

Incorporating Robotics Into a Surgeon's Practice, Despite Administrative Pushback



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Disclosure

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Incorporating Robotic Surgery

Wait but why??

Incorporating Robotic Surgery

- Expand the skill set and bring robotics into the toolbox
- Be part of the innovation and education
- Ability to assist yourself
- Ergonomic advantages
- Patients with BMI >50

Incorporating Robotic Program

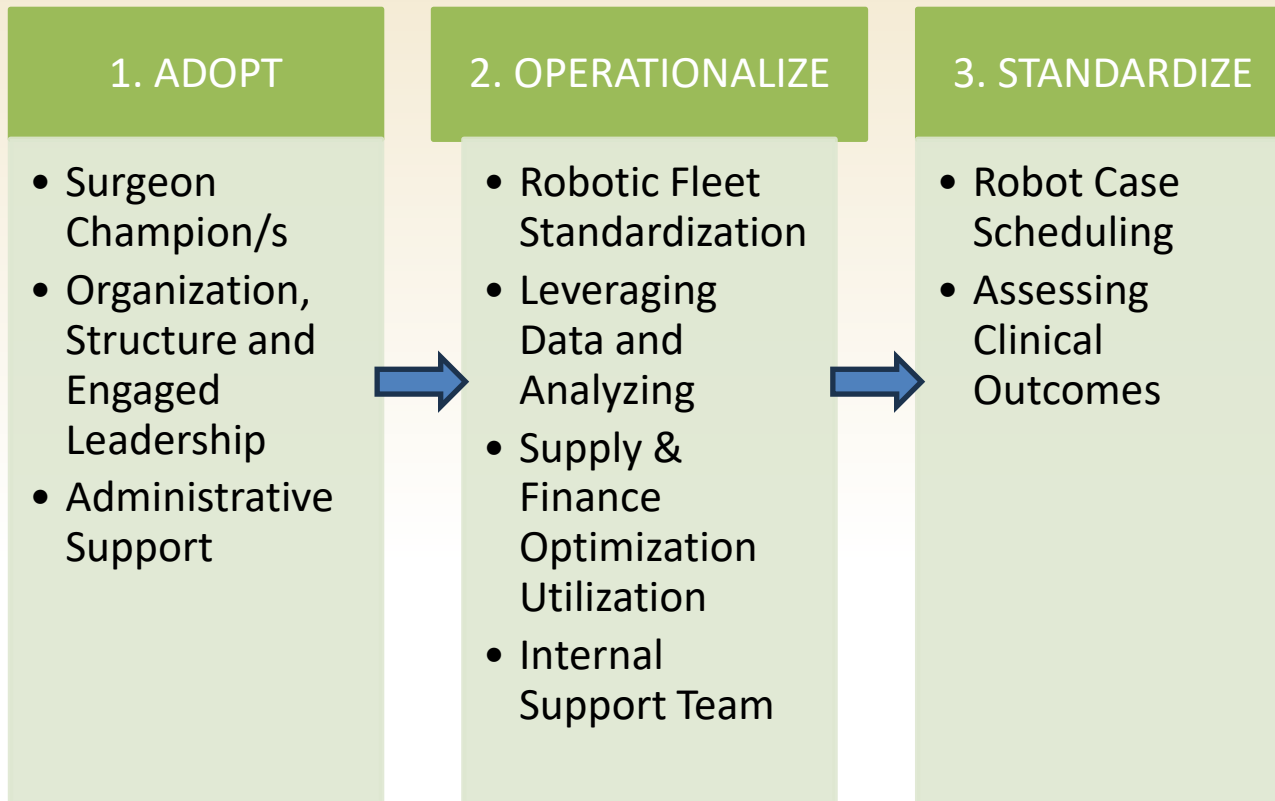


Key Pillars of Robotic Program



Robotic Program

How did we get here?



ADOPT

ADOPT

- **Get support**
 - Reach out to other surgeons
- **Training**
 - Case observation
 - Online training and simulation
 - Dry lab
 - Regional training center
 - Build your team
 - Skill drills

ADOPT

- Get institutional support
 - CEO/Chair
 - OR Director
 - Peers
 - OR Staff
 - Training for clinical staff members
 - Dedicated teams for specialty services
 - Surgeon and leadership support

OPERATIONALIZE

OPERATIONALIZE

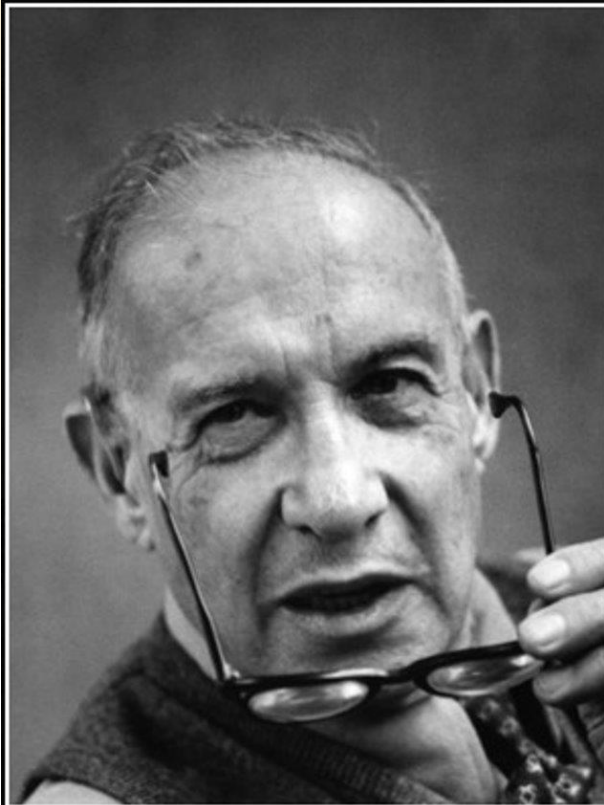
- Start Simple
 - General surgery: Gallbladder removal, simple hernias
 - Bariatrics: Sleeves, lower BMI bypasses
 - Get comfortable and get over the learning curve
- Keep patient safety at the forefront

- Advance courses
- Progress case complexity
- [Proctoring](#)

OPERATIONALIZE

- Hospital robotics committee
- Team building
 - Start with A team
- Build a new culture
 - Normalize the robot
 - Entire staff training

OPERATIONALIZE



If you can't measure it, you can't
change it.

— *Peter Drucker* —

AZ QUOTES

OPERATIONALIZE



Leverage Data!



Key Performance Indices
(KPIs)

Clinical
Financial
Operational

STANDARDIZE

STANDARDIZE

- Reduce variation and optimize efficiency
 - Same way every-time

STANDARDIZE

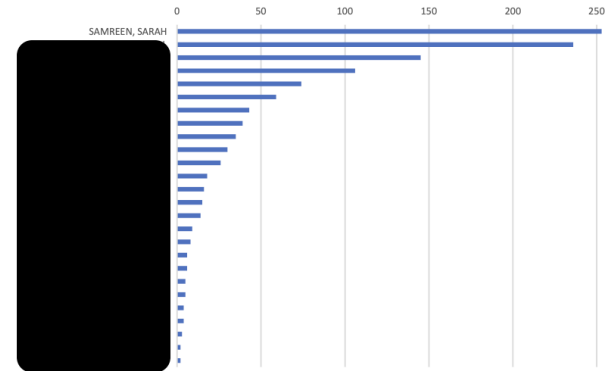
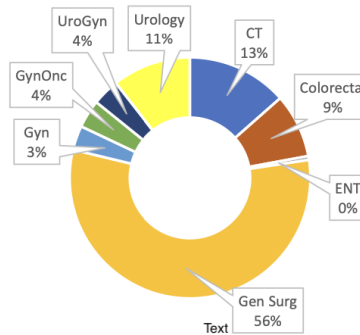
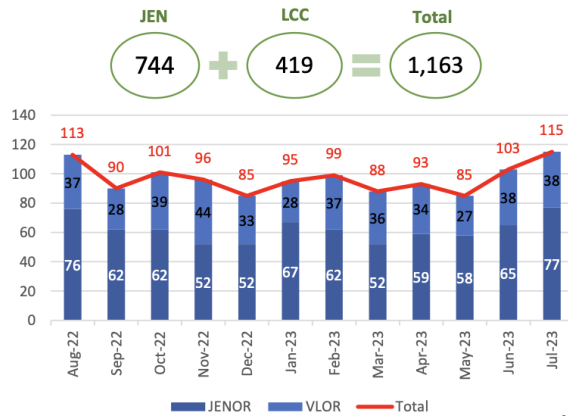
- Stabilizing Financial Outcomes
 - Case cost is within reasonable range
 - Opportunity for cost reduction and supply standardization
 - Transparency

STANDARDIZE

- Instruments and accessories
 - Peel pack
 - Sterile reprocessing training
 - Inventory management

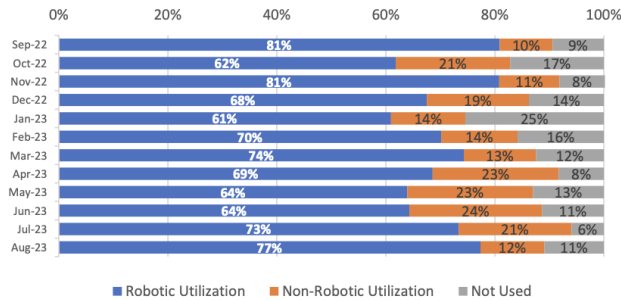
STANDARDIZE

JEN & LCC OR Robotic Volume (Sep22-Aug23)

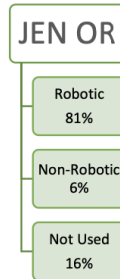


JEN & LCC OR Robotic Utilization

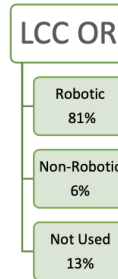
Robotic Room Utilization



JEN OR8 & OR9



LCC OR10



Robotic Block Utilization

	JEN OR				LCC OR			
	% Util	Volume	Hours	Volume	% Util	Volume	Hours	Volume
Sep-22	90%	57	97	19	44%	13	74	24
Oct-22	72%	57	24	5	71%	14	42	14
Nov-22	77%	52	41	8	62%	21	54	18
Dec-22	68%	42	50	10	53%	23	54	21
Jan-23	60%	47	14	3	41%	12	64	21
Feb-23	65%	59	22	6	45%	23	31	9
Mar-23	69%	52	51	10	54%	32	20	3
Apr-23	76%	42	40	8	33%	29	17	5
May-23	83%	54	21	5	56%	29	20	5
Jun-23	73%	49	39	9	69%	23	26	4
Jul-23	83%	60	20	5	56%	35	13	3
Aug-23	82%	73	16	4	45%	34	15	4

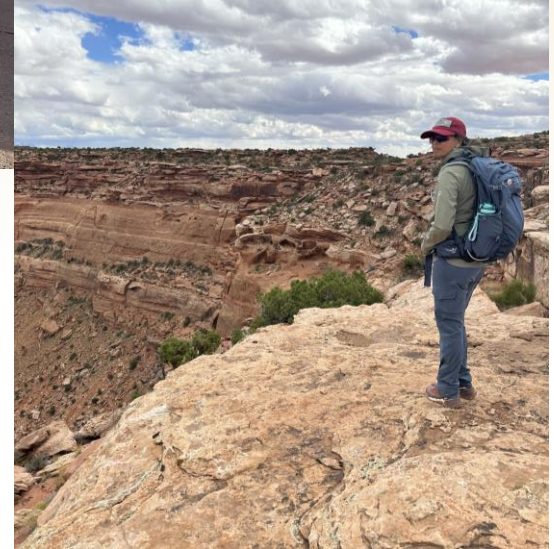
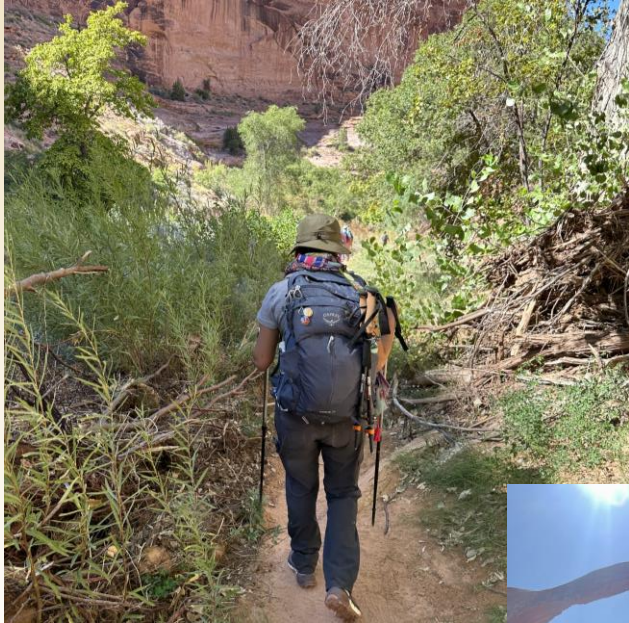
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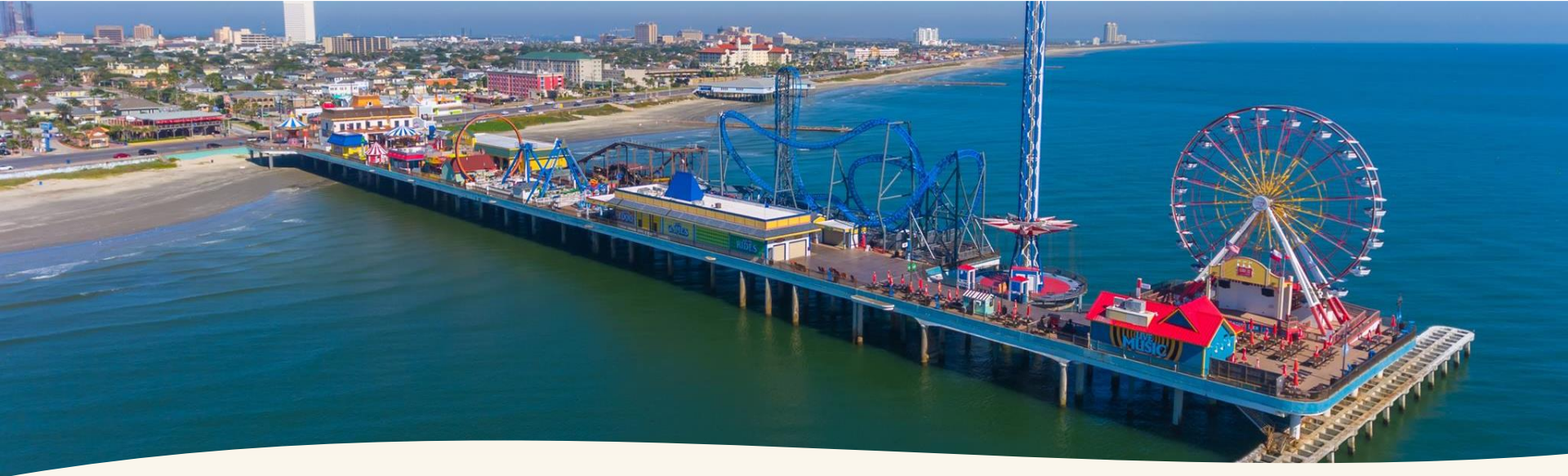
- Supporting robotic scheduling
 - Only robotic cases in robot rooms
 - Block time allocated to either a surgeon or service level. e.g. [bariatric surgery](#)
- Turnover Time
- Maintain staff training

Lessons Learned

- Do not be scared of the bumps in the road
- Culture change takes time
- Be persistent
- It is all about patient outcomes
- But financial outcomes also matter

Thank You





Questions?

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