



Excellence is just the beginning.

Rush System for Health

Perioperative Services Restart

April 27, 2020

Periop Team

Communication and Structure

MD Oversight Committee

Communication Cycle and DMS

Data and Analytics

Create standard reporting

MD scorecards

VST “JDI’s”

Pre-op Standard Work w/Social Distancing

Scheduling Standard Work

Build Future State

Scheduling Options

Communication and Structure

Use unique position to create Surgical Oversight Committee with strong Physician participation

- Requirement of Elective Procedures
- Chair involvement imperative
- Implement Escalation Process
- Chance to reset relationship between Administration and Perioperative Clinical Team
- Immediately implement process for scheduling of cases
- Gain quick list of issues and start tackling one by one with “down time”

Longer Term

- Review and implement standard competencies of all staff
- Review and align incentives of all staff
- Implement longer term scheduling rules
- Implement longer term block/scheduling policy and committee structure

Analytics essential to building this relationship and moving to a data driven decision making model that is a partnership

Physicians are competitive, they want to know how they are doing!

Data and Analytics

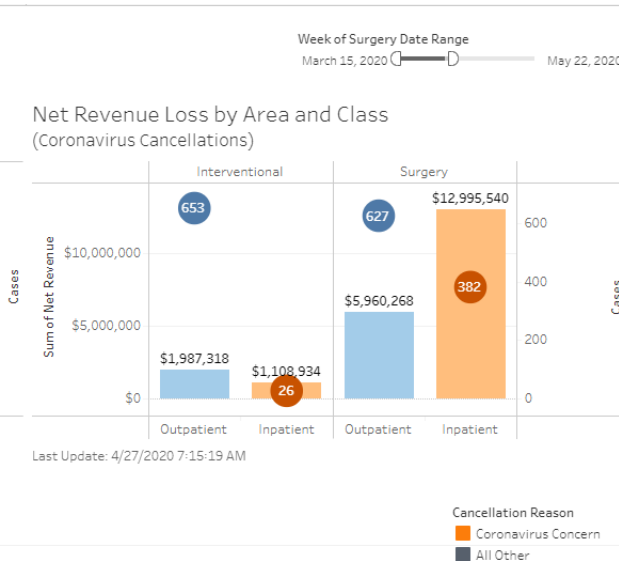
Our **Data and Analytics** are **VITAL** to transforming the Perioperative Service Line and we have the capabilities **in house** to create the following relatively quickly:

Finalize Definitions and Complete all Work in Progress (est 2-4 weeks)

- Financial Dashboard in Maestro
- KPI's in Maestro
- Standard Monthly reporting
- Surgical procedure impact model to Hospital Flow and Capacity

Rapid Creation

- MD and Service Line Scorecards
- Advanced analytics and visualization to support operations
- System data integration and market data
- Integration of offices not on Epic



VST Rapid Implementation

In Progress- Ramp Up Efforts to Complete

- Implement Schedule Council by expanding on what Tom has built utilizing Redcap survey results
- Assess backlog and optimize for clinical needs and revenue potential
- Procedure Code name clean up
- Preference cards
 - NEED TO DO NOW WHILE DOWNTIME
- Standardize Case Order Entry form and process
- Implement Scheduling “Rules” from previous RIE

On Deck this Month and Next

- Preop Standard Work and process
 - Preop order sets
 - Build in social distancing into process

Cont'd

- Staff to Demand and increase hours of operation
- Consolidate scheduling departments/areas to a centralized group and process
- Turnaround Time Improvement
- Block or Scheduling Policy
 - Development
 - Implementation
 - Assessment and review
- 6S OR Rooms and Supply Room
 - NEED TO DO NOW WHILE DOWNTIME- big financial and turnaround time impacts, as well as staff and physician satisfaction
- PPE inventory daily model
- Build standard covid testing protocols and procedures

Future State Scheduling



Surgery Scheduling is the ultimate Balancing Act... we must optimize for Patient and Surgeon Satisfaction AND maximize revenue (increase efficiency)

Assess and Implement New Model

- Traditional- Block Time Scheduling
 - Decreases flexibility and ability to bring on new books of business
 - Inability to respond to changing environment
 - Same revenue potential for fixed cost
- Alternative- Open Time Scheduling
 - Results in decreased physician satisfaction as based typically on “first come first serve”
 - *Overbooked OR's or vacant OR's- feast or famine occurs*
 - Highly ineffective use of resources in comparison to fixed costs
 - Difficult to recruit new service lines, procedures or surgeons
- **Proposed- Hybrid Block/Open Schedule: decide on % of Block vs Open Time**
 - Optimizes flexibility and increases utilization
 - Increases physician satisfaction
 - Makes best use of fixed cost and heavy reliance on data