



Trilliant Health

INTELLIGENT PATIENT ACQUISITION™

The background is a blue-tinted photograph of a surgical team in an operating room. A red ECG line is overlaid across the center of the image, with a prominent peak in the middle. The surgical team is focused on a patient lying on the table.

(re)Starting a Surgical Service Line

Trilliant believes that strong hospitals and healthcare providers are the lifeblood of vibrant communities. We are committed to making providers stronger through intelligent patient acquisition.

As soon as the CDC retracts its March 15, 2020 guidance to cancel elective surgeries, it will be essential for health systems and physicians to be *prepared* for a deluge of surgical cases, even if the return to full capacity is more measured. To be fully prepared for the inevitable spike in demand for elective surgeries, we recommend these best practices.

1 (re)Starting Elective Surgical Lines

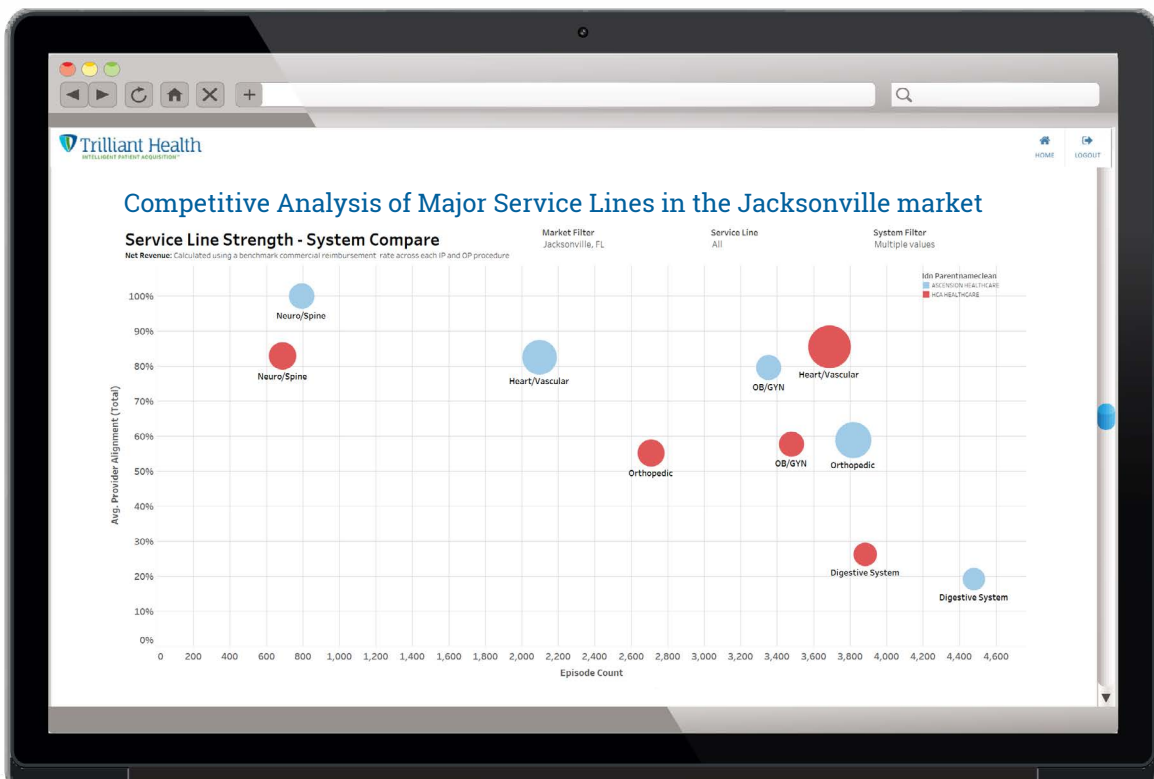
Elective surgeries and procedures are the lifeblood of the U.S. healthcare system. Even so, operating rooms are the most complex, heavily utilized and expensive part of healthcare infrastructure. Optimizing **each and every** customer interaction is more critical than ever. Transforming your organization from “encounter-focused” to “customer-focused” will improve care coordination, increase patient experience scores, and ultimately provide a competitive advantage. (re)Starting an operating room involves analyzing your service lines, courting the right physicians, proactive scheduling, and operational rigor.



2 Service Line Analysis

Determining when to (re)start surgical service lines should be a data-driven decision that answers essential questions: What is our market share? What is our physician alignment? What is our net patient service revenue and cost per procedure? How does our payer mix vary by surgeon or procedure? What is the average length of stay for each procedure? The result should be a list of procedures that create the most value for your system.

In the past, almost every health system has emphasized the “Big 5” service lines: orthopedics, cardiac, OB, digestive, and cancer. In reality, most health systems should focus on two or three service lines. We recommend that you perform an in-depth market analysis for your major service lines to understand demand by payer, consumer migration patterns, physician alignment, and an estimate of “pent-up demand.” With a data-driven analysis of service line opportunities, you can ensure that your health system designs an “optimal” operating room schedule that includes physicians and types of surgeries.



Interested in seeing this analysis for your market?
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3 Physician Communication

The operating room (OR) is the only place in the hospital where the patient is not the customer. In the OR, the health system's staff, procedures and policies should be focused on catering to the physician. In (re)starting an OR, it is important to prioritize physicians based on your optimal schedule, the physicians' patient pipelines, and acuity. Understanding your system's service line strength will deliver the insights to allow you to optimize your focus on key physicians and service lines. Here are a few "ice breakers" for effective physician communication:

- » Open regular lines of communication with independent and employed physicians and their practice managers. Provide updates on hospital operations, community COVID-19 information, and any near-term actions your system is taking. **Be transparent on your system's timeline and communication protocols for (re)opening.** Ask your medical staff if there are operational issues that you can address to improve their satisfaction.
- » Inquire about practice operations and any communication channels between the practice and their patients. How are they rescheduling procedures? Have they been in touch about at-home treatments to alleviate symptoms?
- » Provide your medical staff with information about patient migration patterns, consumer preference, and other data to help your physicians understand your specific service line focus. Utilize internal and external information around patient care coordination and service line trends to help quickly address pent up market demand.

4 Proactive Scheduling

OR block schedules are some of the most complex and politically delicate documents in all of healthcare. Whether you are opening a new OR or restarting services, two considerations are paramount: strategic development and effective communication. There are no hard and fast rules on how to optimize your schedule and keep your physicians happy; however, you should refer to your optimal schedule and mirror that as much as possible. In communicating the schedule, consider the expectations of all stakeholders: physicians, nurses, anesthesia providers, and environmental services. Setting expectations and holding the whole team accountable is imperative for patient care and operational performance.

5 Operational Rigor

Other than the physician's pen, nothing in healthcare is more expensive than an OR. Effectively managing ORs requires timely management of a multitude of ancillary functions and interdependent services. When (re)starting an OR, throughput and operational excellence are crucial.

PATIENT SCHEDULING

Whether you employ many of your surgeons or rely on a network of independent physicians, ease of scheduling is the front door to your hospital for surgeons. The scheduling function is the key communication channel between surgeon and hospital and initiates activities like supply ordering, insurance pre-authorization, and care information to the patient. When scheduling new cases, consider (limited) double-booking, as it is not clear whether all patients will show up as they may continue to fear infections. At the same time, re-evaluate what "max capacity" is for your system's ORs. With effective scheduling, most health systems should be able to expand capacity by 10-20% with minimal PRN or other contract labor.

As you consider whether to "double-book," we recommend deploying marketing automation to improve "show rates." Also consider personal phone calls to patients with the most acute or chronic conditions to address any concerns that they have post-COVID-19. In addition, be sure to implement pre-registration policies to confirm insurance coverage prior to the scheduled surgery.

PRE-ADMISSION TESTING

OR time is valuable, and pre-admission testing is your safeguard against lost time. Ensuring the patient is healthy and ready for surgery is the primary goal, but do not overlook the golden opportunity to learn more about your patient and make a lasting impression on them for your organization. Consider asking for important information from the patient, such as the name of their PCP, their preferred method of communication, and whether they have received care at your organization previously. These and other questions are important data points that you can use in the future to further engage these patients.

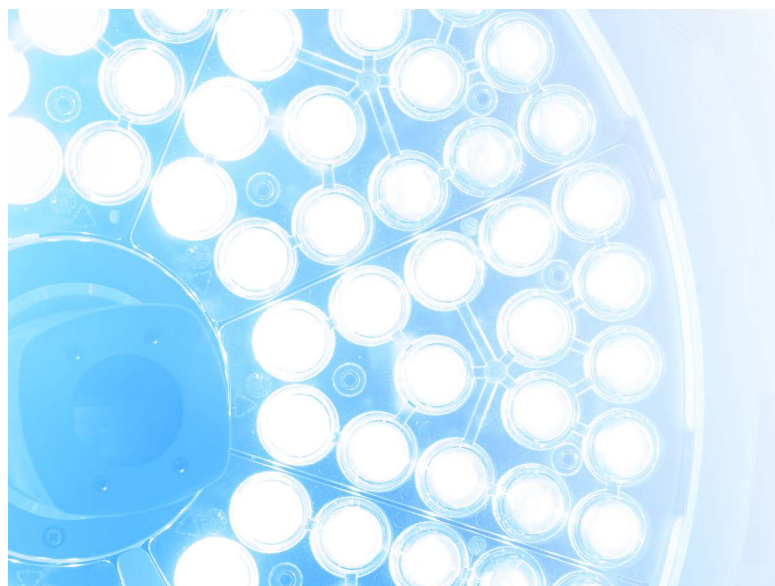
MATERIALS MANAGEMENT

It is unclear whether the CMS guidance on surgical intervention will be lifted nationally all at once or rolled out regionally overtime. Either way, the pent up demand could create a scarcity of the products you need. As you communicate with your surgeons and build out your schedule, it is important to stay in close contact with your suppliers. While supplies on consignment might have been sent back to vendors, it is important to ensure you have the right products to meet the needs of your surgeons and patients. If you're reliant on just in time inventory or previous ordering and fulfillment, lead times might prove to be risky.

OPERATING ROOM

Your customer in the OR is not the patient; it is the surgeon. Ensuring they have everything they need, from personnel to supplies, is a gating factor. The opportunity to (re)start an OR allows you to ensure little details like fresh paint, buffed floors, and fully operational equipment are in order.

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POST ACUTE CARE UNIT (PACU)

As you optimize and change your scheduling in the OR, it is important to consider the impact on your PACU. All of the efficiencies of block scheduling can be lost with inefficient management of the PACU, so take steps to schedule surgeries for optimal management of the PACU. Fill underutilized time with less complex procedures like endoscopies to reduce your marginal cost per patient and increase your marginal revenue for procedural patients. The PACU is also an area to practice good patient experience measures. Consider offering a “care package” or other symbols of appreciation to patients to thank them for their trust and business. As the competitive landscape shifts more towards patients and away from encounters, treat every patient encounter as an opportunity to delight a customer.

INPATIENT CARE

Similar to the PACU, treat the care that your patients receive on the floor as a demonstration of your organization’s espoused values. Be as considerate of your patient’s visitors as you can, such as providing updates via text message or offering extended visiting hours to family members. Be transparent with the patient’s care continuum by explaining what is next and when the patient can expect it to happen (physical therapy consults, labs, imaging, etc.). Practice leadership rounding on the surgical floors and have an open dialogue with each patient to solicit feedback and address their concerns. Focusing on patient experience will help you improve patient satisfaction and improve your organization’s metrics in quality reporting, such as CMS star ratings.

**If you want to learn more about the best ways to restart your growth,
Trilliant is here to help.**

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