



BYOBO\$\$ Healthcare Service Audit

1. Business Information

Clinic / Practice Name	Sample Family Health Clinic
Primary Contact Name & Role	Dr. Sarah Lee, Medical Director
Email Address	sarah.lee@samplehealth.com
Phone Number	(555) 123-4567
Number of Providers	8 (4 physicians, 2 NPs, 2 PAs)
Number of Support / Admin Staff	12
Annual Revenue	\$3.4M
Services Offered	Primary care, women's health, chronic care management
Patient Volume per Month	~2,200 visits
Location(s) & Facility Size	1 clinic, 4,500 sq ft
EMR / EHR System Used	MediChart Pro
Insurance / Payer Mix	45% Private, 35% Medicare, 15% Medicaid, 5% self-pay

2. Revenue Cycle Audit

Question	Sample Answer	Score (%)	Comments
Billing accuracy	Moderate – 8% errors	75	Within “moderate” range; needs improvement.
Claim submission timeliness	Within 3–7 days	70	Delay increases AR days and denial risk.



Question	Sample Answer	Score (%)	Comments
Denial rate & management	12% denial; reactive resubmissions	70	Process exists but not proactive.
Patient billing communication	Standard statements mailed; limited calls	72	Could improve transparency.
Revenue collection efficiency	~85% collected within 60 days	78	Reasonable but not optimized.
Accounts receivable aging	20% > 90 days	65	Aging balances are high.
Payment posting accuracy	92%	85	Majority accurate; small posting issues.
Revenue cycle software used	MediChart + third-party billing	80	Integrated but gaps exist.
Revenue cycle KPIs tracked	Days in AR, denial rate	70	Limited KPI set; missing net collection rate.
Write-offs & adjustments	Occasional; no trending	68	Not regularly analyzed.
Revenue forecasting accuracy	85% vs actual	75	Moderate forecasting precision.
Audit & compliance processes	Internal monthly checks	78	Basic compliance; scope for automation.



3. Provider Utilization Review

Question	Sample Answer	Score (%)	Comments
Average patient load per provider	18/day	85	Good volume; slight variation by provider.
Provider appointment utilization rate	88%	88	Above industry average.
Provider overtime / extra hours	Occasional	80	Overtime indicates capacity stress.
Provider idle time tracking	Not formal	60	Cannot measure unproductive time.
Specialist availability vs demand	Low for specialists	65	Missed referrals to in-house specialty care.
Provider scheduling system	EMR scheduling module	80	Functional, but limited optimization.
Patient wait times	Avg 22 min	75	Needs improvement for satisfaction.
Appointment cancellations & no-shows	12%	65	Higher than ideal; lacks mitigation.
Provider performance KPIs	Monthly volume & satisfaction	72	Missing efficiency and outcome measures.
Cross-coverage & backup planning	Informal	60	Risk when providers are absent.
Time on admin vs clinical	~30% admin	68	High admin load reduces clinical capacity.



Question	Sample Answer	Score (%)	Comments
Utilization improvement initiatives	None formal	58	No structured program in place.

4. Appointment Flow Analysis

Question	Sample Answer	Score (%)	Comments
Average appointment duration	~18 min	80	Efficient but may affect quality.
Check-in / check-out efficiency	Manual forms	60	Could streamline with kiosks or pre-check digital forms.
Patient throughput per day	Moderate	75	Acceptable but time bottlenecks exist.
Scheduling gaps & downtime	Moderate gaps	70	Could improve scheduling algorithms.
EMR / EHR workflow efficiency	Moderate	75	Usability issues slow processing.
Patient flow bottlenecks	Check-in & vitals	65	Key bottlenecks identified.
Pre-visit preparation process	Partial	68	Front desk pre-checks inconsistent.
Post-visit documentation	Manual edits needed	70	Could automate templates.
Front desk staff efficiency	Basic	72	Well-meaning, not optimized.



Question	Sample Answer	Score (%)	Comments
Patient reminders / recalls	SMS reminders only	78	Good, but coverage gaps remain.
Walk-in vs scheduled management	Walk-ins disrupt flow	60	Need formal triage.
Appointment flow improvement initiatives	Small tests only	58	No sustained improvement program.

5. Marketing Effectiveness

Question	Sample Answer	Score (%)	Comments
Marketing channels currently used	Referrals, local ads, Facebook	60	Limited digital breadth.
Marketing ROI tracking	Partial	55	Hard to benchmark spend vs results.
Patient acquisition cost (PAC)	~\$120 per new patient	65	Moderate cost but un-benchmarked.
Lead generation effectiveness	30 new inquiries/month	70	Sufficient but variable.
Repeat patient %	45%	80	Good retention.
Effectiveness of campaigns	Weak tracking	50	Cannot measure impact well.
Website & online presence	Basic website	55	Needs SEO and CTA enhancements.



Question	Sample Answer	Score (%)	Comments
Social media engagement	Low	50	Sporadic posting.
Community outreach impact	Moderate	65	Local events help but limited reach.
Brand awareness & reputation	Good locally	75	Strong community trust.
Seasonal marketing performance	Not tracked	45	Missed opportunity (e.g., flu season campaigns).
Marketing budget allocation	4% of revenue	60	Conservative spend limits traction.

6. Competitor Analysis

Question	Sample Answer	Score (%)	Comments
Top 3 competitors	Clearview Medical, Riverstone Clinic, Oak Grove Wellness	80	Well-defined comps.
Competitors' service strengths	Oak Grove strong telehealth	75	They leverage tech well.
Competitors' service weaknesses	Higher cost, longer waits	85	Competitive advantage opportunity.
Competitor pricing strategy	Slightly higher than average	78	Room to optimize pricing/value.



Question	Sample Answer	Score (%)	Comments
Competitor marketing tactics	SEO, online ads	70	They outperform in digital.
Competitor patient satisfaction	4.5★ avg	80	High satisfaction scores.
Market share estimate	~20% local	75	Good but can grow.
Competitor technology adoption	Telehealth & reminders	70	Apex can expand digital services.
Competitor referral networks	Strong with specialists	72	Good model to emulate.
Competitor patient retention strategies	Membership plans	65	Could learn from this.
SWOT risks	Telehealth gap identified	70	External threat; internal opportunities.
Differentiation opportunities	Personalized care, flexible scheduling	80	Clear value prop.

7. Management Systems & Reporting

Question	Sample Answer	Score (%)	Comments
Frequency of management meetings	Weekly	90	Good cadence.
Key performance indicators tracked	Volume, AR days, denial rate	78	KPI set exists but lacks quality metrics.



Question	Sample Answer	Score (%)	Comments
Financial reporting accuracy & frequency	Monthly	85	Reliable.
Decision-making process documented	Partial	65	Needs formal SOPs.
Budgeting & forecasting process	Annual budgets	70	Poor short-term forecasting.
Internal control systems	Moderate	75	Controls exist but not tested regularly.
Staff performance review frequency	Quarterly	80	Strong review rhythm.
Use of technology for operations	Moderate	75	Multiple disparate systems.
Patient reporting & feedback	Annual surveys	60	Feedback not real-time.
Risk management & escalation procedures	Partial	62	Formal escalation needed.
Documentation of SOPs	Partial	60	Many processes undocumented.
Continuous improvement initiatives	Ad-hoc	58	No formal CI program.



8. Human Resources / Staff Management

Question	Sample Answer	Score (%)	Comments
Number of clinical staff by role	Adequate with some shortages	80	Well-staffed but specialist gaps.
Number of administrative staff	12	82	Good support headcount.
Staff scheduling methodology	Manual + EMR alerts	68	Could automate with workforce software.
Staff turnover rate	15% annually	70	Moderate; retention risks.
Training & onboarding process	Formal 2-week program	85	Strong onboarding.
Cross-training practices	Limited	60	Needs improvement.
Performance review frequency	Quarterly	80	Good cadence.
Incentive & recognition programs	Basic bonuses	65	Could expand engagement programs.
Staff accountability metrics	Some KPIs	70	Needs deeper metrics.
HR policies documented	Yes but aging	75	Requires updates.
Staff engagement & satisfaction	Moderate	70	No formal surveys.
Succession & coverage planning	None	50	High risk for key roles.



9. Operations & Patient Experience

Question	Sample Answer	Score (%)	Comments
Patient check-in efficiency	Moderate	70	Paper forms slow.
Avg patient wait times	22 min	75	Acceptable but improvable.
Appointment scheduling system	EMR scheduler	80	Works but lacks optimization.
Patient flow management	Some bottlenecks	68	Major bottleneck at check-in.
Telehealth / virtual visits	Offered (10% of visits)	85	Growing channel.
Lab/imaging coordination	Manual calls	60	Inefficient.
Patient feedback collection	Annual surveys	60	Low frequency.
Patient complaints resolution	Within 7 days	75	Functional process.
Clinical quality tracking	Basic metrics	70	Could track outcomes more deeply.
Patient retention strategies	Follow-up reminders	78	Good but not segmented.
Operational efficiency improvement	Some departmental teams	65	No clinic-wide initiative.
Compliance with regulations	HIPAA & OSHA	88	Strong compliance posture.



BYOBOSS Audit Summary & Recommendations

Below are aggregated category scores and three recommended actions per major area of improvement.

Revenue Cycle (Aggregate 76%)

Key Issues Identified:

- Moderate billing errors (~8%)
- Delayed claim submission
- High AR >90 days

Top 3 Recommendations:

1. Automate claims submission workflows with timestamps and alerts.
2. Establish denial management team with root-cause tracking.
3. Expand KPIs (net collection rate, clean claim %).

Provider Utilization (Aggregate 75%)

Key Issues Identified:

- No idle time tracking
- Specialist availability mismatch
- No formal utilization improvement program

Top 3 Recommendations:

1. Implement time and motion studies for providers.
2. Add demand-based scheduling software.
3. Cross-training providers for overflow coverage.

Appointment Flow (Aggregate 68%)

Key Issues Identified:

- Manual check-in / check-out
- Bottlenecks at registration and vitals
- Inefficient unscheduled visit handling



Top 3 Recommendations:

1. Deploy self-check-in kiosks/online pre-check forms.
2. Use real-time dashboards for patient flow.
3. Define triage protocols for walk-ins.

Marketing Effectiveness (Aggregate 63%)

Key Issues Identified:

- Limited digital marketing
- No ROI tracking
- Seasonal marketing untracked

Top 3 Recommendations:

1. Build multi-channel campaigns with clear KPIs.
2. Implement marketing analytics tools.
3. Seasonal campaigns for vaccines/wellness.

Competitor Analysis (Aggregate 74%)

Key Issues Identified:

- Weak digital presence vs competitors
- Specialty services gaps
- Retention strategies not segmented

Top 3 Recommendations:

1. Competitive pricing model review quarterly.
2. Expand telehealth & specialty partnerships.
3. Track competitor patient experience.



Management Systems & Reporting (Aggregate 74%)

Key Issues Identified:

- Incomplete SOP documentation
- Partial risk escalation procedures
- Feedback systems need improvement

Top 3 Recommendations:

1. Document full SOPs clinic-wide.
2. Build real-time KPI dashboards.
3. Regular clinical and operational performance reviews.

Human Resources / Staff Management (Aggregate 71%)

Key Issues Identified:

- Turnover moderate
- Limited cross-training
- No succession planning

Top 3 Recommendations:

1. Create staff cross-training program.
2. Implement succession plans for key roles.
3. Regular engagement surveys & career paths.

Operations & Patient Experience (Aggregate 74%)

Key Issues Identified:

- Bottlenecks and manual coordination
- Feedback infrequency
- Lab/imaging inefficiencies

Top 3 Recommendations:

1. Workflow redesign to minimize bottlenecks.
2. Automate patient feedback & surveys.



3. Integrate lab/imaging scheduling with EMR.

Overall Healthcare Audit Score: 72%

Summary:

Sample Family Health Clinic shows strong core operations and compliance, but improvement opportunities remain in revenue cycle optimization, patient flow & experience, marketing, staffing strategies, and internal process documentation.

Once you've reviewed this diagnostic report, the most important next step is turning insight into action. The findings highlight where performance is strong, where profit is leaking, and where systems are underdeveloped but the real value comes from prioritizing and implementing the right fixes in the right order. We strongly recommend reviewing this report with your BYOBO\$\$ consultant, who can help interpret the results in the context of your specific locations, validate assumptions, and translate recommendations into a practical execution plan.

If you do not currently have a consultant assigned, BYOBOSS can match you with a qualified specialist aligned with your needs and operating environment. Your consultant will work with you to establish priorities, define measurable targets, and guide implementation—whether that involves improving cost controls, refining operational performance, reducing inefficiencies, or implementing stronger management and reporting systems. This ensures the report does not sit on a shelf, but becomes a practical roadmap to improved performance, greater control, and sustainable growth.