

# OR BUSINESS MANAGEMENT CONFERENCE 2019

*January 27-30, 2019*



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**Pre-Conference Workshops:** January 27 | **Conference:** January 28-30

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# A Letter From...

## THE CONFERENCE CHAIRS

We are excited to reveal the official program for the upcoming **2019 OR Business Management Conference** and hope you have cleared your schedule to join us January 27-30, 2019, in sunny San Diego! The program committee has reviewed over 115 submissions to bring you the best of the best in perioperative business operations and management.

We've planned four keynote addresses, four breakout tracks, and 33 breakout sessions. More than 50 speakers will present best practices, case studies, and take-home tools focused on **Finance/Analytics, Leadership, Performance Improvement/Quality, and Supply Management**. Each session has defined learning objectives so you can clearly plan your schedule to make the best use of your valuable time while at the Conference.

The **OR Business Management Conference**, in its eighth year, is designed to bring together perioperative business leaders to learn and collaborate during the hands-on presentations, gaining the critical skills needed to stay afloat in today's healthcare environment.

We hope to see you in San Diego in January!

Best,



**Paul Rhodes, RN**  
Conference Chair  
Operating Room Consultant  
*Auditmed*



**Mary Lou Jones, BSN, CSSM**  
Conference Co-Chair  
Business Manager  
*Maricopa Integrated Health System*

## THE 2018 PROGRAM COMMITTEE



**Gail Avigne, MSN, RN, BA, CNOR**  
Principal Consultant  
*Press Ganey Associates, Inc.*



**Megan Mitchell**  
Director of Business Operations, Perioperative,  
Orthopedic, Neurosciences  
*Memorial Medical Center*



**Nancy Berlin**  
Program Manager  
*OR Business Management Conference*



**Mike Pfannes**  
Systems Integration and Infrastructure Manager  
*Olympus Corporation of the Americas*



**Bethany Daily, MHA**  
Executive Director, Perioperative Services &  
Healthcare Systems Engineering  
*Massachusetts General Hospital*



**Delores Reisert, MS, RN, CNOR, NE-BC**  
Senior Administrator Director II Perioperative Services  
*Northwell Long Island Jewish Medical Center*



**Christina Gravales, MSN, RN, NE-BC, CPAN, CAPA**  
Administrative Director, Perioperative Services  
*Detroit Receiving Hospital and Harper University  
Hospital, Detroit Medical Center*



**Blake Stock, MBA**  
Director of Analytics  
*OR Hub*



**Cory Guy, MBA, CPA**  
Finance Manager  
*Cleveland Clinic*



**Denise Waslo, MSN, RN, CNOR, CSSM, NE-BC**  
Associate Executive Director Perioperative Services  
*Long Island Jewish Valley Stream Hospital*



**J. Michael Jones, FACHE, CIC**  
Professional Services Director  
*Surgical Workflows – Getinge USA*



**Elizabeth Wood**  
Editor  
*OR Manager*



**Cynthia Kildgore, MHSA, RN, CNOR**  
Perioperative Services Director  
*Vanderbilt Healthcare Systems*

## CONTINUING EDUCATION



Attendees of the **2019 OR Business Management Conference** can earn 14.25 continuing education contact hours in keynote presentations and breakout sessions over the three days in San Diego.

- Attendees of the Pre-Conference Workshop, “Slice and Dice Data to Improve Performance and Patient Outcomes,” can earn 3 continuing education contact hours. Attendees of this pre-conference workshop + the full conference can earn a total of 17.25 continuing education contact hours.
- Attendees of the Pre-Conference Workshop, “CSSM® Exam Prep,” can earn 6 continuing education contact hours through additional preparation and reading assignments associated with this exam prep course. Attendees of this pre-conference workshop + the full conference can earn up to 20.25 continuing education contact hours.

Access Intelligence is approved as a provider of continuing education by the California Board of Registered Nursing, provider #15831.



Sessions at the **OR Business Management Conference** are also approved for your Certified Surgical Services Manager (CSSM®) eligibility requirements through the Competency & Credentialing Institute (CCI). Be sure to save your CE certificate provided by OR Manager after the conference. For a list of approved sessions, visit the conference website.

## BREAKOUT SESSION TRACKS

Look for these icons in the program to build your agenda!



### Finance & Analytics

Overseeing the bottom line takes a deep understanding of how to balance costs with operational improvements. Discover how to leverage analytics to sustain productivity, reduce costs, and grow new service lines.



### Leadership

Providing excellent healthcare requires an excellent team. Learn from the experts about how to engage staff at all levels to improve processes and consistently use best practices.



### Performance Improvement/Quality

Changing the culture and adapting to new staffing and workflow models are hallmarks of success in many operating rooms. Learn how others have done it and the methods that have helped them take their organizations to the next level.



### Supply Management

Matching supply with need can produce major improvements in the operating room, but it is no easy feat. Find out how data transparency and the use of the right technology can drive efficiencies and cost savings.



## PRE-CONFERENCE WORKSHOPS

New this year is the option to attend one of two Pre-Conference Workshops! This is a simple add-on to your full Conference registration online or by using the registration form.

**NEW THIS  
YEAR!**

**Sunday, January 27 | 2:00 p.m. – 5:00 p.m.**

### PRE-CONFERENCE WORKSHOP: SLICE AND DICE DATA TO IMPROVE PATIENT OUTCOMES

The business of perioperative care delivery is changing. The need to combine clinical, financial, and operational acumen has never been greater. Along with that comes the need to analyze data to assess performance and identify areas for improvement. OR business managers can take on a leadership role by leveraging data to support the care delivery mission. Join the perioperative leadership team from Mercy as they explore how to define OR profitability, the financial impact of service lines, what to consider when crafting contracts, and how supply chain supports all of these goals. This will be an interactive workshop, so come prepared to engage!

**Nancy Pakieser**, Sr. Dir, Ind Dev, *TECSYS Inc.*

**Jessica Bader**, BSN, RN, OR Manager, *Mercy Hospital*

**Matthew Mentel**, CMRP, Executive Director, Integrated Performance Solutions, *Mercy Hospital*

**Betty Jo Rocchio**, MS, CRNA, Chief Nursing Officer, *Mercy Hospital*

**Emily Tchiblakian**, MHA, BSN, RN, Perioperative Services Resource Optimization, *Mercy Hospital*

### PRE-CONFERENCE WORKSHOP: CSSM® EXAM PREP

Obtaining the CSSM® credential is a pathway for today's perioperative nurse leaders to advance their careers and improve operational performance. Preparing for the CSSM exam, however, can seem daunting. In this half-day workshop, attendees will learn about the exam and how to prepare for it. In-depth review will be given to the two most challenging exam subject areas—financial and operational management. Attendees will receive expert guidance on test question format and benefit from taking exam-formatted practice questions. Confidence and preparation are essential elements of exam prep, and this session provides both.

Attendees will be eligible for 6 contact hours of continuing nursing education upon successful completion of the workshop, including completion of a pre-workshop reading assignment and a post-course quiz and evaluation.

**Brandon Bennett**, DNP, RN, CNS, CNOR, CNS-CP, CSSM, CEN, NE-BC, Principal instructor, CSSM Prep Webinar series, *Competency & Credentialing Institute*



## MONDAY, JANUARY 28

**8:30 AM - 9:00 AM**

### Networking Breakfast

Sponsored by:



**9:00 AM - 9:45 AM**

### Opening Keynote: Business Intelligence—The Intersection of Analytics and Operations

Perioperative leaders can access immense amounts of information, but rarely do they understand how best to use it. Becoming intelligent requires accessing the right information and applying it effectively. By learning to ask different questions about our business at Vanderbilt, we got better information that opened an avenue for business development that was rarely interconnected with operations.

The keynote speaker will discuss how synergizing discussions with analytics and operations leaders changes how leaders think and drives more effective business decision making and strategy.



**David Wyatt, MPH, RN, CNOR, NEA-BC**  
Associate Operating Officer/Associate Nursing Officer  
Vanderbilt University Hospital and Clinics

**10:00 AM - 11:00 AM**



### Successful Guide to Requesting OR Capital

When requesting a capital equipment purchase, regardless of whether it's for the newest, greatest technology available or simply a replacement of outmoded equipment, it can be daunting to compile all the supporting documentation. We will share strategies and tips to help you succeed in getting all of your capital requests approved by your CEO. We will also discuss the importance of creating a 5-year capital plan and maintaining an updated inventory of your OR equipment.

**Robin Main, MHA**, Perioperative Business Services Manager, *UF Health Shands*

**Tatiana Rodrigues Da Costa, BSA**, Perioperative Business Services Manager, *UF Health Shands*



### Surgeon Paradox: Employed with Private Practice Behaviors

Surgeons increasingly are becoming employees of healthcare facilities, but some of them behave like private practice physicians rather than employees. Essential components of matching staffing to demand—such as accurate case scheduling, full block utilization, and on-time starts—are challenging for employed and private surgeons alike. Why? Is it unreasonable to expect better compliance from surgeons who are employed? What performance expectations should be included in surgeon employment contracts to ensure fiscally responsible staffing and safe patient care? Hospital executives and perioperative leaders share responsibility to facilitate a successful surgeon transition from independent to employed, on paper and in action.

**Mary Jane Edwards, RN, CNOR, FACHE**, Managing Director, *Deloitte Consulting*



### Implementing Enhanced Surgical Recovery: The Future Is Yesterday

Enhanced Recovery After Surgery (ERAS) has been linked with better outcomes and reduced costs, but not everyone knows how to implement and sustain such a program. We implemented ERAS at Presbyterian Novant Medical Center in May 2016 in colorectal surgery and rapidly expanded it to bariatric, urologic, gynecologic/oncologic, gynecologic, and hepatobiliary patients. Our projected patient participation grew from 159 patients in 2016 to more than 2,000 in 2018, and we reduced cost per case and length of stay in colorectal and bariatric surgery patients. We will discuss how to achieve collaboration among all the stakeholders and develop a successful, sustainable ERAS protocol.

**Karen Jenkins, BSN, RN, CNOR**, Director of Surgical Services, *Novant Health Presbyterian Medical Center*

**Vicki Morton, DNP, MSN, AGNP-BC**, Director of Clinical and Quality Outcomes, *Providence Anesthesiology Associates*

**11:00 AM - 11:30 AM**

### Morning Networking Break

Sponsored by:



## 11:30 AM - 12:30 PM



### The Mayo Clinic Approach to OR Growth and Modernization

In 2015, the Mayo Clinic in Rochester, Minnesota, was faced with the need to expand surgical capacity and modernize existing ORs. A surgical facilities master plan was created that enabled facility leaders to add approximately 8,000 surgical cases to their annual 57,000 cases and to modernize ORs without any extended decreases in capacity due to downtime. We will outline best practices for master planning, budgeting, and design process to interrelate maintenance and growth while modernizing an existing OR facility.

**Chris Nelson, PE, LEED, AP BD+C**, Project Manager, *Mayo Clinic*  
**Beau Tordsen, MS, BBA**, Asset Administrator, *Mayo Clinic*



### Developing a Robust Staffing Model for Postanesthesia Care Units

When Cleveland Clinic leaders challenged managers across all units to work at the 35th percentile, we found that productivity in the postanesthesia care unit (PACU) fell short of this goal. By analyzing census data across all PACUs down to the half hour and for each day of the week, as well as other aspects of our workflow, we identified staffing changes that were needed. Since revamping both staffing needs and shifts, we have maintained our 35th percentile productivity goal, cut nursing costs, and increased efficiency by 10%.

**Jackie Bates, MSN, CMSRN, NE-BC**, Director of Nursing, *Cleveland Clinic*

**Cory Guy, CPA, MBA**, Finance Manager, *Cleveland Clinic*



### Teamwork Makes the Dream Work

A culture of collaboration, engagement, and trust is what surgical teams need to start and finish strong. At the Cleveland Clinic, we have expanded our core team of nursing, surgeons, and anesthesia providers to include administrators, finance, and analyst professionals. This has helped break down silos and enhance relationships with clinicians. Having leadership roles of surgical chairman and vice chairmen at the core of the team has helped us maintain a holistic approach. We will discuss the importance of making the team accessible and accountable to one another, and how doing so has improved our communication and workflow.

**Natalie Bright, MBA, MSM, RN, CNOR**, Department Administrator, Surgical Operations, *Cleveland Clinic*

**Kristy Nadolski, MBA**, Project Manager, *Cleveland Clinic*

## 12:30 PM - 1:45 PM

### Keynote Luncheon: How Does the Business Management of the OR Need to Change?

Perioperative services are still the driver of profitability for better-performing hospitals and health systems, but 80% of all surgical procedures are performed on an outpatient basis, and perioperative services are managed differently in hospitals vs outpatient centers. As advances in technology and pain management increase the number of surgeries done in ambulatory settings, hospitals will be caring for primarily high-acuity patients.

To meet the needs of these rapidly evolving care models, OR business professionals need to understand emerging trends, identify and focus core specialties, and establish a competitive advantage.



**Jeff Peters, MBA**  
 Chief Executive Officer  
*Surgical Directions*

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**SURGICAL**  
 DIRECTIONS

## 1:45 PM - 2:45 PM



### Procedure-Based Budgeting

Budgeting in times of reduced reimbursement, increasing costs, and vendor consolidation can be difficult and stressful. We will demonstrate a method of budget development that accounts for not only OR costs, but also institutional margin by procedure. Using this method allows OR managers to defend expense budget increases by demonstrating an improved margin for the institution, inclusive of the additional expenses. Using historical procedure mix and projected volume, participants will learn how procedure-based budgeting can improve the budget process.

**Stephanie Casanova, MBA**, Senior Manager of Perioperative Business Services, *Massachusetts General Hospital*

**Stephen Spring, BA**, Senior Administrative Director, Finance, *Massachusetts General Hospital*





### The New Grad RN Millennial—Staffing the OR for the Future!

One way to compensate for the nursing shortage is to “grow your own” by fostering an environment for new graduates to learn the ropes. We will show you how to adopt a training and onboarding model that will interest the new RN graduate and integrate the needs of a Millennial learner into a multigenerational OR team. Building a workforce with these future leaders will help you reduce reliance on agency nurses and save on costs, and using Periop 101 to structure their education will empower them with the skills they need to succeed.

**Jerry Criswell, MSN, BSN, RN, CNOR**, Associate Chief Nursing Officer, *USPI-Tenet HealthCare*

**Laura F. Sittler, MBA, BSN, RN, CNOR, NEA-BC**, Chief Nursing Officer, *USPI-Tenet HealthCare*



### Riding Out the Storm: Managing Operations in the Wake of Disaster

During a 6-month period, our institution was hit with Hurricane Harvey, a winter storm, and an unexpected computer crash during business hours. We coped with flooding of our sterile processing and materials management units, storms impacting staff availability, and losing accessibility to electronic medical records while image-guided surgery was in progress. We will share our hard-earned lessons on disaster management for the perioperative environment, including tips for damage control, recovery, prioritization, and communication.

**Abigail Caudle, MD, MS**, Executive Medical Director, Perioperative Services, *University of Texas MD Anderson Cancer Center*

**Lisa McMillian, Associate Director**, Perioperative Materials Utilization & Sterile Processing, *University of Texas MD Anderson Cancer Center*

2:45 PM - 3:15 PM

Afternoon Networking Break

3:15 PM - 4:15 PM



### How to Manage and Sustain a Multidepartmental Robotic Program

How do you build and maintain a growing robotics program within a defined block-allocated space? A creative algorithm for case placement allowed our multidepartmental services to use four robotic rooms. We will explore methodology used and the collaboration needed to bring about this dynamic scheduling of robotic cases within a non-flexible space. We will also discuss the business case for creating a specialized robotics team and the ability to incentivize this work.

**Sonja Walsh, RNFA, BSN, CNOR, CSSM**, Operating Room Manager, *Vanderbilt Medical Center*



### Six Sigma Approach to Turnover

The five phases of Six Sigma (define, measure, analyze, improve, and control) can be applied to improve turnover time. Staff from environmental services, transportation, preoperative evaluation, and the postanesthesia care unit all need to be involved. We will review how UPMC used data to examine and control the throughput process for more consistency.

**Benjamin Ellis, MBA, LSSBB**, Business Manager, Surgical & Anesthesia Services, *UPMC Presbyterian Hospital*



### Super-Sized Inventory? Take Control of Your Instruments

Matching reusable instrument supply with increasing OR demands is a common problem. To streamline our inventory and reduce costs, we launched a comprehensive, multidisciplinary project involving surgeons and OR nursing. We evaluated instrument set inventory, contents, and other information to reduce same-day turnover and improve accountability as well as our tracking system accuracy. We’ve achieved significant cost savings, even in the early phases. For example, a sub-service with 17 instrument sets was reduced to 10; 3 existing instrument sets were combined into just 1; and the contents of the largest, most used instrument set were reduced by 40%.

**Jacob Flaherty, CRCST**, Customer Service Manager, CSPS, *Massachusetts General Hospital*

**Mark Rosa, BS, CRCST, CHL**, Director of Operations, CSPS, *Massachusetts General Hospital*

4:15 PM - 4:45 PM

Speed Networking

Networking...with a twist! Join us before the welcome reception to accelerate your contacts. Through this structured and fast-paced event, you’ll meet many new peers, colleagues, and friends. Don’t forget your business cards!

4:45 PM - 6:15 PM

Welcome Reception



## TUESDAY, JANUARY 29

**8:30 AM - 9:00 AM**

### Networking Breakfast

Sponsored by:



**9:00 AM - 9:45 AM**

### Keynote: Thinking Outside the Box: Seeing What's Possible

Everyone wants us to think outside the box, but very few people show us how. As a magician and mentalist, Michael Karl makes his living by thinking differently and making the impossible possible. His interest in human behavior and how people can influence others led him to develop his skills as a psychological illusionist, or mentalist. He has shared insights with Fortune 500 companies including MARS, Indeed, AT&T, Hilton, and Priceline. In this presentation, he will demonstrate magic and reverse engineer his illusions to help you rethink your everyday problem solving. Attendees will gain a different perspective that will enable them to actually think outside the box.



**Michael Karl,**  
Keynote Speaker and Mentalist,  
*Influence Your Audience*

**10:00 AM - 11:00 AM**



### Weight Matters in OR Reimbursement

Designing an optimized surgery charging structure can be challenging, but doing so is essential to an organization's surgery revenue capture and bottom line. This presentation will detail how we used unique data analytics and creative innovation to revamp the surgery charge structure in a rural community hospital. We maximized reimbursement by basing charge on CPT code weights instead of procedure levels.

**Jackie Hinderks, FHFMA,** Carris Health, *Rice Memorial Hospital*

**Kris Lingle, MSN, RN, CNOR,** Director of Perioperative Services and Imaging Nursing, Carris Health, *Rice Memorial Hospital*



### Phase X: Creating a Nimble Staffing Pattern to Case Volume

In an active perioperative setting, it's often hard to ascertain a staffing pattern that moves with the case volume. Phase X (X being the unknown factor, which is case volume) is a process by which the business manager, OR director, and service line managers measure case volume and rooms running. Staffing patterns and shifts are then discussed and put into place. These are measured at 6-month intervals, and staffing is flexed to meet the case volume.

**Tracy E. Diffenderfer, MSN, BSN, CNOR,** Administrative Director, Perioperative Services, *Vanderbilt University Medical Center*

**Cindy L. Kildgore, MSHA, BSN, CNOR,** Perioperative Services Director, *Vanderbilt University Medical Center*



### What Sets Successful Partnerships Apart?

There is a fundamental disconnect between what most people believe is the path to successful partnerships with clinicians and what actually leads to a healthy, supportive, and effective partnership. While there is certainly no "one size fits all" approach, focusing on certain behaviors will improve an individual leader's chance of success.

**John Polikandriotis, PhD, MBA, MPH, FACHE, CMPE,** CEO, *Vail Summit Orthopaedics*

**11:00 AM - 11:30 AM**

### Morning Networking Break

**11:30 AM - 12:30 PM**



### Seven Winning Strategies for Equipment Negotiation

Does your team fully understand best practices for negotiating healthcare equipment purchases? We will share seven best practices based on data gathered from thousands of transactions and hundreds of hospitals, using case studies to illustrate these concepts. You will learn not only how to work better with suppliers but also your own supply chain and finance teams.

**Tom Derrick, Co-Founder & SVP,** *OpenMarkets*







### Crew Resource Management for Your OR Team

Crew resource management (CRM) training is not a new concept, but it's a proven way to improve communication and patient safety. After we identified poor communication as a consistent root cause of adverse events at St. Claire HealthCare, we conducted CRM training via a scenario-based training course that focused on team communication in a variety of practice settings. To measure the outcome, we developed a questionnaire for participants. Results showed that staff perceived improvements in patient safety, team communication, and mutual support after CRM training.

**Riki Watts, MSN, RN, NE-BC, CNOR**, Director of Surgical Services and Endoscopy, *St. Claire Healthcare*



### Look Before You Leap: Assess Current State vs Future Need for Inventory Management System

The Inova Fairfax Medical Campus has 62 ORs and is looking to expand services and upgrade technology. To improve supply chain operations and reduce overall supply costs, we first conducted a thorough assessment. This allowed us to identify and prioritize improvement opportunities, gain consensus on the value of a well-defined supply chain, and prepare a request for proposal for a new OR inventory management system. The hardest part of doing an assessment is thinking through the details to prioritize the team's time. We will discuss our methods, which we believe can help others in assessing their current state vs future needs.

**Tom Redding**, Managing Director, Healthcare, *St. Onge Company*

**Kevin Youmans**, Vice President, Perioperative Services, *Inova Health System, Fairfax Medical Campus*

12:30 PM - 1:45 PM

### OR Best in Business Award Presentation and Keynote Luncheon: Perioperative Innovation

In today's fast-paced and dynamic healthcare marketplace, it is more important than ever to innovate in order to stay relevant. Nurses and healthcare leaders play a major role in creating a culture of innovation. In this session, we will discuss disruptive innovations and the skill set needed to more effectively create innovative solutions. Knowing how to do this will enable perioperative leaders to optimize their resources, increase efficiency, and deliver better, safer care to their patients.



**Judith Pins, MBA, RN**  
President  
*Pfiedler Education*

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**GETINGE** 

1:45 PM - 2:45 PM



### Why and How to Create a Perioperative Surgical Home

Value-based care requires providers to improve quality of patient care while reducing costs. Coordination of care is the key to success and the foundation of the perioperative surgical home. New technologies, tools, and techniques for driving increased productivity and improved patient care must span the entire surgical encounter, from first appointment to postoperative care. Common problems and potential solutions will be discussed for each aspect of the continuum of care for surgical patients: electronic health record documentation; coordination and efficiency among surgical office staff, anesthesia providers, and the surgical team on the day of surgery; and patient engagement pre and post procedure.

**Sakinah Abdullah, RN**, Patient Services Manager, *LifeBridge Health/Sinai*

**Mark Stega, MD**, Chief Operating Officer, *Optimum Health, Inc.*



### Three R's of Staff Efficiency: Right Staff, Right Time, Right Place

Labor costs represent a hospital's largest expense and account for more than 50% of the total operating revenue. Healthcare executives are holding department directors and managers accountable for managing a worked hours per unit of service (WHPUOS) statistic. To analyze labor productivity, it's essential to establish a unit of measurement. Central Florida Health implemented WHPUOS to measure and better analyze how labor expenses affect total margins and target goals. We will discuss how we implemented a WHPUOS goal and collaborated with key players and hospital staff to achieve and sustain our WHPUOS targets, which led to significant savings.

**Laurie Harsh, MSM, RN, CNOR**, Director of Perioperative Services, *Leesburg Regional Medical Center*

**Virginia (Ginger) Martin, MSN, BSN, RN, CNOR**, Senior Managing Consultant, *Berkeley Research Group*



### Looking Through a Clouded Lens: Consignment Agreements

Consignment is viewed as the saving grace of inventory management in OR settings. But consignment inventories can become a significant liability to organizations on a financial and operational level if they're not managed correctly. In this session, we will discuss elements that will make consignment an advantage to your OR, identify what to include in your consignment agreements, and develop strategies to maximize value in your product categories that are managed through consignment arrangements.

**William P. Stitt, CMRP, FAHRMM**, Principal and Chief Operating Officer, *Credibility Healthcare, LLC*

2:45 PM - 3:15 PM

Afternoon Networking Break

3:15 PM - 4:15 PM



## Data Can Cure Your Implant Vendor Blues

Most OR business managers have probably experienced case delays related to vendor implant trays that either weren't processed or were lost. Where was the ball dropped, and how can you assure surgeons that it won't happen again? In the absence of data, the blame usually falls on the OR or sterile processing department, with interventions that are difficult to track. In 2017, Baylor University Medical Center implemented a specialized system to coordinate vendor case support, collect inventory data, and monitor vendor performance. We will discuss how this system was implemented and how we utilize data to change vendor behavior.

**Shane B. O'Neill, MS, CSBI, LSSYB**, Business Director, Perioperative Services, *Baylor University Medical Center*



## Building Blocks: How to Calculate Your Optimal Schedule

As children, when we put building blocks together, we had to estimate and calculate the relative size and number of things we needed. The same principles hold true for perioperative block utilization; we need to know number of rooms, staff, cases per day, type of procedure, individual productivity, and patient logistics. At VA San Diego, we are using real-time perioperative analytics to determine room utilization, surgical specialty use of assigned block time, surgeon-specific operating time by CPT code, add-on caseloads, and staffing and case distribution. Using this information, we can optimize and predict perioperative schedules.

**William Ardill, MD, FACS**, Associate Chief Surgical Services, Section Chief General Surgery, *VA San Diego Medical Center*



## Create Innovation Ramps, Not Roadblocks, to Speed Review of New Devices and Procedures

Historically, a Value Analysis Team has assessed the financial benefit of new products, but not their safety. We established an algorithm for all new products or procedures that integrates the Value Analysis Team's review with an assessment by a Continuous Quality Improvement Team to determine how these can safely be put into practice. Surgeons were concerned about stifling innovation or delaying implementation. However, this new structure decreased the time between a device request to availability from 124 to 51 days, and to date there have been no device-associated safety events of procedures or devices that have gone through this review.

**Tom Aloia, MD**, Director, Institute for Cancer Center Innovation, *University of Texas MD Anderson Cancer Center*

**Abigail Caudle, MD, MS**, Executive Medical Director, Perioperative Services, *University of Texas MD Anderson Cancer Center*

4:30 PM - 5:30 PM



## Bridging FTE & Staffing: A Rosetta Stone for Nurses and Budget Offices

Nursing leaders and budget office staff use different terminology when discussing staffing: full-time equivalents, or FTE (budget) vs unique staff bodies (nursing leaders). Such differences can cause friction in determining proper staffing levels. We will explore the fundamental differences in perspective, review the AORN staffing recommendation model, and then deconstruct that model to show how we built a model to staff for six outpatient ORs. Our insights will help attendees understand the productive and paid FTE as well as unique staffing bodies that are needed to ensure proper staffing levels.

**Paul Rhodes, RN**, Consultant, *AuditMed*

**Blake Stock, MBA**, Director of Analytics, *OR Hub*



## Relationship Mastery for the Healthcare Professional

OR business managers are sometimes the only non-clinician in the room, the newest member of the team, or the least experienced person at the table, which puts them at a disadvantage for developing collegial relationships with clinicians. They may compensate by being overly formal or working around people instead of building rapport. According to the Social Style model, there are four basic styles in which people typically act, think, make decisions, and relate to others. Understanding these behavioral styles can help business managers improve working relationships by raising awareness of their own style and those of their colleagues.

**Edwin Ibay, JD, MHA**, Assistant Professor, College of Public Health, *University of Oklahoma Health Sciences Center*







### Mind the Gap: Find the Internal Capacity to Grow and Add New Service Lines

To plan for growth, healthcare leaders must anticipate the changes in staffing, equipment, instrumentation, and education that will be needed as well as costs. Massachusetts General Hospital (MGH) in Boston conducted a retrospective analysis of gaps in the surgery schedule to determine how many cases could be added to its 58 ORs and the increase in net margin. We identified more than 2,000 annual gaps in the MGH surgical schedule of greater than 210 minutes that could be utilized for additional cases, representing more than \$2 million in incremental net margin. This generalizable analysis was expanded to other academic medical centers and community hospitals within the Partners Healthcare System.

**Meaghan Gray, BS**, Director, Sterile Processing, *Massachusetts General Hospital*

**Mark Seelen, MBA, MPH**, Program Manager, Procedural Services, *Massachusetts General Hospital*

### 5:30 PM - 7:30 PM

#### San Diego Dine-Around

Called one of "America's best cities for foodies," by Travel & Leisure magazine, San Diego's culinary scene is a burgeoning, vibrant mix of locally inspired flavors, from delightfully simple to artfully sophisticated. The city's proximity to the ocean and Mexico has greatly influenced both the local cuisine and culture. As a conference attendee, you can receive a discount on your dining bill at participating restaurants!

## WEDNESDAY, JANUARY 30

### 8:30 AM - 9:00 AM

#### Networking Breakfast

### 9:00 AM - 10:00 AM



### A Look in the Rearview Mirror: Paving the Way for Future Cost Avoidance

A look into the past can often predict our future. It can also assist in changing our future by analyzing what the data are telling us. This presentation will look at perioperative issues that have been persistently repeated in the top 10 patient safety concerns and top 10 technology hazards for healthcare organizations since 2010. By correlating your own data to the identified issues, you can develop strategies to drive your quality and safety initiatives. Eliminating or mitigating risks can result in improved reimbursement and significantly lower costs associated with adverse events.

**Gail M. Horvath, MSN, RN, CNOR, CRCST**, Senior Patient Safety Analyst and Consultant, *ECRI Institute*

**Catherine Pusey, MBA, BSN, RN**, Manager, Safety and Quality Consulting, *ECRI Institute*







## Busy vs Productive: How to Meet OR Labor Benchmark Goals

Have you been told to make staffing changes in order to meet a benchmark percentile goal? Are you struggling to understand and believe the benchmark data you were provided? Gain an understanding of the variables used in creating labor benchmarks; how you can address the data, statistics, and definitions of OR-specific benchmark data; and how to meet or even exceed benchmark goals. Labor represents approximately 55% expenses in the acute care environment. Learn how proper financial management and strategies to maximize productivity can help right-size staffing for your OR case load.

**Sharon K. Ulep, MBB, CMCA, CPHQ**, Master Black Belt/Principal, *Plante Moran*



## Decreasing OR Turnover Time: A Resource-Neutral Initiative

Can room turnover time be reduced without using additional resources? A process improvement initiative at our facility involving data collection and workflow analysis showed that it can. The initiative included one surgeon's patients who had total joint replacement with spinal anesthesia. We saw opportunities to improve workflow for the anesthesiologist, circulating nurse, and postanesthesia care nurses. From a baseline turnover time of 37 minutes, we achieved a 10% reduction to 33 minutes by changing patient flow with no additional human or capital resources. The time saved allowed us to add one case per day, Monday through Friday, potentially increasing revenue.

**Carolyn Millen, DHA, MSN, RN, NE-BC**, Director, Surgical Services, *Northwest Hospital and Medical Center, UW Medicine*



## Navigating the Transition: What It's Like To Be Acquired

In July 2013, after more than 100 years as an independent facility, UPMC Altoona merged with the University of Pittsburgh Medical Center (UPMC) health system. We had to overcome resistance and gain support to manually recreate more than 1,000 preference cards, implement a new surgical documentation system, change many high-volume consumable products, adopt all new policies, and educate surgeon offices on the new processes that would impact them. You'll gain valuable insight into how to seamlessly manage the transition to a new culture during an acquisition.

**Dana M. Kopera, MBA, BSN, RN, CNOR**, Clinical Director, Surgical Services, *UPMC Altoona*

**Barbara E. Nosek, MHA**, Process Consultant, Client Services & PMO, *UPMC Supply Chain Management*



## What Is That Central Sterile Department Doing?

A 3-year journey (2015 to 2018) turned a failing central sterile department (CSD) into a highly reliable, quality focused department in the Altru Health System. Through a calculated investment in the CSD infrastructure, education, and quality testing products, we achieved a reduction in immediate use steam sterilization rates from 15% to 4%, and an increase in complete assemblies of instrument sets from 88.8% to 95.4%. In addition, the CSD has centralized all high-level disinfection and endoscope reprocessing, and relationships between CSD and OR staff have improved.

**Jenni Gibbs, BS**, Manager, *Altru Health System*

10:15 AM - 11:15 AM



## Hard-Wiring Cost Savings into Your Culture

Cost savings begins with developing a culture focused on innovation, safety, and patient experience. At Marshall Surgery, we transformed our culture to one in which cost savings is an everyday activity. We created service line teams consisting of staff from sterile processing, the OR nurse, OR surgical technologist, and OR coordinator to identify waste, implement Lean practices, and collaborate with surgeons. We also developed a surgeon coalition. Through this infrastructure, we promoted the value of group problem solving. We saved more than \$200,000 in 2017, and we set a goal to save more than \$300,000 in 2018.

**Megan Nebozuk, BSN, RN**, Director of Surgical Services, *Marshall Medical Centers*

11:15 AM  
Adjourn



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# Explore San Diego



## HOTEL

**Sheraton San Diego Hotel & Marina**  
1380 Harbor Island Drive, San Diego, CA 92101

An exclusive discount of \$209 per night has been obtained for all **OR Business Management Conference** participants. Reservations can be made online or by calling the hotel at (877) 734-2726 and referencing the 2019 OR Business Management Conference.

The discounted rate will be available until the hotel sells out or Friday, January 4, 2019.

## COMPLIMENTARY AIRPORT SHUTTLE

The Sheraton San Diego Hotel & Marina provides complimentary San Diego airport shuttle service to/from the San Diego International Airport. The courtesy airport shuttle arrives every 20-25 minutes from 4:45am – 1am, seven days a week. If you are arriving in San Diego, see the Hotel & Travel page on the conference website for Terminal 1 & 2 shuttle pickup instructions.

## GENERAL INFORMATION

### WHY ATTEND:

In today's healthcare environment, meeting budget requirements, improving efficiencies and patient throughput, and making the best use of technology are among the daily challenges across facilities nationwide. As regulations and recommended practices change, reimbursements are reduced, and Medicare penalties rise, continuing education becomes increasingly important. The **OR Business Management Conference** is the premier educational opportunity for operating room business managers, directors, and perioperative services professionals to learn about the latest best practices from leading industry experts from across the nation while enjoying sunny San Diego.

**WHO SHOULD ATTEND:** Participants include business managers, OR directors, OR managers, supply chain managers, materials managers, and others involved in the business decisions that drive the OR's economic, quality, and technical development.

**GROUP RATE:** When two-four people register in a group, each additional person will receive 15% off the cost of registration.

**SPECIAL REQUIREMENTS:** If you require special accommodations to fully participate, please attach a written description of your needs with your registration form. Specific questions can be directed to [clientservices@accessintel.com](mailto:clientservices@accessintel.com) or 1-888-707-5814.

**ADDITIONAL GROUP PLANS:** If you are interested in sending five or more people to the conference, take advantage of our group plan options for discounted rates of up to \$476 per person. For more information, contact Kristy Keller at 301-354-1779 or [kkeller@accessintel.com](mailto:kkeller@accessintel.com).

### CANCELLATION/REFUND POLICY:

All cancellations must be made in writing and are subject to a \$300 service fee (per attendee). Registrants who cancel before December 30, 2018 will receive a refund of payment minus the service fee. Non-payment or non-attendance does not constitute cancellation. If for any reason Access Intelligence decides to cancel or postpone this conference, Access Intelligence is not responsible for covering airfare and other travel costs incurred by the clients. Refunds due to registrant error will be charged a \$199 processing fee. Discounts will not be applied to current registrations.





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 (Required to confirm registration)

### FOUR EASY WAYS TO REGISTER

 Mail this completed form to:  
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**OR Business Management Conference**  
**9211 Corporate Blvd. 4th Floor**  
**Rockville, MD 20850**

 Web:  
**www.ormanager.com/managementconference**

 Phone: **1-888-707-5814**

 Fax this completed form to: **301-309-3847**  
 When faxing or mailing, please photocopy the form for each registrant.

### 2. Registration & Fees

Package	Early Bird Rate (Ends Sept. 15, 2018)	Advanced Rate (Ends Dec. 15, 2018)	Regular Rate
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#### 1. How many years have you attended OR Business Management Conference?

- ☐ First-Time Attendee
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☐ 5 years

#### 2. What best describes where you are employed?

- ☐ Ambulatory Surgery Centers  
(Free-standing, In-hospital or Office-based)
- ☐ Academic Hospital
- ☐ Community Hospital
- ☐ Tertiary Hospital
- ☐ VA Hospital
- ☐ Clinic
- ☐ Manufacturer/Vendor
- ☐ Other \_\_\_\_\_

#### 3. What best represents your job position?

- ☐ OR, Nursing, Surgical, Perioperative
- ☐ Manager
- ☐ Director
- ☐ VP
- ☐ Admin Specialist/Director
- ☐ Coordinator
- ☐ Business Manager
- ☐ Educator/Staff Development
- ☐ OR Industry
- ☐ Consultant
- ☐ Student
- ☐ Sales/Marketing Representative
- ☐ Other \_\_\_\_\_

#### 4. What role(s) do you play in purchasing new products and services at your institution? (Please check all that apply)

- ☐ Recommend new products
- ☐ Specify suppliers to evaluate products and services
- ☐ Member of purchasing/evaluation committee
- ☐ Final decision making authority on purchases
- ☐ I do not play a role in purchasing decisions

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