

Most Surgical Robotic Programs Cost Hospitals Millions

Weak Quality, Fiscal, and Operational Sustainability is a Serious Problem

Managing a da Vinci robotic program – to optimize clinical quality, profits, and efficiency – requires a different level of data analytics, surgical insight, and operational management virtually unknown by the thousands of US and European hospitals now trying to run a successful surgical robotic program.^{1,2}

Moreover, hundreds of new facilities enter the global robotic market annually due to insurmountable competitive and clinical pressures. Yet the *vast majority of these hospitals are seriously unprepared for the impending operational, quality, and financial challenges they will face – together with potential multi-million dollar / euro losses.*^{3,4} Despite these challenges, hospital leadership must know that their facility's robotic program *can not only succeed but even achieve best practice, world-class levels of performance.* CAVA Robotics International, the leader in robotic program optimization, can get you there.

Most hospitals with robotics programs struggle on more than *20 different levels of performance*, failing to recognize that cost savings goals cannot be achieved in the absence of high-quality surgery. Issues can include ineffective data management and poor performance analytics; little insight into the clinical quality of surgeon performance, with no pathway to improvement through training and benchmarking; suboptimal surgeon credentialing policies; weak OR team support; poor robotic OR efficiency; wasteful intraoperative supply, instrument, and reusable management; and a lack of essential “top down” governance and stakeholder accountability. The result? Average to poor clinical quality and negative return on investment (ROI) on significant 7- and sometimes 8-figure technology investments, together with programmatic frustration that prevents a program from achieving its potential.

Superior Robotic Program Cost-Effectiveness, Best Practice Performance, and Preparation for the Future

CAVA Robotics has developed a proprietary **Multi-Phase Roadmap™** to robotic program success, implemented at many of the largest hospitals and IDNs. Powered by CAVA's proprietary **CAVAlytics™ analytic platform**, clients experience enlightening *comparative performance benchmarking for their surgeons and crew*, together with rapid programmatic change management led by CAVA's robotic surgeon team and evidence-based analytics. CAVA's engagements achieve 3x-5x ROI or greater in most cases and are supported by CAVA's incredible *cost neutrality guarantee*. The step-by-step CAVA path to long-term robotic program fiscal, quality, and operational sustainability is traversed rapidly.

Widespread market adoption of the da Vinci robot has occurred despite its costly acquisition and annual maintenance. New competitive robotic technologies and vendors are now closing in on market launch in the US and Europe. Hospital leadership are confused and hugely misinformed when it comes to robotic program design and deployment, and they need support and guidance. Until CAVA Robotics, however, hospitals had almost no *independent resources* to address robotic program challenges. Perhaps most importantly, the future of robotic surgery is upon us; minimally invasive surgery will be transformed heading into the 2020s and beyond. The need for hospitals to prepare now for robotic program growth – agnostic to the robotic vendor – is absolutely critical. CAVA stands ready to help guide you rapidly, efficiently, and successfully on this journey.

To learn more, contact CAVA Robotics today.

1. *Comparative Effectiveness of Robotically Assisted Compared with Laparoscopic Adnexal Surgery for Benign Gynecologic Disease*, Obst & Gyn, Nov 2014, Vol. 124, p. 886-896.

2. *Robotically Assisted vs Laparoscopic Hysterectomy Among Women with Benign Gynecologic Disease*, JAMA, Feb 20, 2013, Vol 309, No. 7.

3. *New Technology and Health Care Costs — The Case of Robot-Assisted Surgery*, New England Journal of Medicine, 2010; p. 363:701-704, August 19, 2010.

4. *Study Raises Doubts Over Robotic Surgery*, Wall Street Journal, February 19, 2013.