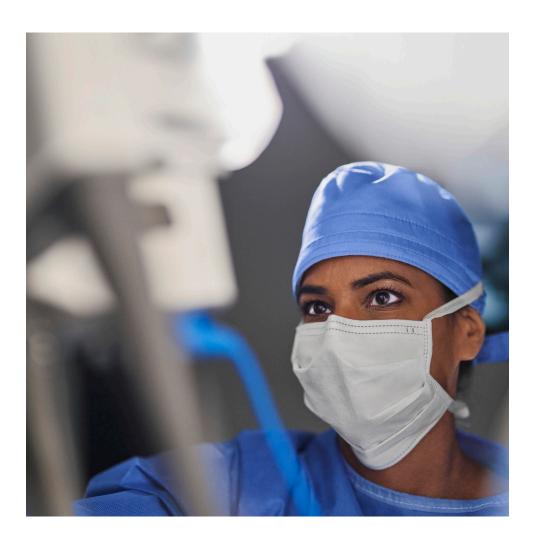
INTUÎTIVE



Cost containment initiatives for da Vinci surgeries succeed across multiple modalities

Learn how a Midwestern, multi-state healthcare organization managing 14 hospitals performing over 82,000 outpatient surgeries annually identified cost-saving opportunities and scaled five tools to reduce costs across five da Vinci procedures and 25 non-robotic surgeries.

Innovative tools serve patients, surgeons, and the bottom line

Getting started: Data collection first

With hospitals located in multiple states, this health system began by collecting baseline data, and then they developed programs to reduce unnecessary OR time and efficiently manage supplies.

"Our robotic surgery program has been our best foot forward for improving, enhancing and piloting processes that have scaled to the rest of our perioperative environment."

Director of Utilization Management

Robotic data tracked and reported

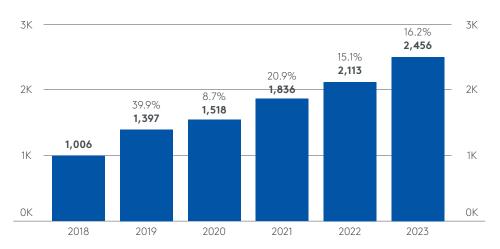
Volume:	Monitoring program growth
Productivity:	Surgeon and service utilization
Capacity planning:	Block management, resource utilization
Efficiency:	Scheduling accuracy, turn over efficiency
Cost:	Procedural expense

The result

Using the tools and strategies outlined in the following pages, the network has grown their da Vinci® surgery program from 15% of potential cases to 35% over seven years, averaging 20% year-over-year growth for the past five years. They have also stabilized costs: the average procedure cost was \$2,732 in 2016 and \$2,765 in 2023.

"This is proof that we can manage supplies really effectively while we take better care of patients in a minimally invasive format," reflects the director of utilization management." To us, that is real progress."

Da Vinci annual growth trend



Implementation strategy

Result

#1

Share data and solicit feedback

Automated reports were developed for the nursing, anesthesiology, and surgery teams that shared turnover data and solicited feedback on slower cases. Based on the responses, the organization identified systemic delays and improved workflows (average turnaround time dropped from 40 minutes to 32 minutes).

Leadership also analyzed which cases were scheduled accurately vs. underor or over-scheduled by 20% or more of the case time. They sent reports to surgeons, who were then able to schedule patients more accurately for smoother workflow.

These two successes established their robotic surgeons as champions for developing transparent new processes systemwide.

#2

Reconfiguration of da Vinci instrument trays

Overstocked instrument trays waste money, space, instrument lives, and staff time.

To reduce waste, leadership gathered data about instrument usage through Intuitive's Customer Portal.

They moved instruments used in fewer than 80% of cases into peel pack inventory, reducing unnecessary tools on the trays and associated time.

#3

Optimize the Inventory Management System The newly optimized system showed staff all peel-packed inventory across the campus, which could be updated in real time. New plain-language item descriptions were loaded into the Enterprise Resource Planning and Electronic Medical Record (EMR), making inventory easier for staff.

In 4 months, the system reduced non-essential items, removed never-used items, and changed inventory locations based on need, producing a one-time savings over \$170K with no impact to patients or the OR experience.

#4

Standardized surgeon preference cards

The organization used historical documentation to set thresholds for labeling instruments: items used 90% of the time were "open," items used 20% or less were removed, and all others were labeled "available" and supplied in separate yellow bags to be used or returned unopened.

They saw a 5.2% supply cost reduction. Cards got 20% more accurate, requiring less intraoperative retrieval and postoperative returns.

Implementation strategy

Result

#5
Cost transparency
mechanisms

Implemented to show surgeons how their supply choices affect costs

Cost-per-case scorecards were created based on intraoperative usage data and updated daily pricing. Each surgeon received a quarterly report for their top five procedures that listed total costs, number of cases, average room time, and cost per case, with trends and variability among network surgeons for comparative context.

Network leadership worked with its EMR provider to send surgeons a receipt after every case, listing all items used and wasted.

Lastly, the organization developed a supply heat map that showed each surgeon's costs per item.

The program has lowered costs for common da Vinci procedures and served as a double check for documentation. Surgeons were shown why their costs varied, based on a system-wide, procedure-by-procedure analysis. It showed, among other trends, that higher-volume surgeons had lower costs, but more expensive supplies did not help surgeons "work faster."

The first time they shared the developed heat map (surgeon's cost per item), it showed surgeons brought down variation in cost per case resulting in a reduction of 7% (or \$86K), for robotic prostatectomy.

To learn more about how Intuitive can work with you to discover what your surgical trends and cost data reveal, contact:

Perioperative.Education@intusurg.com

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