENT PEDS NEUROLOGY	OPPEDNEURO	41					41
2011	5	OUT PATIENT PEDS PODIATRY	OPPEDPOD	26					26
2011	5	OUT PATIENT PHYSIATRY CLINIC	OPPHYS	202					202
2011	5	OUT PATIENT PHYSICAL THX (RCR)	OPPT	2		8			10
2011	5	OUT PATIENT PODIATRY	OPPOD	284					284
2011	5	OUT PATIENT PULMONARY	OPPULMO	31			4		35
2011	5	OUT PATIENT RHEUMATOLOGY	OPRHEUM	32					32
2011	5	OUT PATIENT SURGICAL	OPSURG	175				416	591
2011	5	OUT PATIENT THORACIC SURGERY	OPTHORAC	1					1
2011	5	OUT PATIENT UROLOGY	OPGU	224					224
2011	5	OUT PATIENT VASCULAR	OPVASC	93					93
2011	5	OUT PATIENT VASCULAR LAB	OPVASCLAB				81		81
2011	5	OUT PATIENT WOUND CARE	OPWOUND	344					344
2011	5	OUT PT PLASTIC SURGERY/HAND	OPPLAST	102					102
2011	5	OUTPATIENT NUTRITIONAL COUNSEL	OPDIET	32					32
2011	5	PRESURGICAL TESTING	PRETEST				173		173
2011	5	PRIVATE OUT PATIENT CARDIOLOGY	POPCARD	1			149	1	151
2011	5	PRIVATE OUT PATIENT LAB	POPLAB	4			1,085		1,089
2011	5	PRIVATE OUT PATIENT RADIOLOGY	POPRAD	2			2,091		2,093
2011	5	VASCULAR LAB	VASLAB				39		39
2011	5	WYCKOFF CLINIC LAB WORK	POPCLINIC	3			695		698
2011	6	*******UNKNOWN	U		111				111
2011	6	12 SOUTH ED TRIAGE	NS12ST		38				38
2011	6	BUENA VITA LAB WORK	POPBUENAVI				43		43
2011	6	CARE COACH	POPCARECOA				16		16

Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2011	6	CYTOGENETICS	CYTOGEN				16		16
2011	6	EMERGENCY DEPT FASTTRACK	NSEDF		372				372
2011	6	EMERGENCY ROOM - ADULT	NSEDA		252				252
2011	6	EMERGENCY ROOM - PEDIATRICS	NSEDP		335				335
2011	6	ENDOSCOPY SUITE - ASU ONLY	NS10E					18	18
2011	6	FAMILY MEDICINE CLINIC	OPFAMMED	21					21
2011	6	FAMILY MEDICINE PEDS	OPFAMPED	7					7
2011	6	FETAL ASSESSMENT RADIOLOGY	FETALASSES				76		76
2011	6	LA MARCA LAB WORK	POPLAMA				5		5
2011	6	LABOR & DELIVERY-SDC (ASU)	NS12SDC					2	2
2011	6	LAMARCA FAMILY HEALTH MEDICAL	LAMAMED	77					77
2011	6	LAMARCA FAMILY HEALTH PEDS	LAMAPED	24					24
2011	6	MIDDLE VILLAGE FAM. HEALTH CTR	POPMIDVIL				21		21
2011	6	OB GENETIC COUNSELING	OPOBGENETI	3					3
2011	6	OP DIABETIC/ENDOCRINOLOGY CLI	OPDIABENDO	20					20
2011	6	OP PEDS HIGH RISK	OPPEDHIRSK	6					6
2011	6	OP PULMONARY FUNCTION TEST	OPPFT				7		7
2011	6	OUT PATIENT ASTHMA ADULT	OPASTHMA	13					13
2011	6	OUT PATIENT CARDIOLOGY	OPCARD	25					25
2011	6	OUT PATIENT CHEMOTHERAPY	OPCHEMO	25					25
2011	6	OUT PATIENT DENTAL	OPDENT	130					130
2011	6	OUT PATIENT DERMATOLOGY	OPDERM	3					3
2011	6	OUT PATIENT DIABETIC	OPDIAB	18					18
2011	6	OUT PATIENT EAR NOSE & THROAT	OPENT	7					7
2011	6	OUT PATIENT GASTROENTEROLOGY	OPGI	15					15
2011	6	OUT PATIENT GYN	OPGYN	79					79
2011	6	OUT PATIENT GYN BREAST	OPGYNBRST	5					5
2011	6	OUT PATIENT ID	OPID	33					33
2011	6	OUT PATIENT MEDICAL	OPMED	134					134
2011	6	OUT PATIENT NEPHROLOGY	OPNEPH	12					12
2011	6	OUT PATIENT NEUROLOGY	OPNEURO	7					7
2011	6	OUT PATIENT NEURO-SURGERY	OPNEUROSUR	5					5
2011	6	OUT PATIENT OB	OPOB	120					120
2011	6	OUT PATIENT OB POST PARTUM	OPOBPOSTPA	10					10
2011	6	OUT PATIENT OPHTHALMOLOGY	OPEYE	29					29
2011	6	OUT PATIENT ORTHOPEDIC ADULT	OPORTHO	47					47
2011	6	OUT PATIENT PAIN MANAGMENT	OPPAIN	14					14
2011	6	OUT PATIENT PEDIATRICS	OPPED	69					69
2011	6	OUT PATIENT PEDS CARDIOLOGY	OPPEDCARD	2					2
2011	6	OUT PATIENT PEDS NEUROLOGY	OPPEDNEURO	6					6
2011	6	OUT PATIENT PHYSIATRY CLINIC	OPPHYS	41					41
2011	6	OUT PATIENT PHYSICAL THX (RCR)	OPPT			1			1
2011	6	OUT PATIENT PODIATRY	OPPOD	78					78
2011	6	OUT PATIENT SURGICAL	OPSURG	36				73	109
2011	6	OUT PATIENT UROLOGY	OPGU	29					29
2011	6	OUT PATIENT VASCULAR	OPVASC	22					22
2011	6	OUT PATIENT VASCULAR LAB	OPVASCLAB				11		11
2011	6	OUT PATIENT WOUND CARE	OPWOUND	40					40
2011	6	OUT PT PLASTIC SURGERY/HAND	OPPLAST	21					21
2011	6	OUTPATIENT NUTRITIONAL COUNSEL	OPDIET	6					6
2011	6	PRESURGICAL TESTING	PRETEST				26		26
2011	6	PRIVATE OUT PATIENT CARDIOLOGY	POPCARD				22		22
2011	6	PRIVATE OUT PATIENT LAB	POPLAB				155		155
2011	6	PRIVATE OUT PATIENT RADIOLOGY	POPRAD				308		308

Service Year	Service Month	Location Name	Location ID	CLI	ER	RCR	REF	SDC	Month Total
2011	6	VASCULAR LAB	VASLAB				3		3
2011	6	WYCKOFF CLINIC LAB WORK	POPCLINIC		.		97		97

				140,350	96,804	1,562	92,172	10,714	341,602

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