



— ALL ABOUT —
SPEECH & LANGUAGE

Productivity and Personal Statistics **Tracking AASL Therapist Procedure**

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This document replaces all other issued documents regarding statistics. Please reference this document for how to handle various statistics and situations. If additional updates should be needed or scenarios arise, you will be notified of the updated document for your records.

Purpose/Rationale for Productivity Tracking (and Why we use Statistics)

Tracking one's productivity allows one to confront weekly (even down to daily) their contribution and impact on the company as a whole. Our company mission for which all our actions are focused and centered is to "maximize each child's potential through every life stage" and to help as many children as we can. Treating therapists are essential for the running of any practice because they directly provide this service to these clients/families that the practice exists around and they thus bring in necessary monies to allow the clinic to operate....from contributing toward administrative employees who make one's work day run smoother and cut back on other miscellaneous responsibilities for the therapist (i.e. billing, client communications, insurance authorizations, etc.), building costs (i.e. rent, AC, furniture, utilities, etc.), materials costs (i.e. testing materials, treatment materials, copier/office supplies), internet/phones/EMR system, other benefits (i.e. licensure, liability/building insurances, etc.), etc. A therapist doesn't just cover their own salaries, but must contribute to the company as a whole to continue to help it run smoother and be an efficient and well-rounded workplace for them to function out of on a day-to-day basis with the least amount of extra personal responsibility. Confronting one's own personal statistics and productivity weekly (even day by day) allows one to be able to create an action plan for the week ahead to ensure they are doing their part to contribute to and meet minimum expectations that the company relies upon. If production exceeds minimum expectations, the company will continue to look for ways to reward that employee for their hard work....the employee will always "win" when they work hard to help the company "win" too. Finally, tracking one's statistics and productivity should not just help the therapist but also the company in planning for the week(s) ahead (i.e. putting additional actions in place if needed through marketing efforts or front desk to try to hit minimum schedule expectations, etc.) and to predict trends during certain times of the year. Every division (marketing, clinic, client services, billing, etc.) has statistics to track to help determine their performance overall. Because these statistics are objective, it is easy to come back to the numbers and put necessary action into play to ensure the numbers continue to trend in a positive direction for the overall stability and viability of the practice. It truly takes a team. Every statistic is a reflection of how our special company can make an impact and change the lives of clients each and every day!! That is what we have set out to do from day 1 and will always be what this company strives for daily...to help these children and their families and capitalize on every opportunity to do so given our specialized skills!



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Tracking Statistics Steps

1. You are responsible for tracking your productivity/personal statistics each week according to company policy and expectations.
2. You will input your weekly statistics in OMS, as outlined in your therapist Hat, and monitor and maintain your own statistics, paying attention to what is going well and duplicating those actions as well as investigating and problem-solving for down-trending statistics. It is the expectation that statistics continue to improve over time and remain stable when at the highest expectations. If your statistics drop in a given week, it is necessary to investigate what was the possible cause of this down-trend? In the same way, a plan for action should be put in place to reverse this down-stat for the next week; might your families need a reminder call for attendance? Do you need to have a check-in to re-establish rapport with your clients' parent(s) and reignite their buy-in to the therapy process? Can you move any of the cancellations from the previous week to reschedule for this upcoming week to ensure your clients are getting the prescribed plan of care for continued progress? Are your families getting burnt out with the therapy process so some added education and motivation might be required to renew their efforts and commitment? (education is key!!) Can you offer any open time slots on a slow week for possible meet and greets, free screenings, or initial evals to get a prospective client's foot in the door and showcase our amazing therapy team and practice (being in touch with Client Services division of any needs?)? It's key that we all become solution seekers and action takers as we do have a direct hand in controlling the above!
3. **Your statistics are due by the end of business on Thursday each week.** This completion is important as other individuals (your Clinic Manager and Clinic Directors) confirm and review these statistics to put action plans in place for the following week and have a quick turn-around time by Monday morning to complete this team-wide entry into the company-wide software. This behind the scenes work often takes place on Friday or the weekend, with finalization on Monday morning if needed.
4. Be expected to review your personal statistics graphs during your CM meeting and be prepared to problem solve accordingly for down-trending statistics and collaborating to come up with a plan to ensure your productivity expectations are met, department or company-wide targets are met, appropriate follow up occurs with clients out of compliance with our policies, and any other relevant information. Questions for you to always use to help you devise an action plan for the upcoming week are:
 - What is the trend in your data/graph?
 - What should be your plan of attack this week?
 - How can this data help better direct your purposeful actions?
5. Go to <https://peds.objectivemanagementsuite.com/> and login using the credentials provided to you by your Clinic Manager.



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- Click “Select Module” from the tabs on the upper right-hand side and then select “Weekly Module”

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To Get Started Watch This Video First

PEDS OMS OBJECTIVE MANAGEMENT SUITE

Video Player

Welcome to your OMS account, simply click on one of the three images below to select module you wish to begin using.
Throughout the OMS Program, Click the Green Question Mark for Help Videos.

55°F Sunny

Search

9:43 AM 2/13/2023

- From the purple tab options at the top left, hover over/select “Clinicians Stats”
- Then click on your name (ex. Brandi Rodriguez (SLP))



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9. Enter the following statistics in OMS from your week (see explanation below for the breakdown of how to track each statistic)

- Billable hours
- New patients
- Advance Schedule (7-Day Adv Scheduled)
- Evals
- Cancels/No shows
- Discharges
- Drop outs

Andrea Esinhart (SLP) - All About Speech & Language

	POT	BL	04 May 2023	11 May 2023	18 May 2023	25 May 2023	01 Jun 2023	08 Jun 2023	15 Jun 2023	22 Jun 2023	29 Jun 2023	TOTAL	AVERAGE
Potential			30	30	30	30	30	30	30	30	30		
Bottom Line			26	26	26	26	26	26	26	26	26		
BILLABLE HOURS			30	25	28.5	21.25	23.5	29.75	24.5	27.5	27		
NEW PATIENTS	1	0	0	0	0	0	1	0	0	0	0		
Evals	0	0											
% EVALS TO NP													
Potential													
Bottom Line													
CHARGES			4784	4384	4591	3474	3803	4626	4033				
7-DAY ADV SCHEDULED	34	25	29.5	28	24.25	25.5	30.75	28.25	28.5	28	22.5		
# CANCELS & NO/SHOW			1	3	0.5	2.5	1	2.5	6.5	3.5	3.5		
% ARRIVALS	100	80	96.77%	89.29%	95%	89.47%	95.92%	92.25%	79.03%	88.71%	88.52%		
DISCHARGES			0	0	0	0	0	0	0	0	0		
DROP OUTS			0	0	1	0	0	0	0	0	0		
AVE CHARGE	130	112	\$159	\$175	\$161	\$163	\$162	\$155	\$165	\$0	\$0		
Hours			39.0000	39.0000	39.0000	39.0000	39.0000	39.0000	39.0000	39.0000	39.0000		
Billable visits per hour			0.77	0.64	0.73	0.54	0.6	0.76	0.63	0.71	0.69		
% CAPACITY			100%	83.33%	95%	70.83%	78.33%	99.17%	81.67%	91.67%	90%		

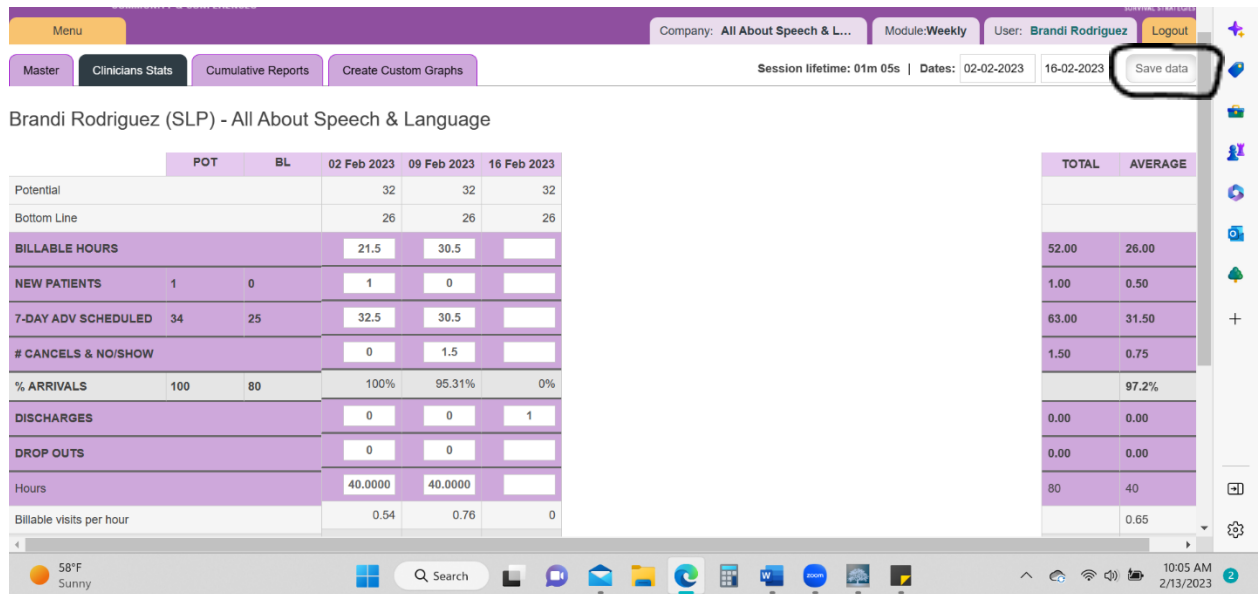


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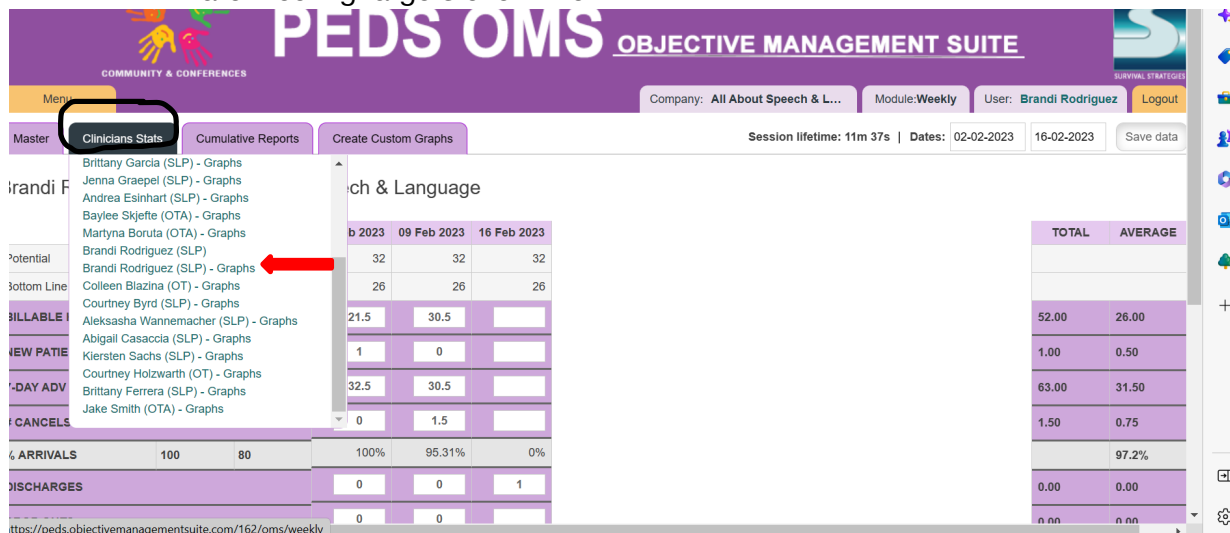
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10. You will not need to enter ANYTHING in the “HOURS” section at the bottom. This will be done by your Clinic Manager.

- Make sure to select “Save Data” in the upper right-hand corner when you are done, or your data may not be saved after you log-out



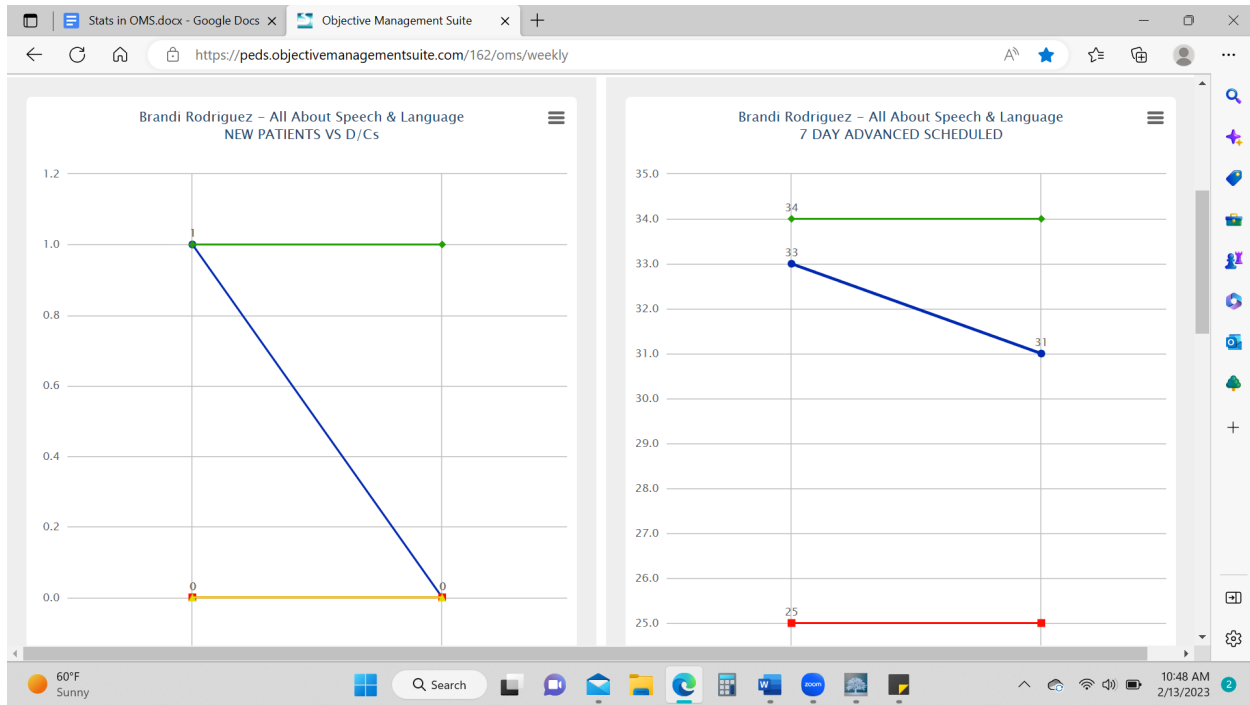
- You can also access your graphs by hovering over/selecting “Clinicians Stats” then selecting your name – Graphs. For example, Brandi Rodriguez – Graphs.
- This is a great tool to see your weekly trends (up-stats/down-stats) and if you are meeting targets over time.





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Definitions and Scenarios for Accurate Book-keeping of Weekly Statistics

We are needing everyone to code and follow statistics parameters to a tee so that there is consistency across the team. One's weekly statistics are also the basis of determining eligibility for incentive (see the current incentive in play or ask your Clinic Manager for a copy). This incentive is calculated weekly so it is imperative that you have accurate numbers and data reported by each week's end.

11. Billable Hours: This statistic is exactly as it reads: a record of your billable hours from a given week. You should be relying on their Raintree EMR Scheduler to count up exactly the number of hours that were billed each week. It is easy to make errors in adding these up; best practice would be to count up your hours *at least twice* to ensure accurate recording before entry OMS. Accurate recording of Billables and Cancellations are especially essential for the overall company's accurate review of how the Clinic did in a given week and what measures need to be taken in the next week ahead.

- i) If a client is LATE for an appointment (specifically this applies to the OT department), and you are unable to bill the full prescribed number of units, please note the number of units billed plus "late fee" on the appointment in the scheduler by "editing" the appointment and entering these notes. This assists the Clinic Manager/Director when adding up billables at week's end (there would be a discrepancy from what they see in the RT scheduler vs what was actually billed if



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not indicated as a note on the appointment time). Record actual billed units in your stats document.

- ii) If completing an initial evaluation that is booked for a designated amount of time in the scheduler, even if you finish up earlier than the reserved time, you would still list the full reserved time as billed in your OMS stats because you will be billing for a full eval unit regardless (i.e. you have a new patient eval reserved for an hour in your scheduler but it ends up taking only 30 or 45 minutes of your time to complete your testing, you still record this as 1.0 billable hour because that is what was reserved and the billable unit covers the hour appointment).
- iii) A note for the use of your RT Scheduler: Only those clients that are seen for a specific appointment should be included in the Scheduler. If you are writing a progress note or discharge note but the child is NOT coming in for a visit, please add these notes directly from their chart, typing "A" for add and selecting the note type. By including these "no visit/no charge" notes in the actual scheduler as "appointments", it is skewing some calculations we pull from RT each week and creates confusion for your Clinic Manager/Clinic

12. New Clients: This statistic is very much a helpful measure for companywide analysis, not for individual benefit. From a company tracking standpoint, it is hard to track when clients officially convert to new patients, so having the therapist report these new clients on their schedule in a week when it occurs is the most accurate tracking measure to date.

- a. A client is counted as a "New Client" on your weekly schedule when they are NEW to AASL and officially beginning for TREATMENT that week. After an initial evaluation, a client is not counted yet as a new client, because they may not move forward officially with treatment as a client. However, when they officially begin their plan of care at our office for therapy, that is when you will record +1 on your weekly statistics.
 - b. A client is not counted as a new client in your weekly statistics when they transfer to you from another therapy team member due to schedule changes, or add additional therapy time in the week by beginning to see you as well, etc. The client was already counted as a new patient when they began treatment at our office (so counting again as "new" in your statistics is an inaccurate number for the company to be analyzing). This client will just reflect an increase in your billable hours moving forward.
 - c. If a new client is scheduled for therapy and "splits" two therapists (is seen by two therapists on the team), the individual who saw the client for the first treatment session is the one who will count the client as a new patient. Again, this is a companywide measure for analysis, so it would be inaccurate for both therapists to count the patient as a new client as that would reflect a +2 change in the company for that week when really it was just +1 patient.
1. If a client returns to AASL (either met all their goals/discontinued therapy or was previously a drop out) but is now coming back to our office after a lapse of



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at least 12 weeks/3 months, then they will be counted again as a New patient. This client would have previously received a discharge note in their chart and have been counted as a discharge or drop-out previously.
Director when data is double checked against the scheduler at each week's end.

13. **Evals:** Count up the total number of initial/new patient evaluations in this row. For example, if you have one new patient evaluation, the number would be "1." Continue to count the evaluation time in the number of billable hours for the week.
14. **Advance Schedule:** This statistic is extremely important for Executive Council when target setting for the next week
 - a) ****Note:** Your planned PTO (that occurs in the next week) would be factored OUT of your advance schedule #; in other words, those billable hours to be missed would be deducted from the advance schedule because you are not there to see those clients on that day(s), as long as it is Planned. Remember, these deducted hours become added bonus billable hours should they be made up on another day that you are present.
 - b) You also do not count pre-existing cancellations in your advance schedule. You only count those visits you are expecting to see.
15. **Cancellations:** A helpful rule of thumb: A cancel is a cancel is a cancel. The weekly statistic reported for cancellations should be a total of all CLIENT-INITIATED cancels or no-shows (not cancels due to your redemption of PTO, which would not be counted in this category but in the #Hours Cancelled due to PTO row of OMS).
 - a. If a client cancels for ANY REASON (sick, out of town, traffic, parent couldn't get off work, family emergency, no transportation, etc.) please mark it as a Cancellation in Raintree and OMS. You should be selecting the option to "cancel" and always detail/type in the "reason" for administrative reference, as we may need to reference these "reasons" when discussing attendance with a particular family; the more information provided, the better. These appointments (cancellations) should not be deleted from the schedule for any reason by you. Doing so affects our ability to monitor and track data if Cancellations go missing in RT.
 - b. ****These cases below are the only exceptions when omitting Cancellations from OMS.** Your Clinic Manager should always be notified of these types of cancels so this cx is known to be omitted from your OMS statistics upon their weekly cross-check review of OMS and RT scheduler.



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- An AASL mandated Cancel (either due to insurance coverage lapsing/discontinuing, outstanding balances, or the client/child poses a danger to the therapist due to behaviors). Your Clinic Manager should always be notified of this type of cancel so this cx is omitted from your OMS statistics. Make sure you also note on the front of the appointment by selecting “edit” and write “AASL MANDATED CX”
- A New Eval Cancellation (miscommunication with scheduling prior to treatment starting), both of which will not be counted against your personal weekly CX total in your OMS, as long as these are approved by AASL Management/reported to your Clinic Manager ahead of time or communicated immediately to the Patient Scheduler/New Patient Establishment in the case of the missed evaluation. Continue to mark these scenarios as a CX in Raintree and notify your Clinic Manager of the omission for when they double check your weekly stats. The Patient Scheduler will work to move any missed evaluation immediately.
- A Scheduled AASL Office Closure (i.e. federal holidays, Christmas week, etc.)
- Cancellations are not counted as Cancellations in your weekly statistics during your personal redemption of PTO, however:
 - i. Pre-existing client cancellations (i.e. pandemic, family vacation, medical procedure, etc.) that fall during your PTO are still to be counted as client cancels if they were known ahead of time prior to you being out of the office. For example, if you are out of the office for a full day (using PTO), but 2.0 of your clients had known/pre-notified cancellations, please record these as cancellations in your OMS because they are not directly the result of your absence as the cause of their cancel. Coding these cancels as such will also help the company track true client cancels vs those relating to employee absence. The same procedure/coding would be followed if you are out the whole week using PTO.
 - ii. During use of Unpaid Time-Off, therapist-canceled appointments ARE recorded as cancellations in your OMS weekly statistics page.
- c. In the case of inclement weather, if AASL mandates the office closure but pivots to working from home, then those appointments that are a fit for teletherapy but do not pivot/attend their usual time will be counted as client cancels. However, if a child is not a fit for teletherapy (only determined after having tried out this option with the child and/or parent for carryover at home and it is deemed not beneficial to the child at all after discussion with your



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Clinic Manager or cohort team), the appointment would be recorded as a client cancel in RT but not be recorded into your weekly CX statistics in OMS (**this is only for this case of forced AASL mandated office closure; all other times, not being a fit for teletherapy is counted as a client CX in your stats). Please Edit the appointment and make a notation of “Not a fit for Teletherapy” in the Note box. These appointments are always expected to be rescheduled during the remaining days the office is re-opened or in a subsequent week. As a rule of thumb in regards to weather: if the office is open, then all client CX are recorded as a client CX.

- d. In the case of following Quarantine guidelines for any AASL therapist, as many appointments will be shifted to televisits as possible and offered on other therapists' schedules to be seen during appointment times or as makeups. All appointments that are not able to be seen should be coded in Raintree as Cancels (please select Cancel reason due to Pandemic, with added note “Therapist quarantine”). Additionally, all appointments not able to be seen should be counted as Cancellations in your weekly stats recorded in OMS.
- e. **Makeups:** If an appointment is rebooked for another day or time as a makeup, clear that previous “cancel” notation and cut and paste the appointment to the new day/time for the scheduled makeup/reschedule. In the scheduler, please “reserve” the original time where the appointment previously was (note the client's First Initial and Last name) and mark the new day/time that it was rescheduled to. *If this makeup ends up canceling, leave it in the scheduler as is (do not move it back to it's original week); in the same way, if you are able to again immediately rebook this cancelled makeup to an upcoming day or week, clear the cancel and move it to the new day. Either the appointment will eventually take place (where there was no CX in the client's chart at all because they eventually attended the makeup) OR, it will eventually be marked as a cancel in a subsequent week if they don't make any of those rebooked makeups happen. No need to go back into OMS to change things in weeks past because if you follow the above, all will be accurate in OMS for the present week already!*
 - o If you have a cancelled appointment on a given day, and only a portion of it can be rescheduled (i.e. 45 mins of the 60, 30 minutes of the 60), please be sure to leave whatever time amount was not rebooked as canceled time on the original day in your RT schedule (you can edit the original appointment to adjust the time duration to what is being canceled, then cx it out accordingly). Then, you can add a new appointment on the new day for the remaining rebooked time. Please also be sure to reflect this accurately in your weekly CX totals with any lingering unbooked time recorded as such.



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- If a co-worker is able to help see your client for a make-up session, IF the client ends up canceling that rescheduled appointment, the covering therapist is to move the cancel BACK ON TO THE ORIGINAL therapist's schedule on the same day the makeup was canceled (not the original day which might go back in time because then the cancel will "disappear" from our tracking. For example, if a friend is rebooked for two weeks out on 2/18 on a coworker's schedule, but the client ends up canceling on 2/18, the covering therapist will slide the CX over to the original therapist's schedule on 2/18.) Please notify the original therapist that the appointment did not take place. The original therapist can then try rebooking the appointment again and note it for her data that week, etc., but because the client(s) are not your permanent client(s), the CX should move back to the original therapist that makeup week. Remember, follow up (or have Emily do so) as a courtesy reminder of the makeup session...sometimes if it's a different day/time, parents might forget, so let's take action to do what we can to ensure they show up and help as many families as we can across the team!
- **Some Notes About Makeups:** Educating your families about the importance of consistent attendance to be able to make progress is critical! You can make such a greater impact in a child and family's life if they attend every appointment and follow the service delivery that is prescribed! We want our families to see the value in every minute you spend with their child that they wouldn't even think of missing out on that valuable time or skipping a session without a makeup in the books! Keep educating, educating, educating about the work you are doing and to reframe a parent's perspective!

Please also be mindful of communicating with a fellow therapist if you might need help with offering a makeup time that works for the family. Do not just move the client without communication to/with your colleague. Our team is amazing at always helping each other out and offering that willingness in return; please just remember that communication is key amongst each other!

- f. **Permanent Schedule Change:** If a client communicates a permanent schedule change, please note in RT as such. Please also communicate this parent request to Patient Scheduler. For example, if a client notifies you today that they need a schedule change to a new day/time, today would be counted as a "late cancel" (unless they attended today's appointment) and this client's subsequent appointments should be removed from the scheduler given communication with and acknowledgement from Patient Scheduler. Subsequent appointments would not be Cancellations because the family communicated the need for a new therapy time, thus releasing their future appointments.



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- g. Do not move a client cancellation to another day/time as a makeup UNTIL IT IS OFFICIALLY CONFIRMED with the client. We have to be consistent in how these are being handled across team members as it plays into Incentive earning. The goal is to get the appointment makeup confirmed as quickly as possible. You can use the usual therapy time that they cancelled in to reach out to the family yourself (phone calls are often more successful/faster than email), or use Front Desk to your advantage for calling them with possible days/times for the makeup.

16. Discharges & Dropouts: When you enter in “dropouts or discharges” you are going to input the number of clients who were discharged or dropped out, not the number of hours. For example, if you had a discharge for 1/2x30, in the discharge section you will input “1”. You will further explain the duration of the treatment time in the “Notes” section (see example below).

- i) In the “Notes” section, this is where you will expand on any discharges, dropouts, put in how many hours of PTO you took that week, Hours of Client CX due to PTO, PRETO, office closure, etc.

Brandi Rodriguez (SLP) - All About Speech & Language

	POT	BL	02 Feb 2023	09 Feb 2023	16 Feb 2023
Potential			32	32	32
Bottom Line			26	26	26
BILLABLE HOURS			21.5	30.5	
NEW PATIENTS	1	0	1	0	
7-DAY ADV SCHEDULED	34	25	32.5	30.5	
# CANCELS & NO/SHOW			0	1.5	
% ARRIVALS	100	80	100%	95.31%	0%
DISCHARGES			0	0	1
DROP OUTS			0	0	
Hours			40.0000	40.0000	
Billable visits per hour			0.54	0.76	0
% CAPACITY			67.19%	95.31%	0%
NOTES					1/2x30 PTO 6 hours, 3 hours

TOTAL	AVERAGE
52.00	26.00
1.00	0.50
63.00	31.50
1.50	0.75
	97.2%
0.00	0.00
0.00	0.00
80	40
	0.65
	81.25%

17. Discharges: You will count a discharge into your weekly stats when:

- a. A client has met all of their goals and fulfilled their plan of care at AASL for the time being.
- b. A client is being discharged from treatment due to lack of progress, etc. and is advised/approved by our team of therapists that it is best to stop with the course of therapy.



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- c. A client relocates (to another city/state) and can no longer be seen by you/AASL.

18. **Drop Outs:** A drop-out is best boiled down to: Client directed discharge (against what your recommendation would be), resulting in removal from your schedule. You will record the frequency/duration in the “Note” section in OMS.

- a. If a client switches insurance and thus goes to a different (local) clinic for financial reasons or that accepts their insurance, it is handled as a drop-out. Similarly, if a client leaves AASL to go be seen at another local clinic for any such reason, it also is handled as a drop out.
- b. A drop-out client may also be one that does not adhere to the treatment plan our office has recommended and “falls off” our schedules due to reasons such as “life is too busy right now”, “we don’t see therapy benefiting our child”, or they are removed from the schedule due to poor attendance, etc.

19. **Notes Section:**

- a) **PTO Hours Taken:** If you are out with PTO in a given week, please record the total number of hours redeemed in the bottom “Notes” section of OMS. Please also put PreTO hours taken in parenthesis, marked with “PreTO”.

Sometimes a therapist may make up sessions on a Friday or outside of usual business hours; record the full total of PTO redeemed until it can be formally confirmed which clients showed up to these “outside business hours makeups” which may adjust the total number of actual PTO hours used. (Please see updated Policy on PTO/Time Off).

- b) **# Hours Cancelled due to PTO:** Please record in OMS in the “Note” section (aka a cancel directly due to your scheduled absence). These are not to be counted in the Client Cancellation line (unless the below holds true):
 - a. Please note (repeated from Section II on Cancellations): Pre-existing client cancellations (i.e. pandemic, family vacation, medical procedure, etc.) are still to be counted as client cancels if they were known ahead of time prior to you being out of the office. For example, if you are out of the office for a full day (using PTO), but 2.0 of your clients had known/pre-notified cancellations, please record these as client cancellations in OMS because they are not directly the result of your absence as the cause of their cancel. Coding these cancels as such will also help the company track true client cancels vs those relating to employee absence. The same procedure/coding would be followed if you are out the whole week using PTO.
 - b. While therapist driven cancellations are not recorded in OMS as Cancels during your redemption of PTO time (unless the client cancel was known prior to your



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absence as mentioned above); during use of Unpaid Time-Off, these appointments ARE recorded as cancellations in your OMS weekly statistics page.

Short-Term Games and Long-Term Incentives will also at times be put into action by the company to reward the team's production and efforts in helping as many families as possible. The company reserves the right to change these parameters at any time, given that an Incentive bonus by definition is a "bonus" in nature. At AASL, salaries and benefits are never penalized (unless in disciplinary action cases) when statistics may be lower during various times of the year. The company continues to take on the burden of these low statistics given the fair exchange that the therapist and all divisions are working together and trying their best to problem-solve and turn the statistics around as a team as quickly as possible. Incentives are put in place to continue to motivate and reward staff for their hard work and dedication....they will always "win" when they help the company "win" too. Please contact your Clinic Manager should you need a copy of the current Incentive in place. AASL reserves the right to change or cancel any incentive in place, at any time.