

OR Management Committee

June 8, 2011

3 East, Executive Conference Room

Attendees: Dr. Holmes, E. Hvitfelt, Dr. Irving, Dr. Landauer, K. Loo, N. Mondella, C. Owens, R. Smith, A. Warshawsky,		
Excused: S. Mosser		
Agenda	Discussion	Outcome
OR Efficiency	<p>SYNTHESES – contract was held in legal due to disagreement on payment terms. Agreed on 60 days... We have been compliant for the last 5 months. Will SYNTHESIS give us credit? Dr. Irving - Since GPO was implemented how much have we saved? Ed will provide Dr. Irving with the numbers.</p> <p>MESH – As per Alan we have 146K worth of MESH. Bulk of surgeons are using LifeCell Need to standardize to 1 vendor. Local agreement with Atrium for synthetic mesh. Dr. Holmes requested a report with the following:</p> <ul style="list-style-type: none"> • Percentage of synthetic and biologic mesh used • Percentage of usage • Specialty specific • Financial data <p>MTF (Musculoskeletal Transplant Foundation), the nation's largest tissue bank, is partnering with Ethicon. Ed will try to work directly with MTF.</p> <p>Dr. Irving- If what we are getting paid is substantially less than what we save than we are never going to be in the positive. Why aren't we making money in out patient surgery?</p> <p>May cost per case 512 cases, Non labor \$550 lowest average we have ever had, in the past cost was \$1074.</p> <p>Mix is about the same inpatient is up from last year, spine and neuro is up from last year.</p> <p>Work w/Corina to create a report SDS surgery per case vs. in patient by surgeon or by type.</p> <p>YTD \$1500 applied to every case that comes through OR.</p> <p>An OR system would be able to capture Profit and Loss.</p> <p>Capture all charges in the 10 most common procedures, what are we being compensated?</p> <p>Dr. Irving asked for</p> <ul style="list-style-type: none"> • Cases • Total charges • \$'s compensated • Profit and loss statement by Service Lines • Which procedures most expensive/popular <p>Make comparison only for OR cost bills and payments. Come back next month with results from John Barker.</p>	<p>Alan will speak w/Joe Gainer from SYNTHESIS, if retro cannot be applied will try to work out a deal.</p> <p>Ed will provide within 1 week.</p> <p>Rita –ties in with Value Analysis, need a routine mechanism.</p> <p>Ed's report is actual cost, not using budget data, no accrual</p>

<p>OR Equipment</p>	<p>Assign:</p> <ol style="list-style-type: none"> 1. 10 Total knees w/request for charges and reimbursements (we bill for implants rolled into need to identify where \$'s) 2. Knee arthroscopy 3. Lumbar Epidural 4. Lapchole 5. D/C – Hysteroscopy 6. Endo Cervicals <p>Ask for:</p> <ol style="list-style-type: none"> 1. Charge bills 2. Reimbursement breakdown 3. Payor mix 4. Patient Account numbers <p>Cost verses reimbursement are we making money, what's going on in OR?</p> <p>Purchase the Kusa Printer laser point er for C-Arm GE 10K (Dr. Irving wants to see quote). Down 50K in spending. Pacers ICD 500 K by negotiated cost 300K in Ortho implants Knocked off HPG 4M in savings HPG March 2010 to March 2011 (4M savings) Lease expenses 103K in February</p>	<p>Dr. I will get patient name, DOS, MR#/Acct# Have Cathere pull the cases Ed will reach out to Catherine specify w/in time frame. Arrange a meeting with Paul Goldberg to explain strategy</p>
<p>OR Efficiency</p>	<p>The OR recognized deficiency with OR practices on Flash Sterilization.</p> <p>Sending out letters re:</p> <ul style="list-style-type: none"> • On time start and PAT's • Medical consults • Will meet to finalize 	<p>To control this issue we hired a core Central Supply person to work out of Central Supply department to handle this issue. Therefore all single sterilized items will be decontaminated by the CSR department and sent up to the OR for flashing.</p>

<p>Next scheduled meeting 7/13/11</p>	<ul style="list-style-type: none"> • Mock up block time <p>Preprint and standardize PAT forms PAT dept needs education Kelly has mixed PAT/SDS and RN's a lot of capacity</p> <p>Scrubs - working w/Steve Mosser Running around in scrubs outside red lines is a violation, need a distinguishable color for OR scrubs. Surgery consents - Discussed w/St. Barnabas 1 consent form for sx ,anesthesia every one same consent Policy only person performing consent Lets let the lawyers conclusion Rita weigh in on particular issues Will review policy Written in 5th grade language Want 1 page</p> <p>PAT received as part of the package for elective</p>	<p>Joint Commission case law in NJ has not made distinction to timeliness. Law says get it done w/alternatives silent to place and time pt must have time to reflect facility needs to standard practice Get forms look at process for getting consents has to go to MED EXEC</p>
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