



From ESL Student to Faculty: What I Learned and How it's Impacting our Program

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The Journey

- Joined Sharp in 2015
- Trained 2013 but committed in 2017
- Formation of ERP within our institution
- 2017 Landscape
 - Xi (1) and Si (1), no outpatient system
 - Limited access to dedicated block time/after hours
 - Zero alignment with administration
 - Minimal participation within steering committee

State of our program back in 2017

When I Committed

Metric	Phase 1	Phase 2	Phase 3	World Class
C-Suite Engagement	None	Partial	Active	Champion
Program Structure	No Formal Structure	Quarterly Steering Committee	Special Task Force	Collaborating with Intuitive
Technology Innovation	3 rd Generation Technology	4 th Generation Standardization	4 th Generation with Advanced Technology Utilization	4 th Generation Technology with Digital Integration
Service Line	25% Addressable Procedures	25-50% Addressable Procedures	50-75% Addressable Procedures	75-100% Addressable Procedures
Access	Urology and / or Gynecology	General Surgery Utilization	Multiple Specialties with Expanded Access	Multiple Specialties with Unfettered Access
Productivity	25 th Percentile in Peer Group	50 th Percentile in Peer Group	75 th Percentile in Peer Group	90 th Percentile in Peer Group
Data Insights	No Formal Data Review	Data Review Limited to Customer Portal and / or Procedure Volume	Formal Review and Access to Robotic Data & Benchmarks	Collaborating w Intuitive to Share Data for Strategic Decision Making



Administration Road-Block

- Out of touch CMO
- Vendor versus partner mentality
- Institutional culture bias
- Disbandment of steering committee across competing groups

The Tides of Change





OLD vs NEW



Chris Walker, COO

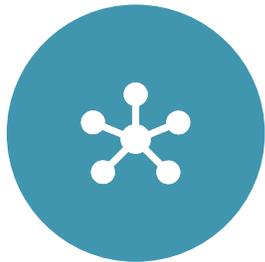
Why ESL Made Sense for Me



Opportunity to formally partner with an administrative leader



Demonstrate commitment to program building

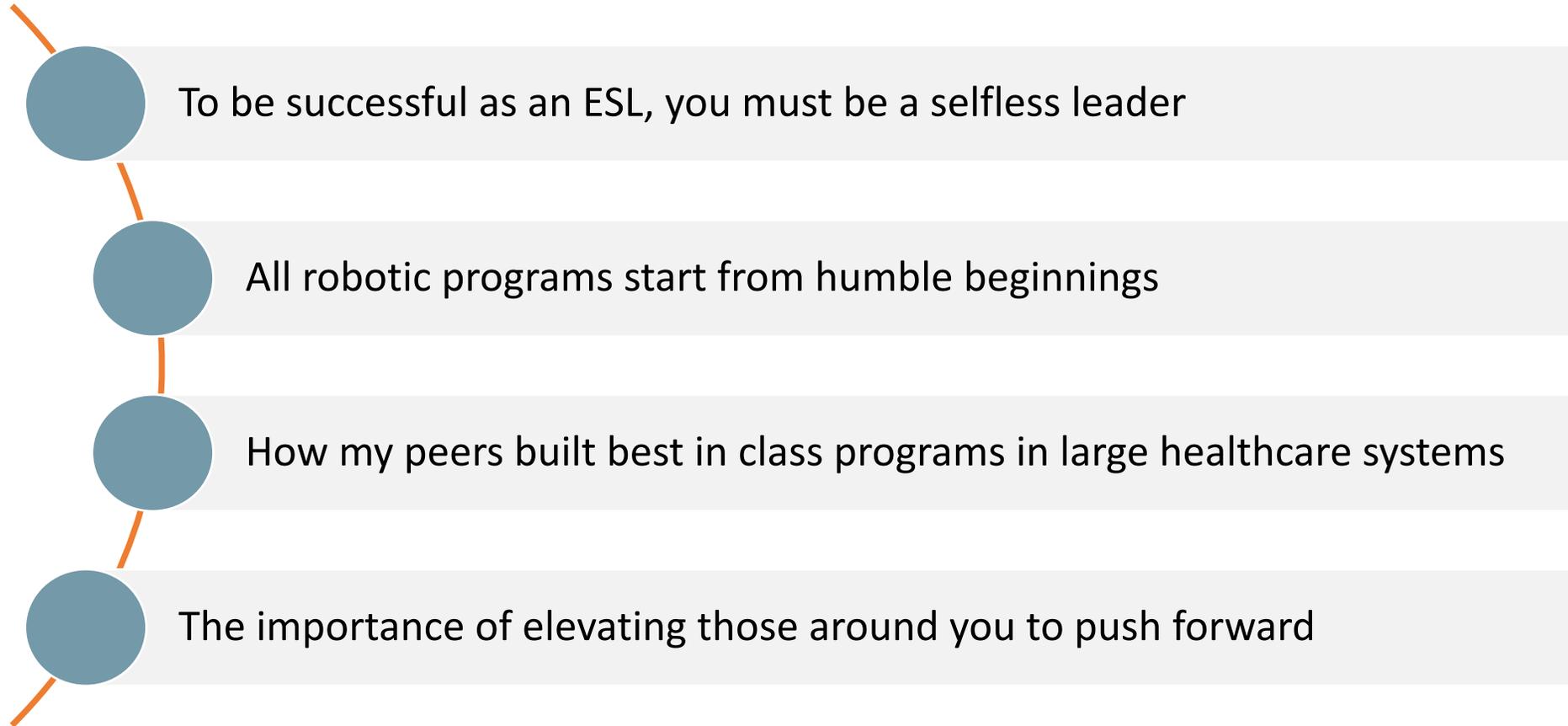


Learning how to create a platform for system wide influence



Join a community of like-minded surgeons to learn from their experiences

What I Learned Through My Journey

- 
- To be successful as an ESL, you must be a selfless leader
 - All robotic programs start from humble beginnings
 - How my peers built best in class programs in large healthcare systems
 - The importance of elevating those around you to push forward

Aligning on a Strategic Vision

Next Steps

Building Trust

- Cultural change from an old leader to a new leader
- Gaining trust between all “3 pillars”

Aligning on Programmatic Goals

- Establishing the need for open access to the technology
- Training all staff for after hours access – no different than lap.
- Using data to drive strategy

Partnering with Intuitive

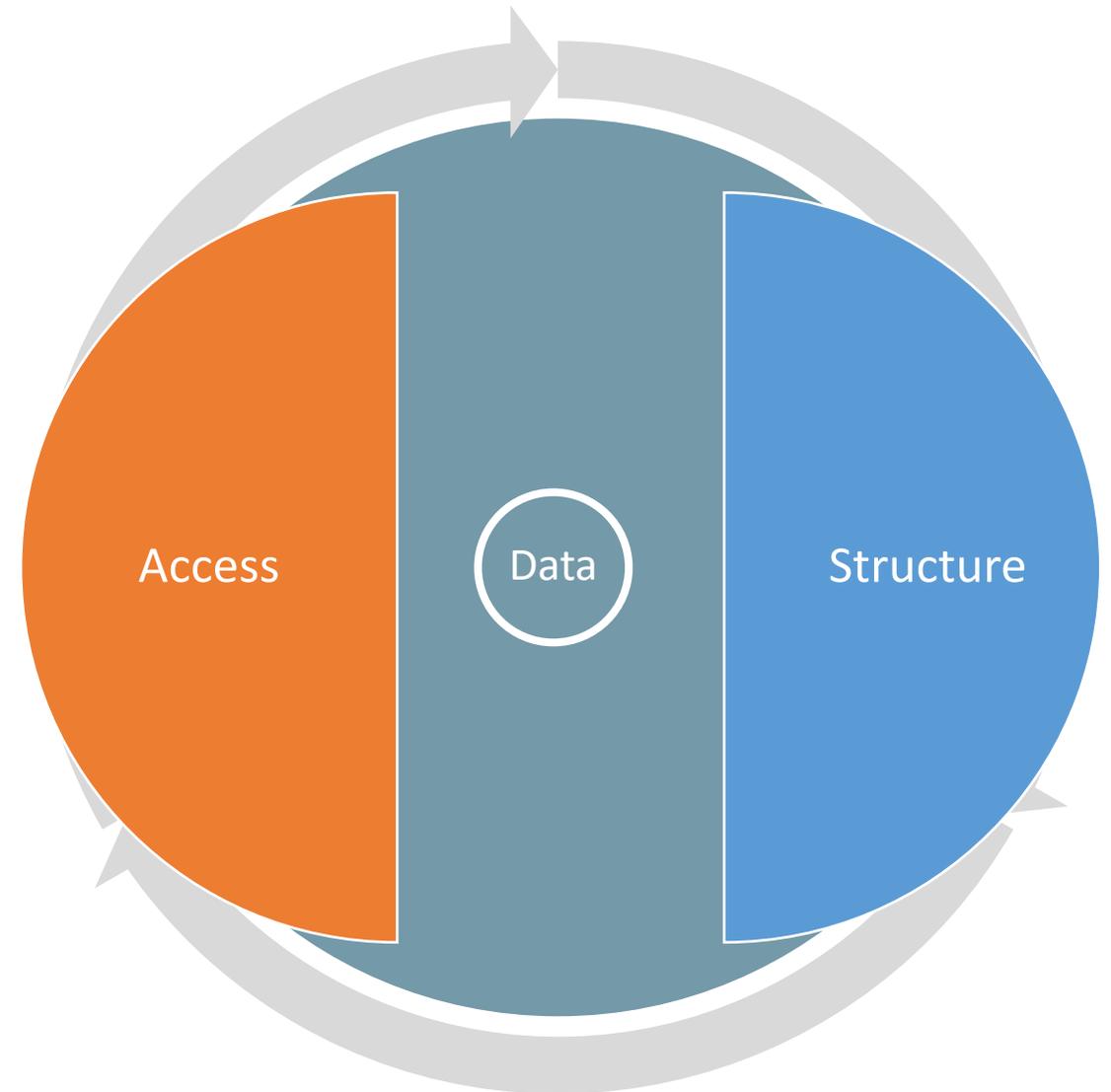
- From a vendor relationship to a trusted partner
- Applying the right ecosystem resources at the right time

“IF YOU BUILD IT, THEY WILL COME”



Prioritizing our needs at the time

Driving evidence-based, strategic change-management with team and executive alignment



Access – proven value, so what was holding us back?

Technology Acquisition Considerations

Quality	<ul style="list-style-type: none">• Open Surgery LOS• SSIs
Volume	<ul style="list-style-type: none">• Health System, IDN• 24/7 access to the technology
Beds	<ul style="list-style-type: none">• ICU Capacity• Throughput Constraints
Site of Care	<ul style="list-style-type: none">• Decant Main OR – OPP Strategy• Inpatient Complexity
Capital	<ul style="list-style-type: none">• Budget• Balance Sheet



Sharp Metropolitan Medical Campus

da Vinci footprint prior to flexible acquisition model



da Vinci Fleet – Sharp Memorial



da Vinci Fleet – Mary Birch



Sharp Metropolitan Medical Campus

Current state technology footprint



da Vinci Fleet – Sharp Memorial



da Vinci Fleet – Mary Birch



da Vinci Fleet – OPP



Next Steps - After Hours Care (Emergent)

Access Anytime, Anywhere

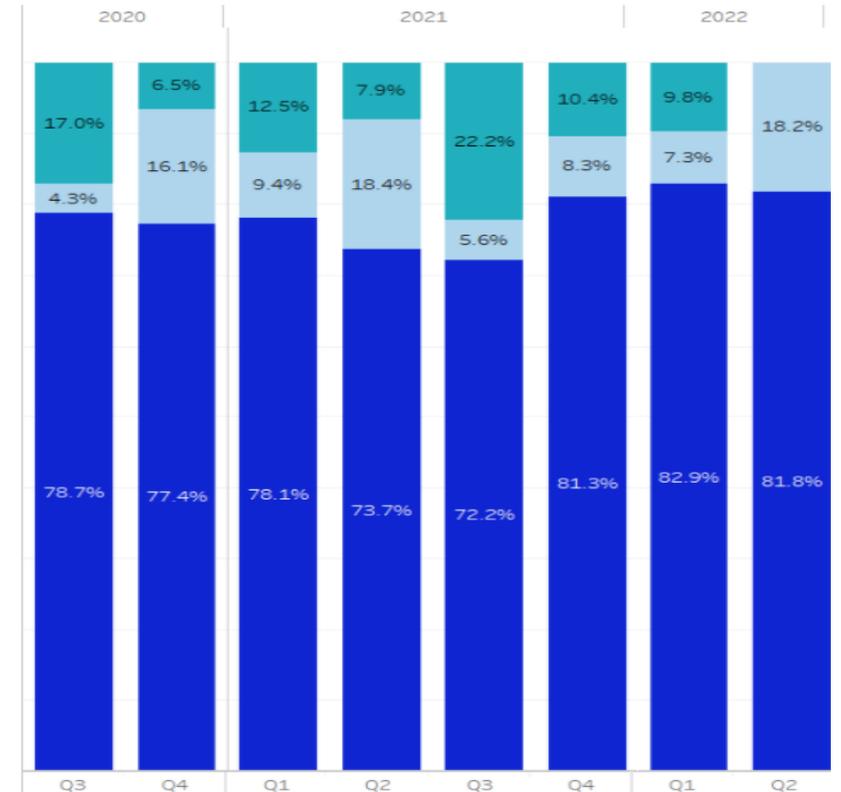
After Hours Procedures Per Quarter	2021				2022		Grand Total
	Q1	Q2	Q3	Q4	Q1	Q2	
Sharp Memorial Hospital	68	89	122	91	99	16	485

Dr. Pamela Lee
After Hours % Usage

Surgeon Robotic Block Time (Current and Previous
Quarter)

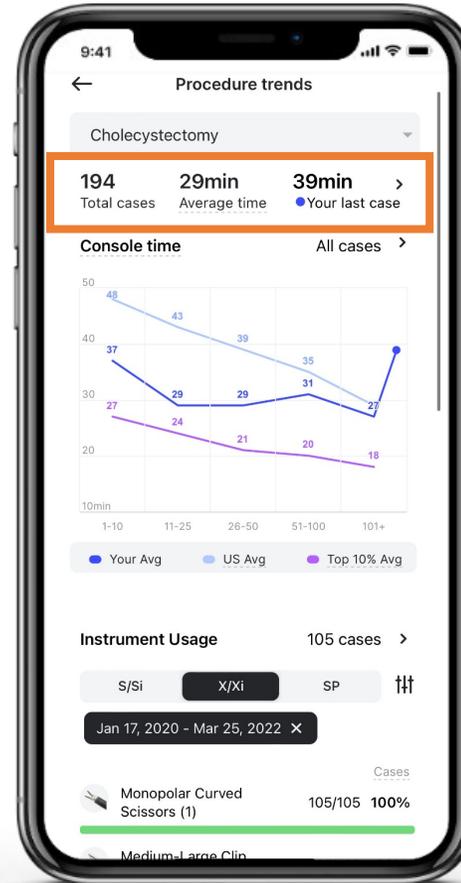
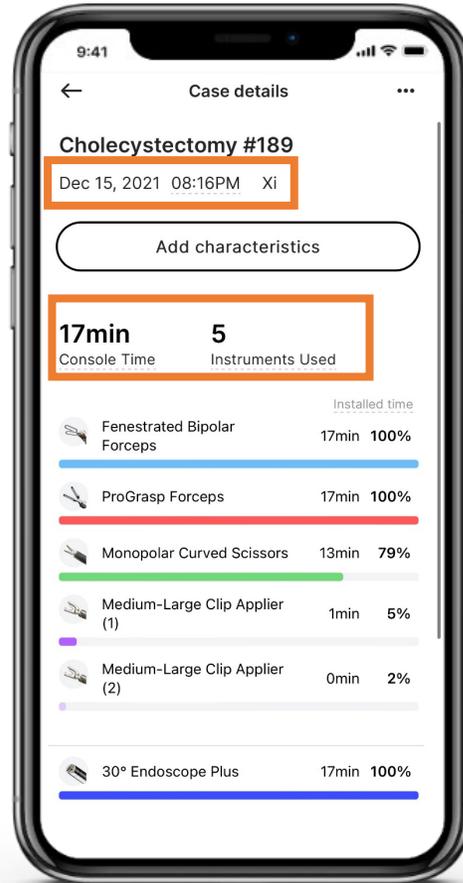
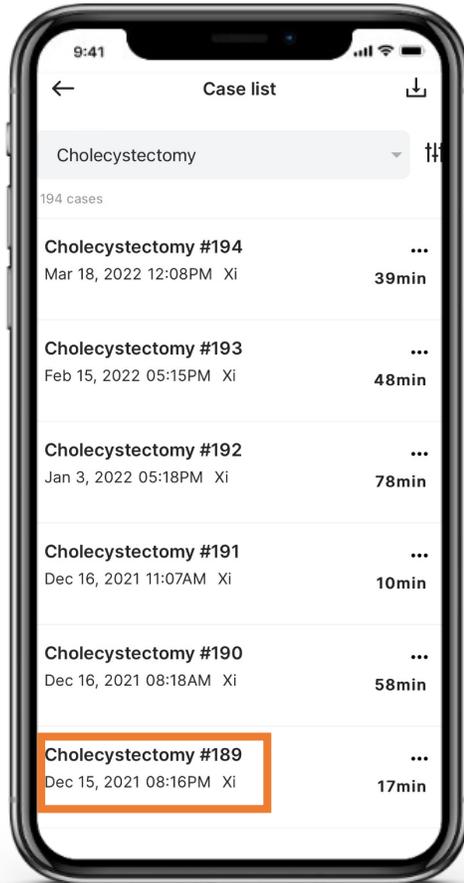
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning Block		14%	2%	18%	4%		•
Afternoon Block		18%	6%	12%	4%	6%	
After Hours		2%	4%		2%		
Weekend	2%						6%
Grand Total	2%	34%	12%	30%	10%	6%	6%

After Hours and weekend by Year



Time Buckets
■ Weekend
■ After Hours
■ Business Hours

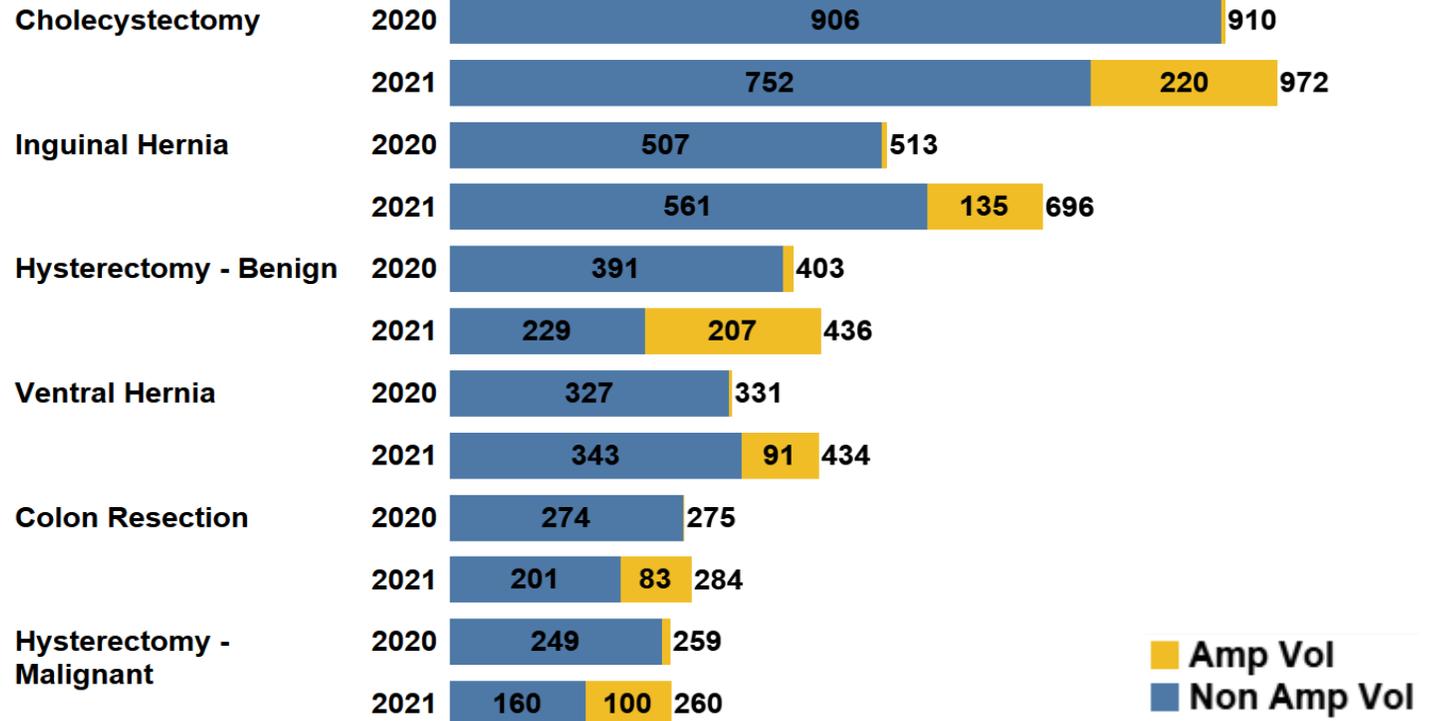
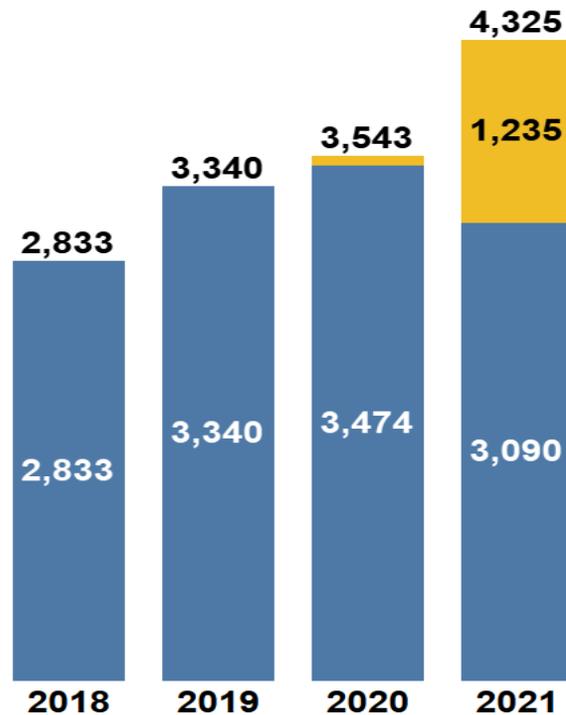
After Hours and Emergent Procedures



After Hours
Doesn't Mean it
Costs More or
Takes Longer

Sharp Robotic Volumes

Creating the right access led to our ability to conduct more MIS



Focus on a Shared Vision | Align on a Common Goal

The Importance of Governance and Structure



Focus on the Shared Vision

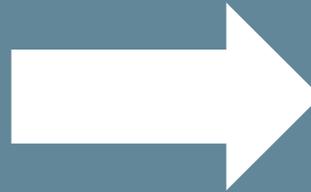
Value and the Total Cost of Care

Total Cost

Reflects more than just the cost in the OR

- Instrument & accessory costs
- Capital costs
- Service cost
- OR time

Most importantly



Post-Procedure Costs

- Length of stay
- Readmissions
- Conversions to open surgery
- Complications
- Post op images and medication
- Surgical site infections (SSI)

Sharp Programmatic Structure Change

Driven by ESL and Administrator Alignment

Steering Committee Reestablished

- Specialty leads selected
- Subgroup meeting 2x/year

Operational Efficiency Standards

- Implementing Genesis recommendations
- Instrument standardization initiatives
- Decreasing TOT
- OR set up functionality

System-wide Executive Committee

- Implementing large format changes for entire health system
- Creating overall ethos with common goals for outcomes

Expanded Service Lines

- Leveraging data to identify opportunities
- Continuing to grow robotics within surgeon's individual practices

Partnering with Intuitive

- Data collection measures including CHA – looking at how to improve outcomes
- Ecosystem resource utilization – surgeon and staff training, genesis, education

Programmatic Structure

Maximizing Committee Time

Robotic Steering Committee

- All robotic specialties, operational team, admin/exec sponsor
- Meets quarterly
- High-level programmatic review and goal setting

Specialty Sub-committees

- Broken down by specialty
- Meetings 2x/year
- Align on specific goals per specialty
- Dive into Dashboards

Task Force

- Group of 4-5 key decision makers with influence – all 3 pillars
- Review program strategy and assign goals to specific DRI
- Create leaders within steering meetings to achieve goals (marketing, data, center of excellence)

Where We Are Now - 2022

Program Assessment via the Maturity Model Tool

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Key Takeaways

ASSESS YOUR PROGRAM

- DO YOU HAVE PARTICIPATION FROM ALL 3 PILLARS?
- DO YOU KNOW WHAT MATTERS MOST TO EACH STAKEHOLDER?
- WHERE DO YOU WANT TO GET BETTER?

DEFINE YOUR VISION

- ALIGN AROUND YOUR VISION
- CREATE STRUCTURE TO ACCOMPLISH GOALS – COMMUNICATION AND MEETINGS
- CREATE THE COMMUNITY – “IT’S NOT JUST YOU”

ALIGN WITH YOUR EXECUTIVE SPONSOR

- IDENTIFY AND ALIGN WITH A STRATEGIC EXECUTIVE SPONSOR
- RELATE THE “WHY” AND SHARE YOUR VISION FOR A ROBOTIC SERVICE LINE

ASSEMBLE YOUR PROGRAM

- IDENTIFY RESPONSIBLE TEAM MEMBERS AND KEY STAKEHOLDERS
- CONSISTENCY AND REVIEW OF GOALS
- PRODUCTIVE STEERING COMMITTEE(S)

Why We Do What We Do.....

“My journey to become a robotic surgeon hit some speed bumps along the way but by getting out of my comfort zone and fully plunging myself into the technology, I ended up reaping benefits for myself, my program and most importantly my patients that were far beyond what I ever could have imagined.”

Thank you!



IMPORTANT INFORMATION

Financial Disclosure

This material has been developed with, reviewed and approved by an independent surgeon(s) who is not an Intuitive employee. This independent surgeon(s) has received compensation from Intuitive for consulting and/or educational services.

Limitations of Marketing Guidance

The implementation of a da Vinci Surgery program is practice and hospital specific. Results may vary. Past customer experience does not imply any guarantee of results in practice or program success.

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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Da Vinci Systems

Depending on an individual hospital's decision for using da Vinci® products, some presented information may refer to unapproved uses (procedures) for the da Vinci systems. For a list of current On Label procedures, refer to the respective da Vinci System User Manual(s).

Da Vinci Xi/X System

The demonstration of safety and effectiveness for the specific procedure(s) discussed in this material was based on evaluation of the device as a surgical tool and did not include evaluation of outcomes related to the treatment of cancer (overall survival, disease-free survival, local recurrence) or treatment of the patient's underlying disease/condition. Device usage in all surgical procedures should be guided by the clinical judgment of an adequately trained surgeon.

Da Vinci SP System (TORS and URO)

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).

Da Vinci Instrument & Accessory Care

It is the responsibility of the owner of the da Vinci surgical system to properly train and supervise its personnel to ensure that the instruments and accessories are properly cleaned, disinfected and sterilized as required by the User's Manual. The da Vinci products should not be used in a clinical setting unless the institution has verified that these products are properly processed in accordance with the da Vinci System User's Manual.

Important Safety Information

Serious complications may occur in any surgery, including da Vinci Surgery, up to and including death. Examples of serious or life-threatening complications, which may require prolonged and/or unexpected hospitalization and/or reoperation, include but are not limited to, one or more of the following: injury to tissues/organs, bleeding, infection and internal scarring that can cause long-lasting dysfunction/pain.

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.

For Important Safety Information, indications for use, risks, full cautions and warnings, please also refer to www.intuitive.com/safety.

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

Information Disclosure

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Ion System

Ion is for sale in the US.

Outside of the US, Ion is not CE Marked and not for human use. Ion cannot be placed on the market or put into service. Ion may not have regulatory approvals in all markets. Please check with your local Intuitive representative.

Important Safety Information

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.

Procedures using the Ion Endoluminal System may be associated with longer procedure and/or longer anesthesia time.

Information Disclosure

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