An Executive Approach to Robotic Service Line Mentality:

Establishing a Vision and Developing a Long-term Strategy Founded in Data

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Goals for this session…

1. Anatomy & Physiology of a Robotics Program
2. Data: The Lifeblood of a Robotics Program
3. Keys to Excellence in Execution
4. Importance of Follow-Through

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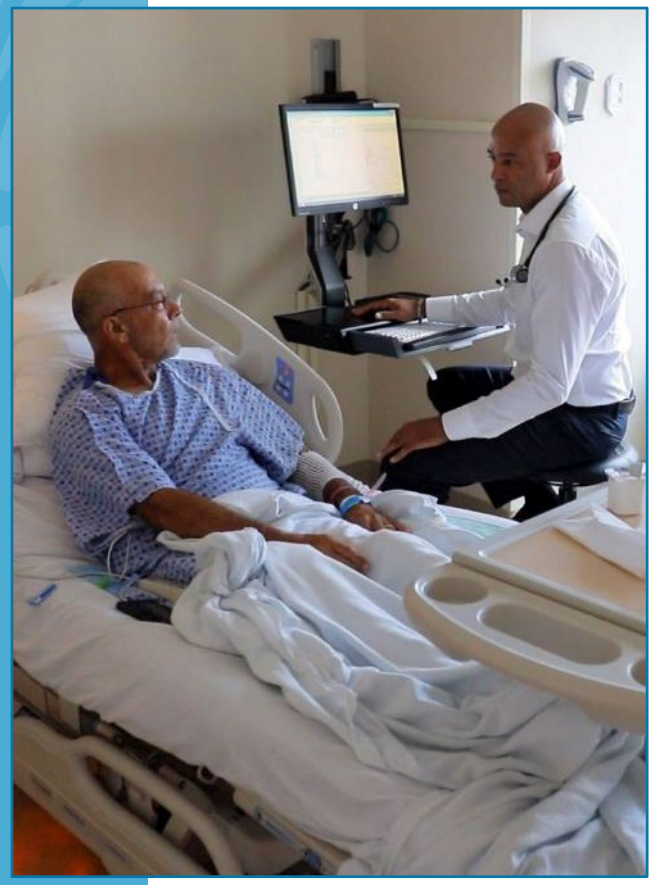
About Lee Health



- Founded in 1916
- One of the largest public health systems in the U.S.
- $1.1 billion in capital assets
- $1.75 billion net patient service revenue
- Safety-net hospital with no tax support
- More than 1.5 million patient contacts each year
- More than $209 million in community benefit (2020)
- Medical staff includes 2,200 practitioners

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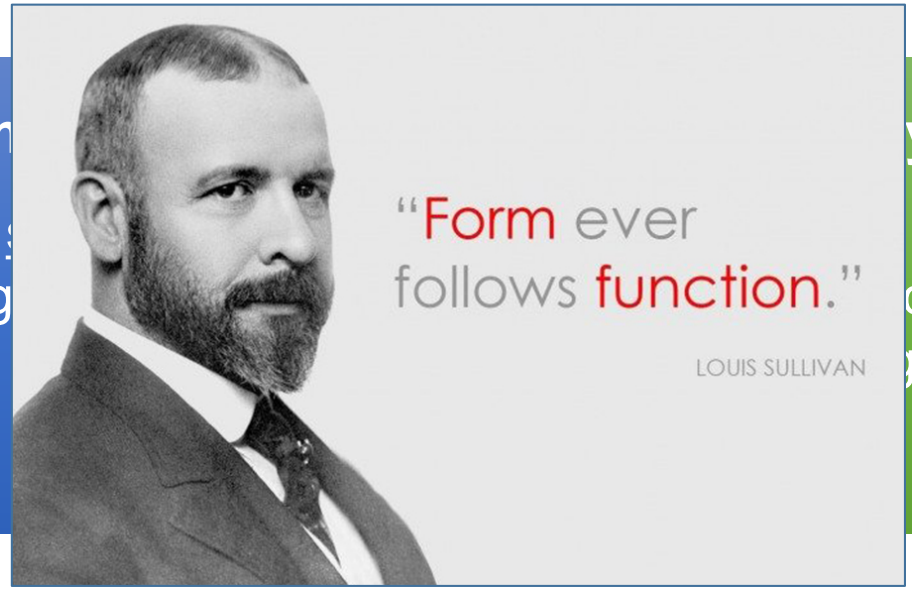
Anatomy & Physiology of a Robotics Program

Anatom

The science of the s
forms of living



ysiology

of dealing with the
d vital processes of
g organisms

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Designing the Physiology (Function)

Crafting the (shared) vision	Defining (qualitatively) the value proposition	Aligning to strategy
• Inclusive of key stakeholders • What do you want to become TOGETHER • Keep it simple	• What is all the good we could do?	• Of all the good we can do, which good things advance our strategic priorities the most?

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Physiology – finalizing the why

Grow Surgical Volume

Surgical Site Infections

Conversion to open

Coordinate Care

- Lower LOS
- Decreased Readmissions

Preferred Destination for Payers **through accreditation**

450 additional cases (net new + conversion from open)

SSI better than or equal to MIS Monitor conversion to open

LOS better than or equal to MIS

Accreditation & Data to payers

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Assembling the Anatomy

Musculoskeletal System:

Governance
&
Operations

Central Nervous System:

Leadership

Circulatory System:

Data – the lifeblood of a robotics program

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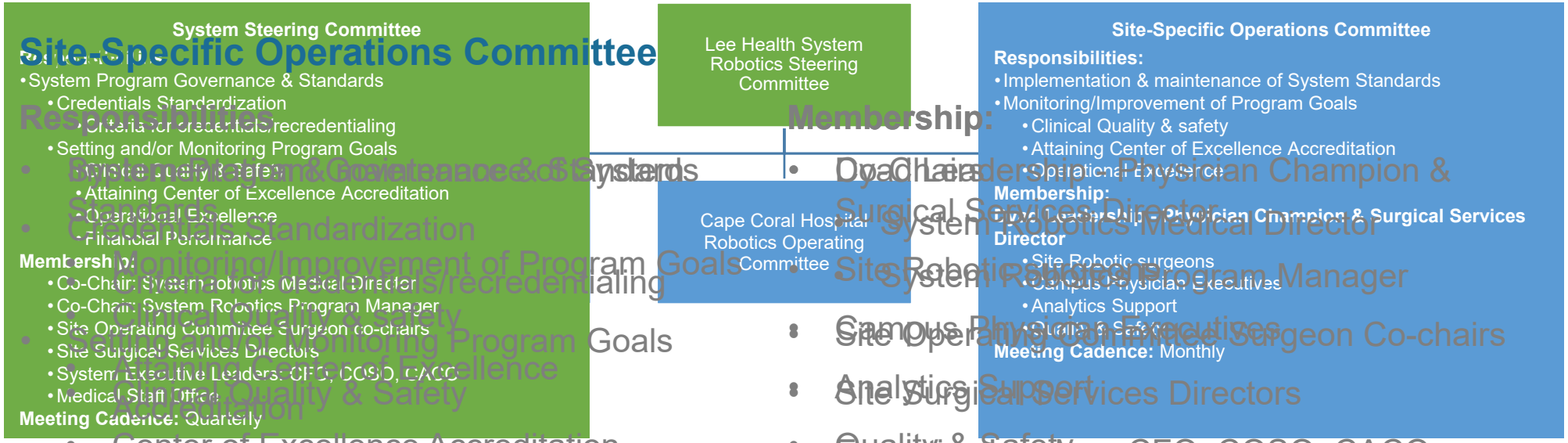
Assembling the Anatomy – Musculoskeletal System

Lee Health System Robotics Governance Structure



Site-Specific Operations Committee

Responsibilities:

- Implementation & maintenance of System Standards
- Monitoring/Improvement of Program Goals
  - Clinical Quality & safety
  - Attaining Center of Excellence Accreditation
  - Operational Excellence

Membership:

- Co-Chairs: Physician Champion & Surgical Services Director
- Site Robotic surgeons
- Campus Physician Executives
- Analytics Support
- Quality & Safety
- Executive Leaders: CFO, COSO, CACO
- Medical Staff Office

Meeting Cadence: Monthly

Meeting Cadence: Quarterly

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Assembling the Anatomy – Central Nervous System

Leadership Team

Dr. Fia Yi, MD
System Robotics Medical Director

Juan Ibarra
MS Healthcare Informatics
System Robotics Program Manager

Jonathan Velez, MD
Executive Sponsor System Robotics

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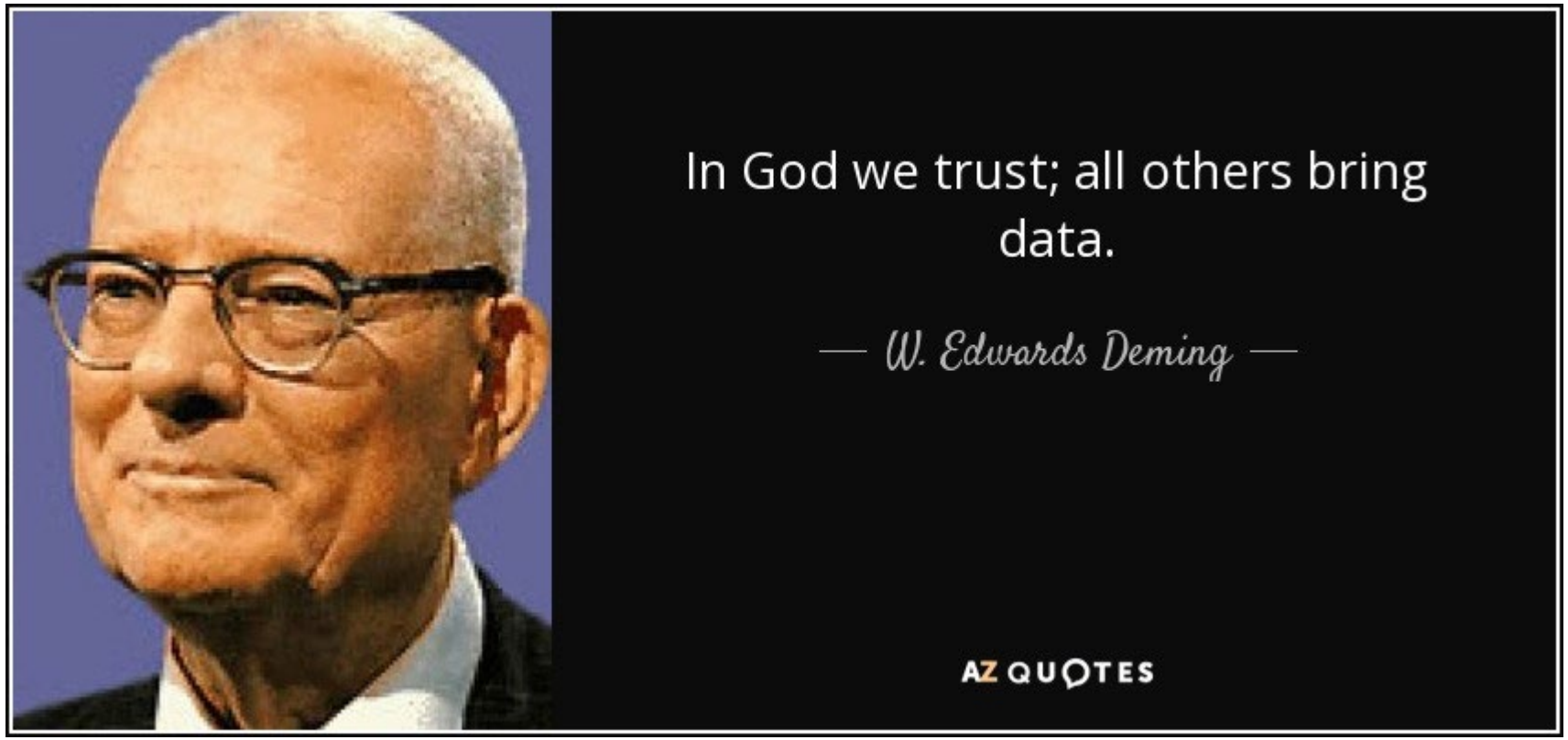
Circulatory system: Data - the Life Blood of a Robotics Program



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Key Performance Indicators

Identify your Key Performance Indicators

(NOTE: KPIs will vary among organizations!)

- Patient Experience
- Length of Stay
- Surgical Site Infections
- Conversion to Open
- Volume of procedures
  - By specialty, surgeon, procedure type, etc.
- Readmission Rate
- Contribution Margin
  - For the whole encounter, not for the surgical case

Get them on a dashboard that can be made available to stakeholders

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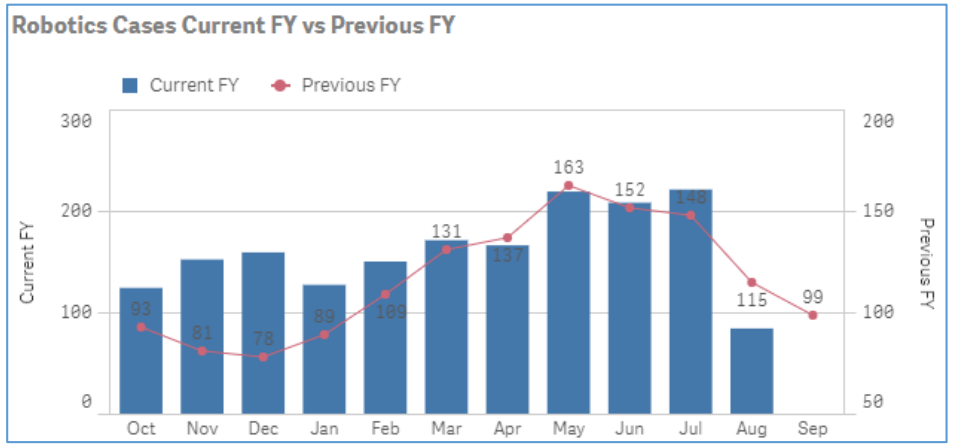
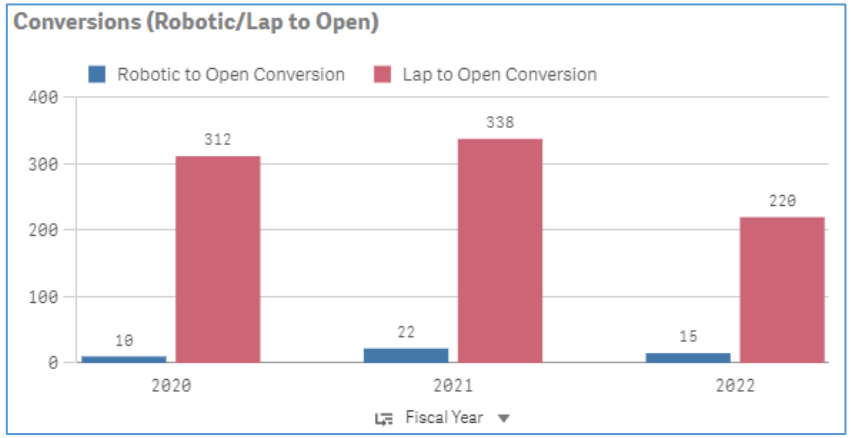
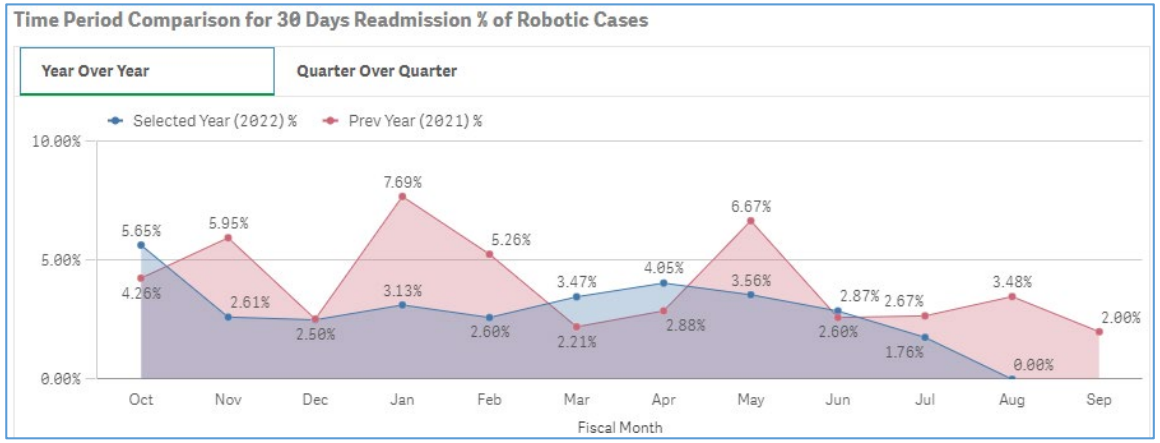
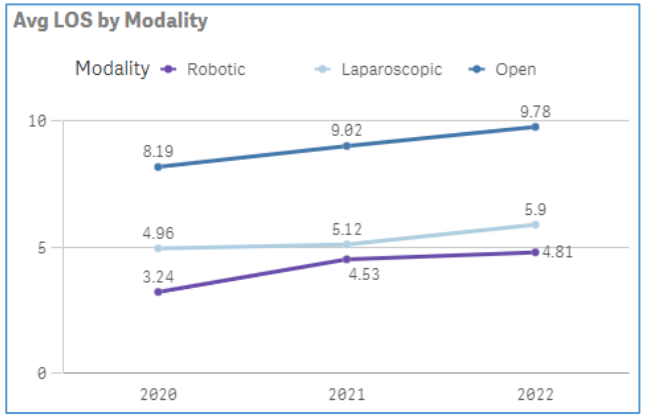
Key Performance Indicators









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Importance of Follow-Through…

At the appropriate time get back in front of senior leadership to

Remind:
what we said we would accomplish

Demonstrate:
what we actually accomplished

Describe:
the barriers & learnings as well as the opportunities ahead to make even more impact

Ask (optional):
for resources for your "sequel"

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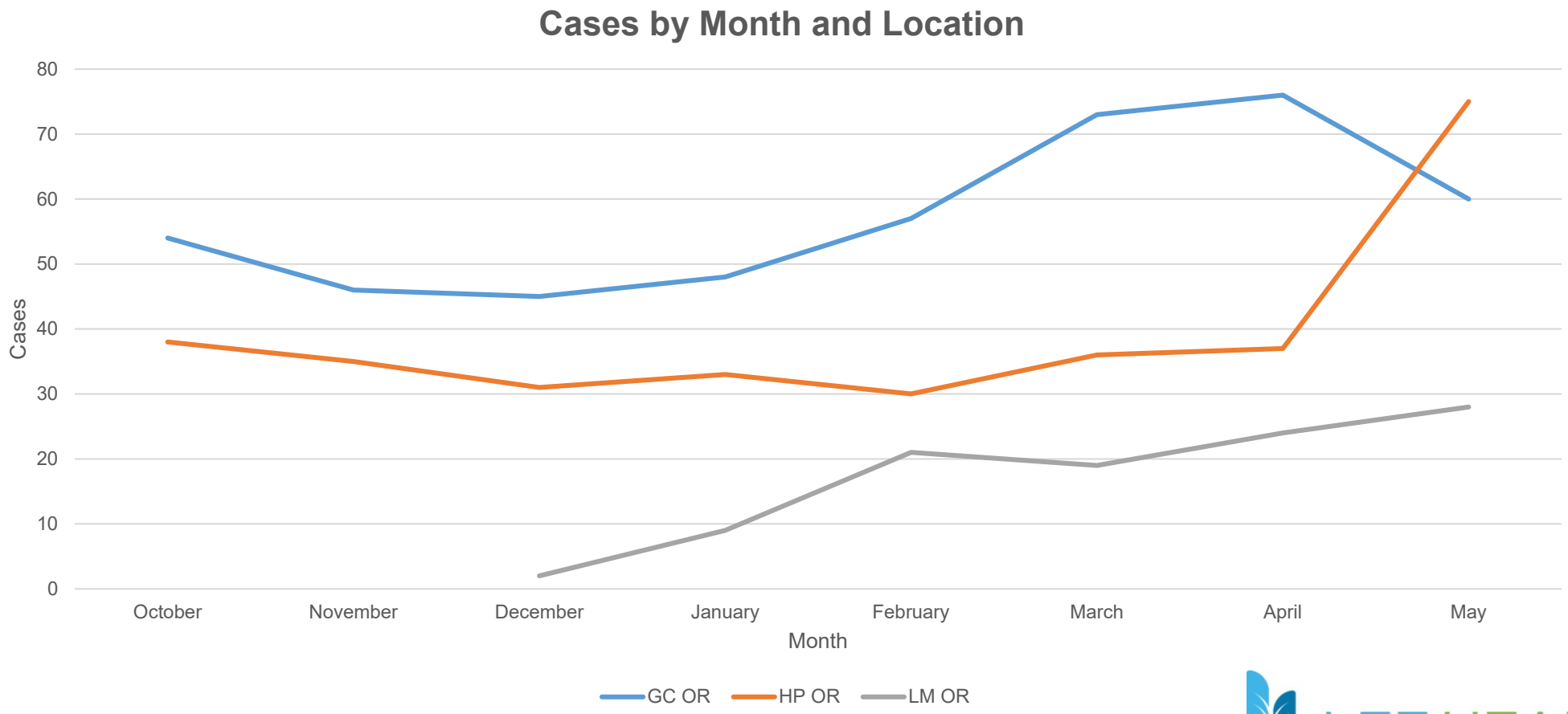
Grow Surgical Volume

Volume Growth

Campus	% Growth*
GCMC	57%
HPMC	64%
LMH	3250%
Total	86%



*Utilized a 3-month average pre and post launch of new robots to calculate % change

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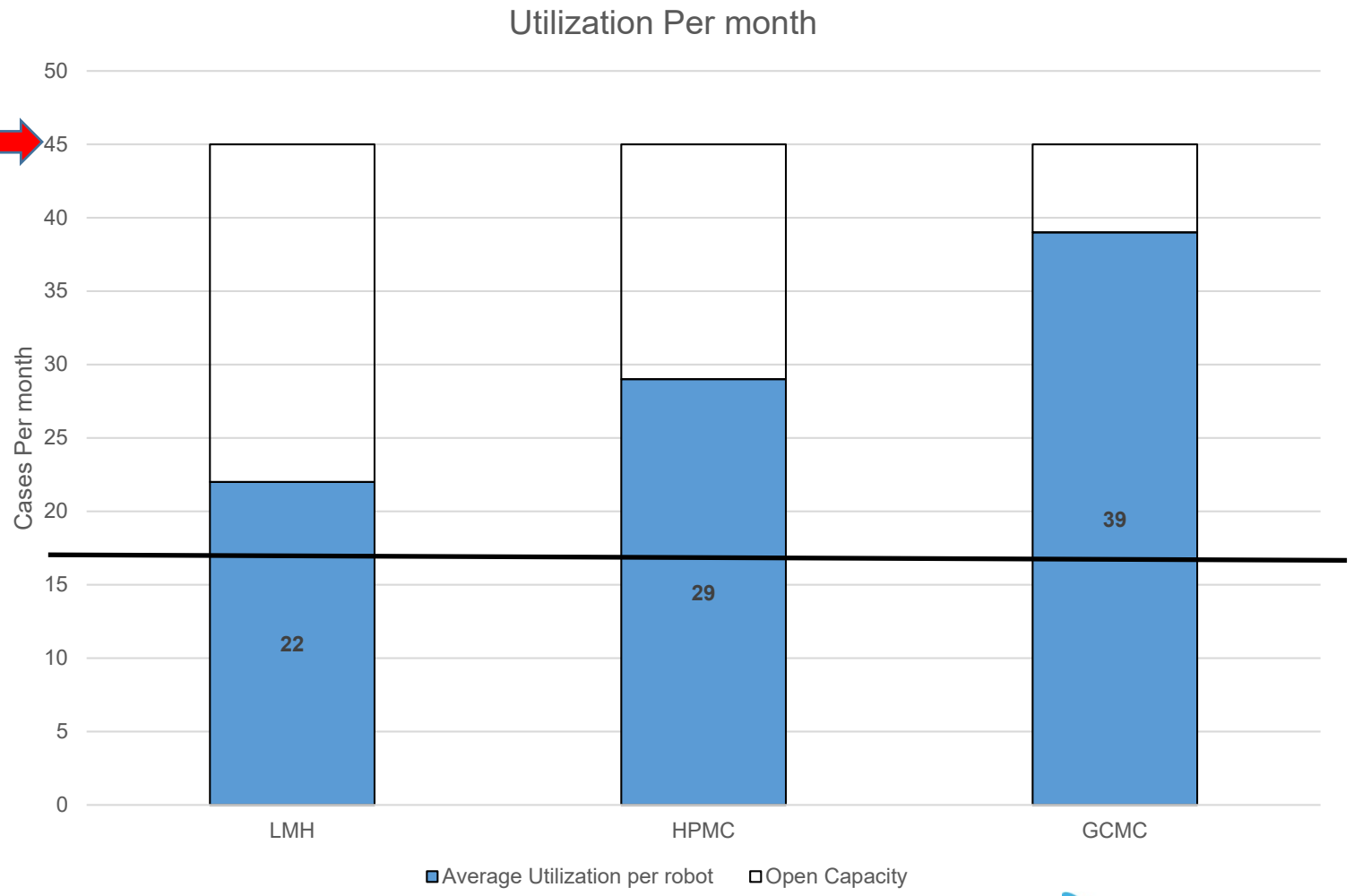
Grow Surgical Volume

Robot Utilization

Max Robot Utilization



Goal: Year 1 Target

The target will grow to 25 cases per month in year 2 and 30 in years 3-7

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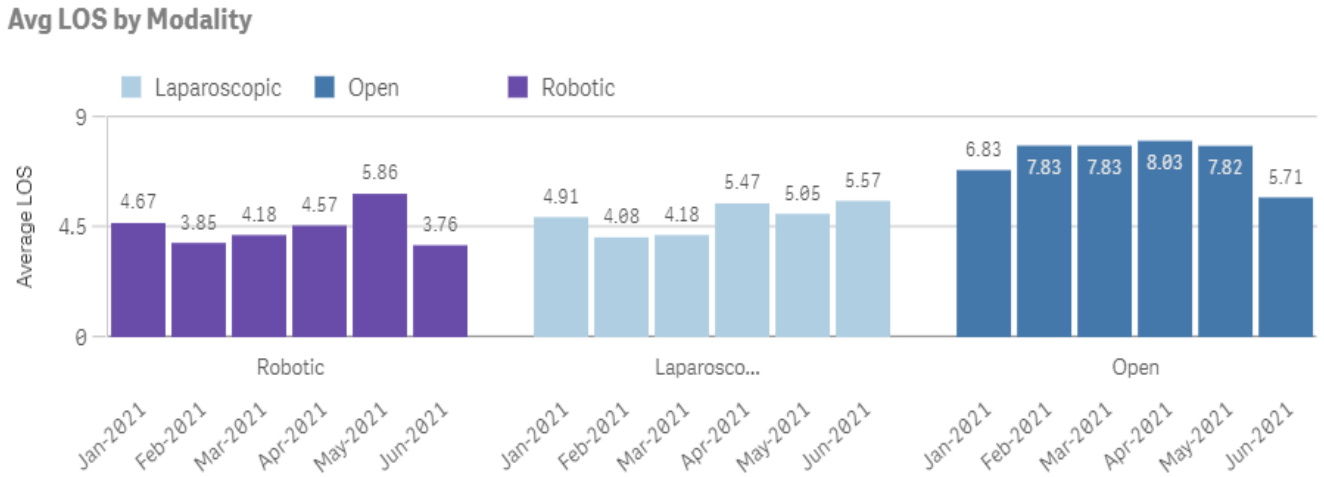
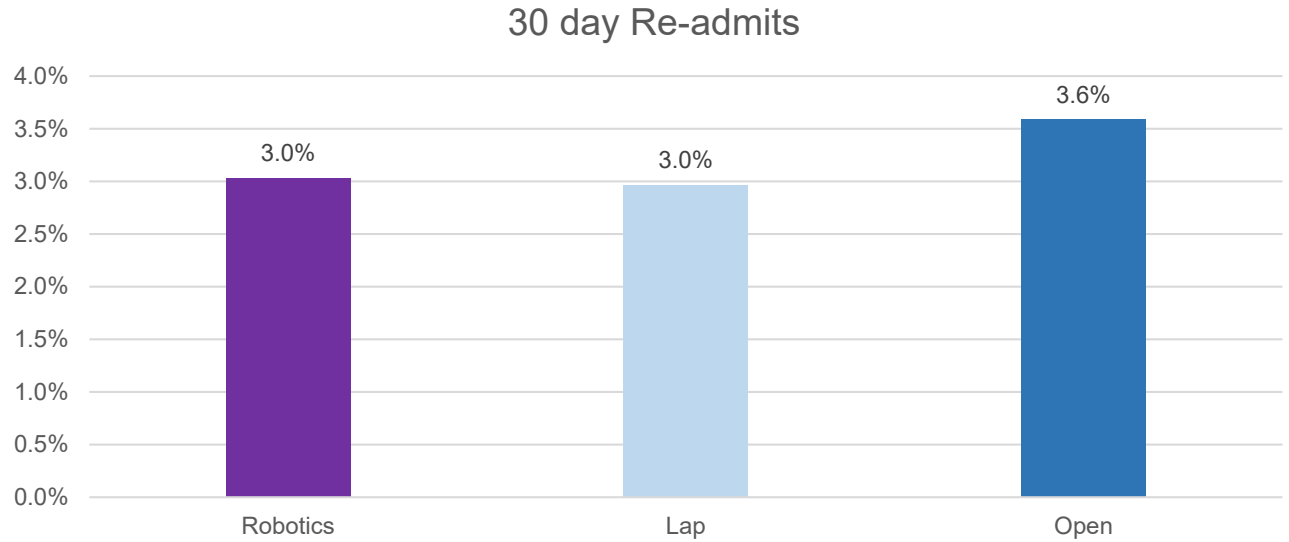
Quality Metrics

Developing Working relationship between Med Staff quality and System Robotics Committee

Provide High Quality Care:
- Lower LOS
- Reduction Pain
- Decreased Readmissions





Other Quality Metrics

- SSIs
- OR Time
- Procedure time
- Robotics Conversions
- Mortality

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Following up

Grow Surgical Volume

Surgical Site Infections

Conversion to open

Coordinate Care

- Lower LOS
- Decreased Readmissions

Preferred Destination for Payers **through accreditation**

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Key Learnings

- Align your robotic program's mission and vision with the overall strategy of your health system
- Get the right stakeholders on the bus at the right time – the dyad should evolve to a triad
- Ensure that all impacted departments are apart of your plan
- Make real time data a part of your program to consistently measure the value and impact
- Be OK knowing there is no true finish line

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Thank You

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When considering cost-effectiveness of an advanced technology like Intuitive products, we recommend that hospitals perform a full cost-benefit analysis, considering not just the operating room costs but the costs associated with hospital stays, procedure-related complications and hospital re-admissions.

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The safety and effectiveness of this device for use in the performance of general laparoscopic surgery procedures have not been established. This device is only intended to be used for single port urological procedures and for transoral otolaryngology surgical procedures in the oropharynx for benign tumors and malignant tumors classified as T1 and T2 with the da Vinci EndoWrist SP Instruments and the da Vinci SP surgical system (SP1098).

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Risks specific to minimally invasive surgery, including da Vinci Surgery, include but are not limited to, one or more of the following: temporary pain/nerve injury associated with positioning; a longer operative time, the need to convert to an open approach, or the need for additional or larger incision sites. Converting the procedure could result in a longer operative time, a longer time under anesthesia, and could lead to increased complications. Contraindications applicable to the use of conventional endoscopic instruments also apply to the use of all da Vinci instruments.

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Individual outcomes may depend on a number of factors, including but not limited to patient characteristics, disease characteristics and/or surgeon experience.

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Risks associated with bronchoscopy through an endotracheal tube and under general anesthesia are infrequent and typically minor, and may include but are not limited to: sore throat, hoarseness, respiratory complications including dyspnea or hypoxemia, airway injury, bronchospasm, laryngospasm, fever, hemoptysis, chest or lung infection including pneumonia, lung abscess or an adverse reaction to anesthesia. Although rare, the following complications may also occur: bleeding, pneumothorax (collapsed lung), cardiac related complications, respiratory failure, air embolism, or death. As with other medical procedures, there may be additional risks associated with the use of general anesthesia and/or endotracheal intubation which are not listed above; you should consult a health care professional regarding these and other potential risks.

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