



IPSOS survey on Hospital Efficiency

June 2021

Research design

This survey was conducted via on-line interviews between May 5, 2021 and May 24, 2021. The sample size was 60 interviews with senior executives at US hospitals. The respondents have roles/positions in which they are responsible for or work with tools to administrate, plan and prioritize hospitals surgical waiting lists (Hospital Head of IT, Hospital Purchasing manager, Hospital Chief Operating Officer, Hospital Chief Medical Officer, Chief surgeon, Operating room manager, Operating room coordinator)

The survey was conducted by Ipsos. Ipsos is the third largest market research company in the world, present in 90 markets and employing more than 18,000 people.

Their research professionals, analysts and scientists have built unique multi-specialist capabilities that provide powerful insights into the actions, opinions and motivations of citizens, consumers, patients, customers or employees. They serve more than 5,000 clients across the world with 75 business solutions.

Founded in France in 1975, Ipsos is listed on the Euronext Paris since July 1st, 1999. The company is part of the SBF 120 and the Mid-60 index and is eligible for the Deferred Settlement Service (SRD).

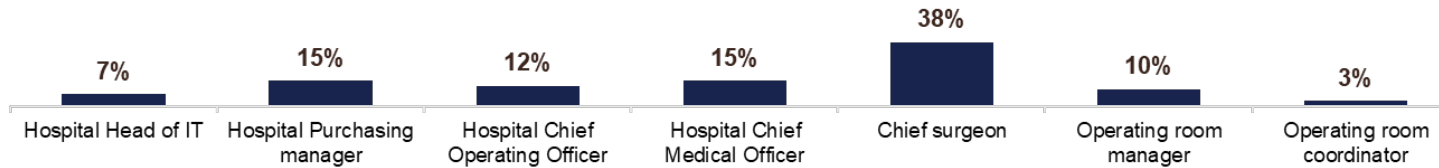
ISIN code FR0000073298, Reuters ISOS.PA, Bloomberg IPS:FP

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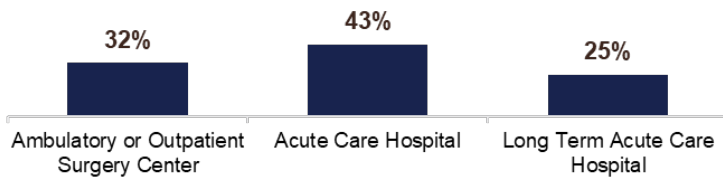
Sample Information



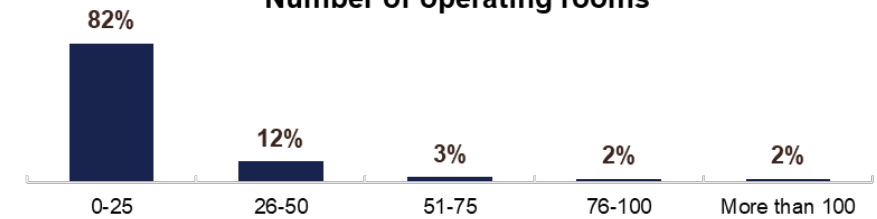
Role/Responsibility



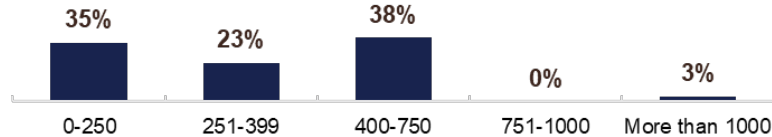
Work setting



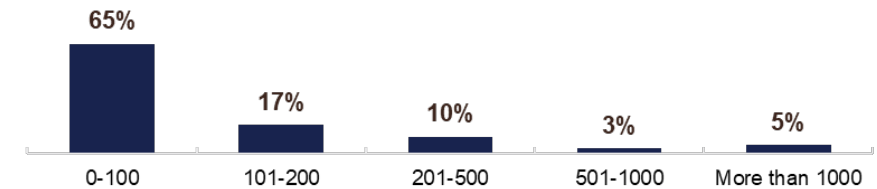
Number of operating rooms



Number of beds



Number of patients



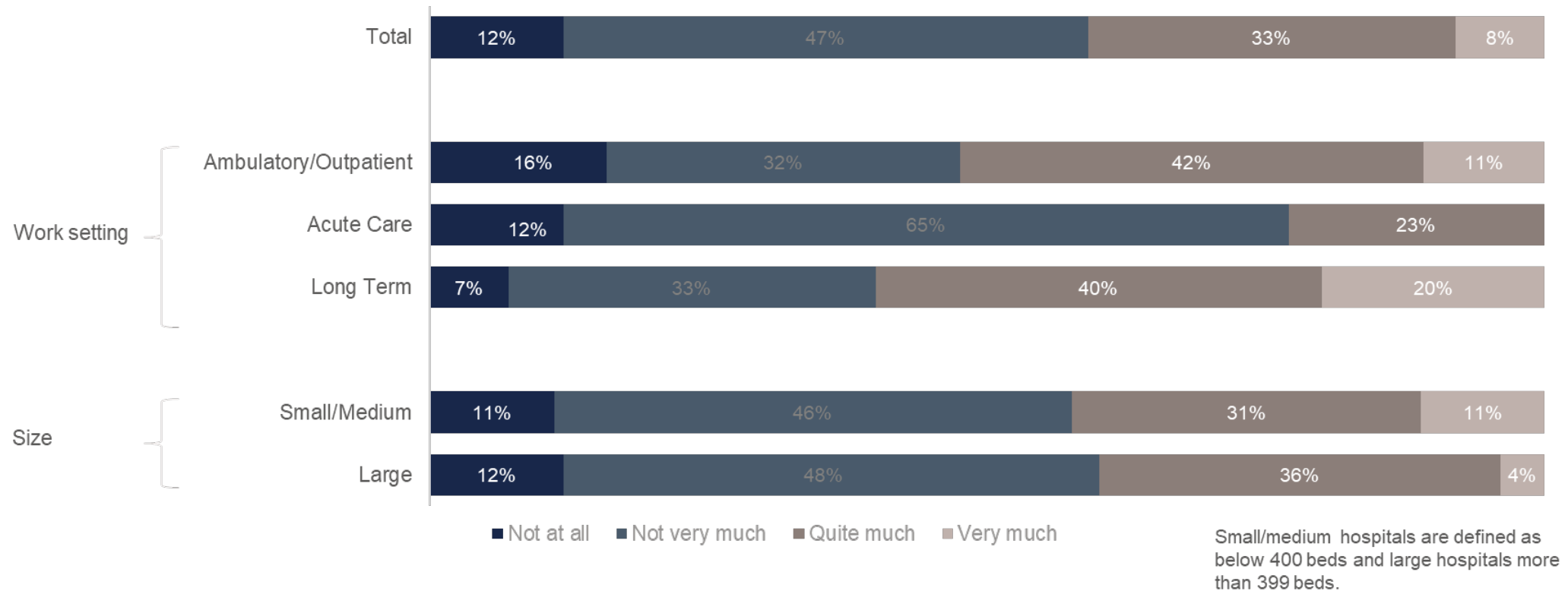
%, Base = All Respondents (60)

Surgical backlog/waiting list

Q1a. Is there a surgical backlog/waiting lists in your hospital today?

Base: n=60

In total, 41% answered that there is a surgical backlog in their hospital today. No major differences between large and small/medium hospitals. The highest share (60%) of surgical backlog is among Long Term Acute Care Hospitals.

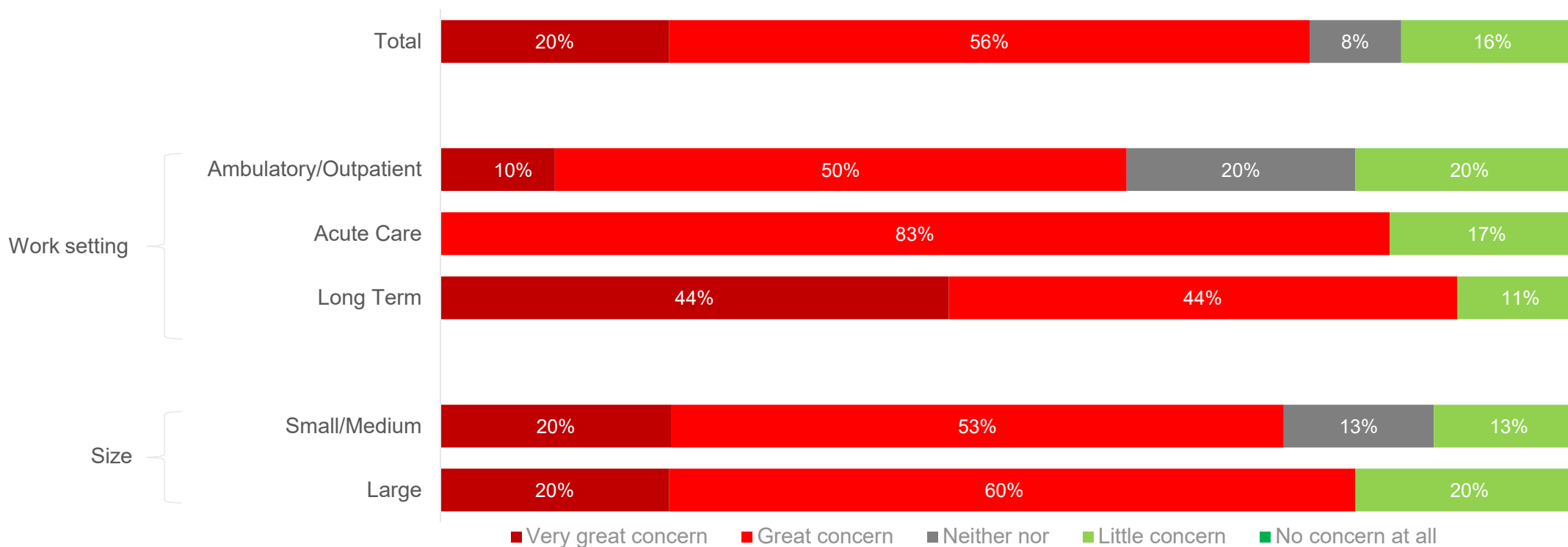


Concern because of Surgical Backlog

Q1b. In your opinion, is the surgical backlog/waiting lists causing concerns in your hospital today?

Base: n=25

This question was asked to those respondents who previously answered that they have a surgical backlog. In total, 76% of those answered that their hospital is concerned about the surgical backlog. A slightly higher concern in large (80%) vs small/medium (73%) hospitals. The highest share of concern (88%) of surgical backlog is among Long Term Acute Care Hospitals.

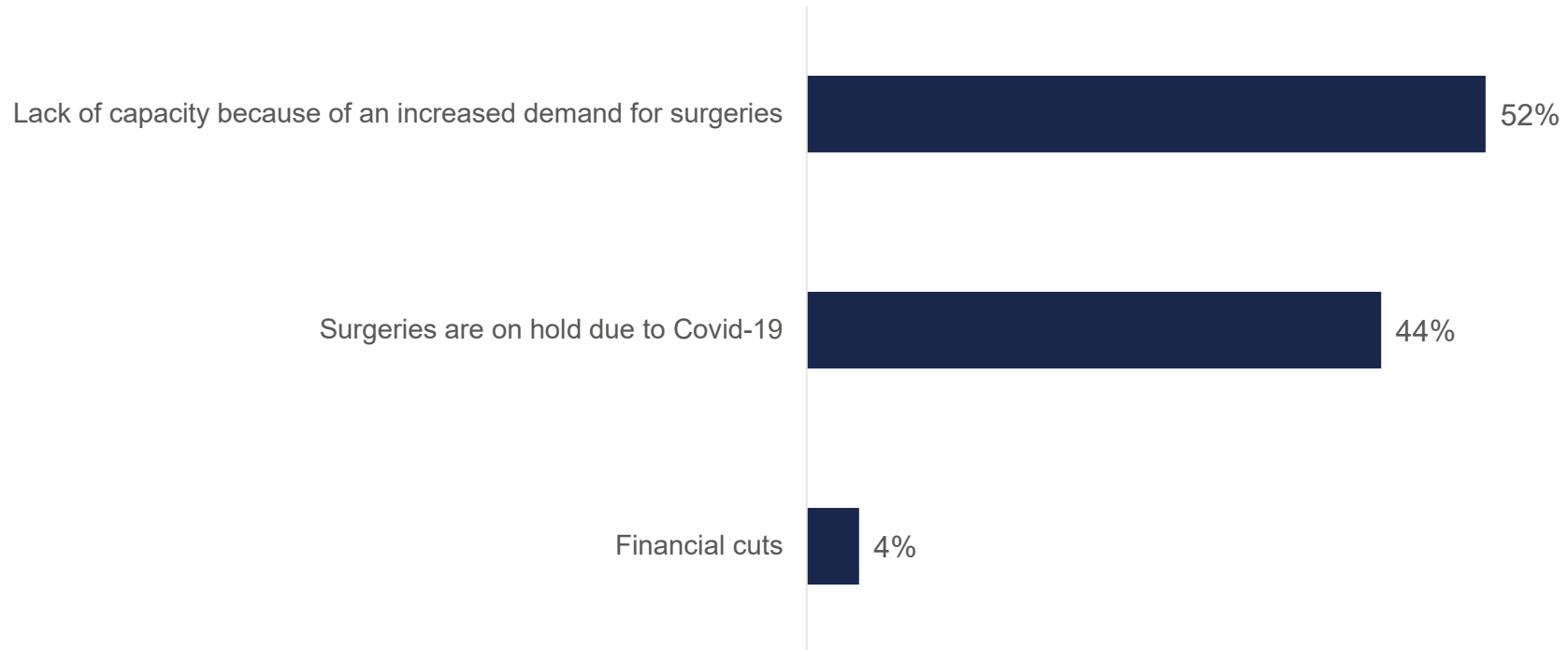


Main reasons for surgical backlog

Q2b. What is the main reason for the surgical backlog/waiting lists?

Base: n=25

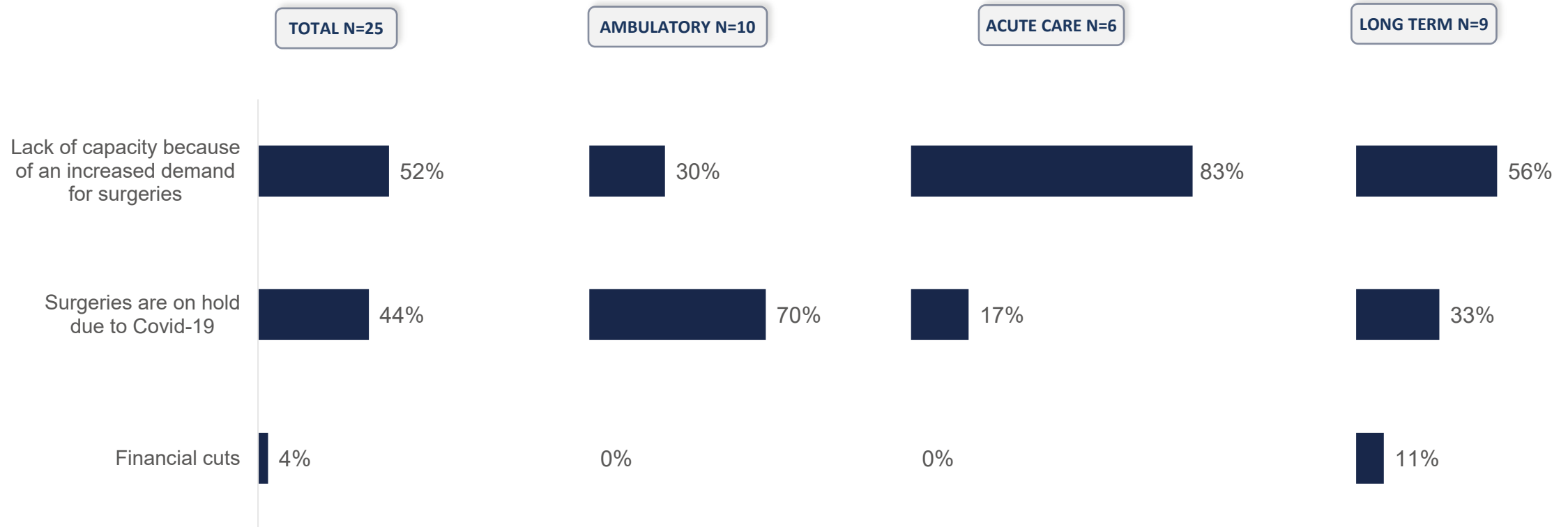
In total, the main reasons for the surgical backlog are lack of capacity because of an increased demand and because surgeries are on hold due to Covid-19.



Main reasons for surgical backlog

Q2b. What is the main reason for the surgical backlog/waiting lists?

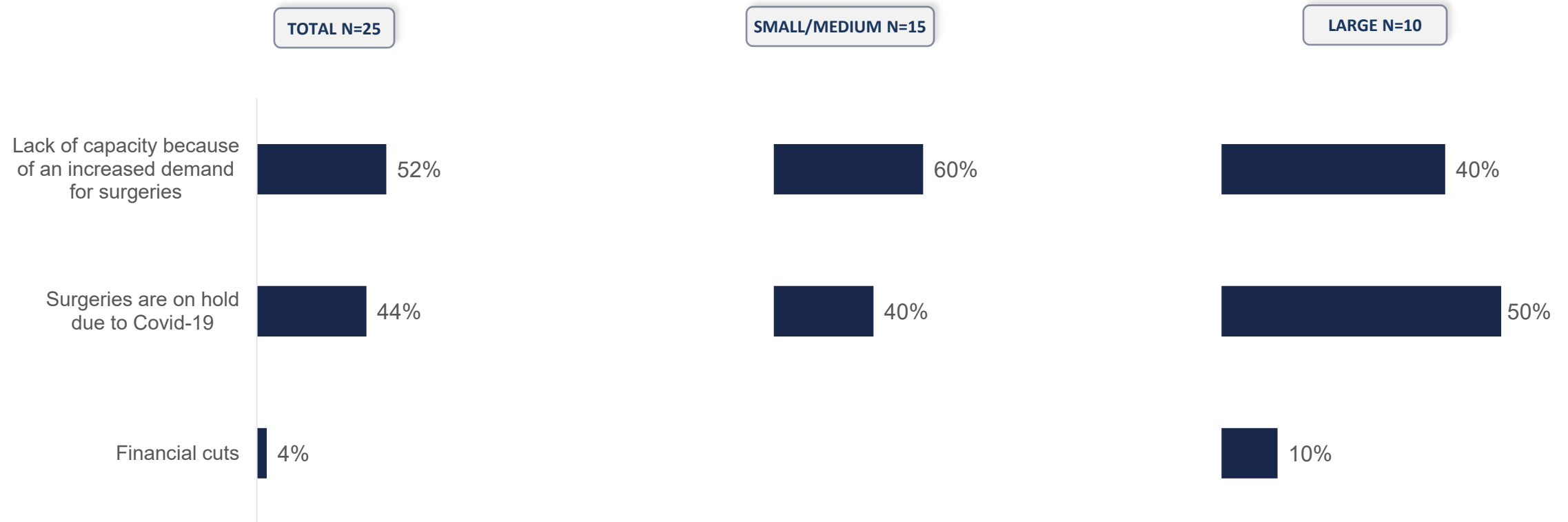
Lack of capacity because of an increased demand is more frequently mentioned among Acute Care Hospitals (83%) and surgeries are on hold due to Covid-19 most frequently among Amulatory or Outpatient Surgery Centers (70%).



Main reasons for surgical backlog

Q2b. What is the main reason for the surgical backlog/waiting lists?

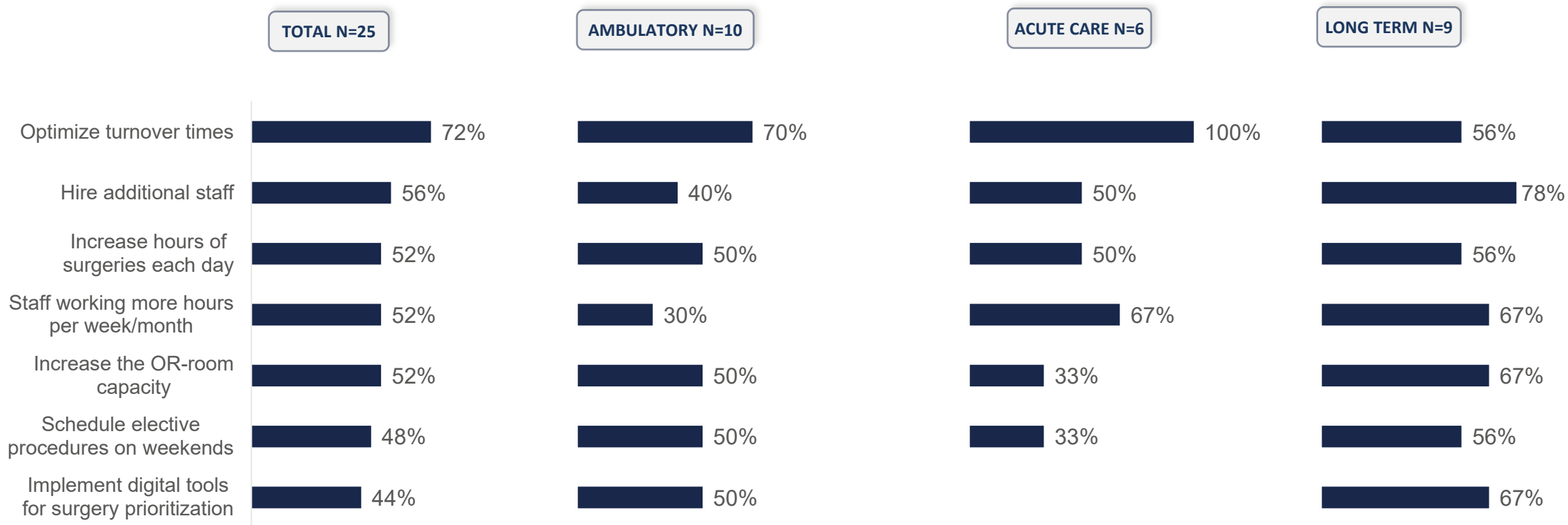
Lack of capacity because of an increased demand is more frequently mentioned among small/medium hospitals (60%) and surgeries are on hold due to Covid-19 most frequently among large hospitals (50%)



Actions to handle surgery Waiting lists

Q2c. What actions are your hospital taking/planning to take to handle the elective surgery waiting lists in the near future?

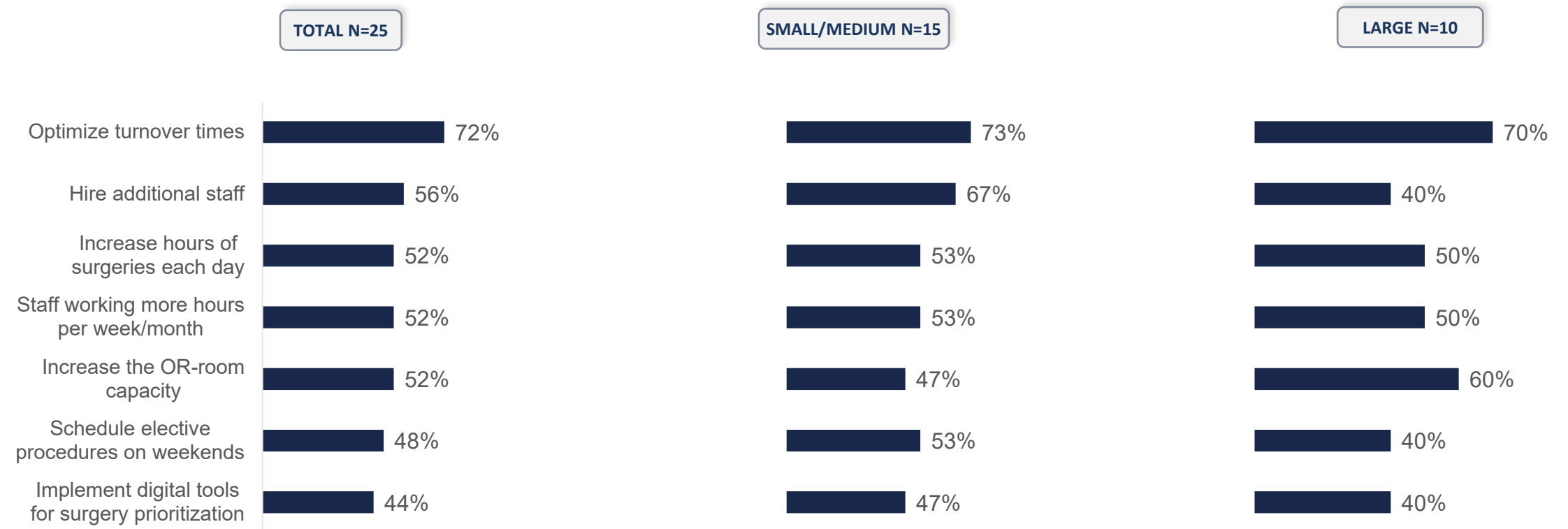
In total, optimize turnover times followed by hire additional staff are the most frequent actions in the near future to handle elective surgery waiting lists. Less than half mention digital tools for surgery prioritization Hire new staff is more frequently mentioned among Long Term Acute Care Hospitals.



Actions to handle surgery Waiting lists

Q2c. What actions are your hospital taking/planning to take to handle the elective surgery waiting lists in the near future?

Hire new staff is more frequently mentioned among small/medium hospitals and increase the OR-room capacity is more frequently mentioned among large hospitals.

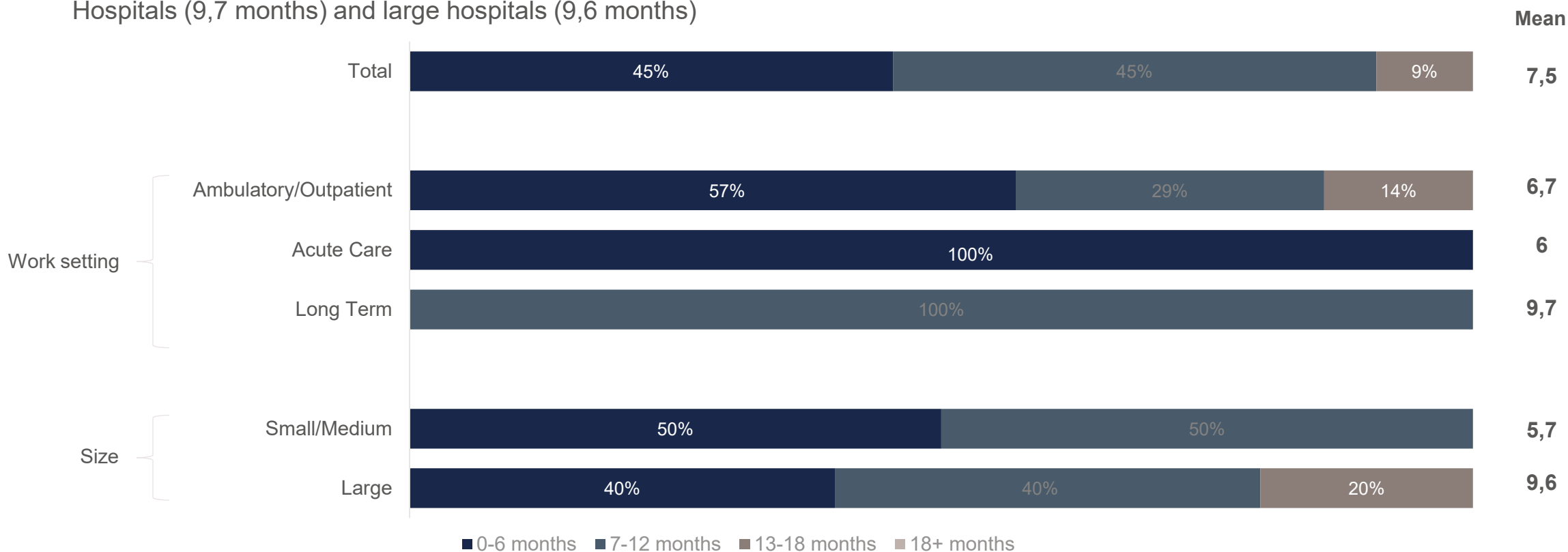


Time before back to pre COVID-19

Q2d. Do you have an estimate of the time it will take for your hospital's surgical waiting list before it is back to pre COVID-19 length?

Base: n=11

This question was asked to those respondents who previously answered that they have a surgical backlog and the reason is COVID-19. On average it will take 7,5 months before the waiting lists are back to pre COVID-19 length. The time is longest for Long Term Acute Care Hospitals (9,7 months) and large hospitals (9,6 months)

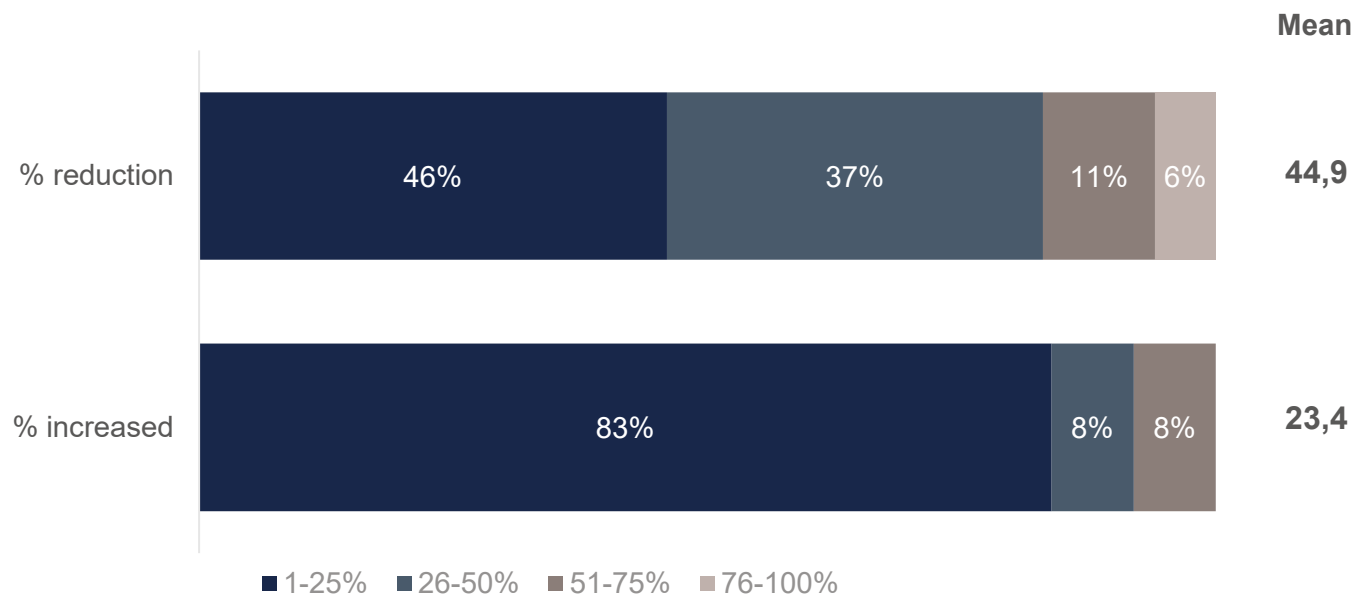
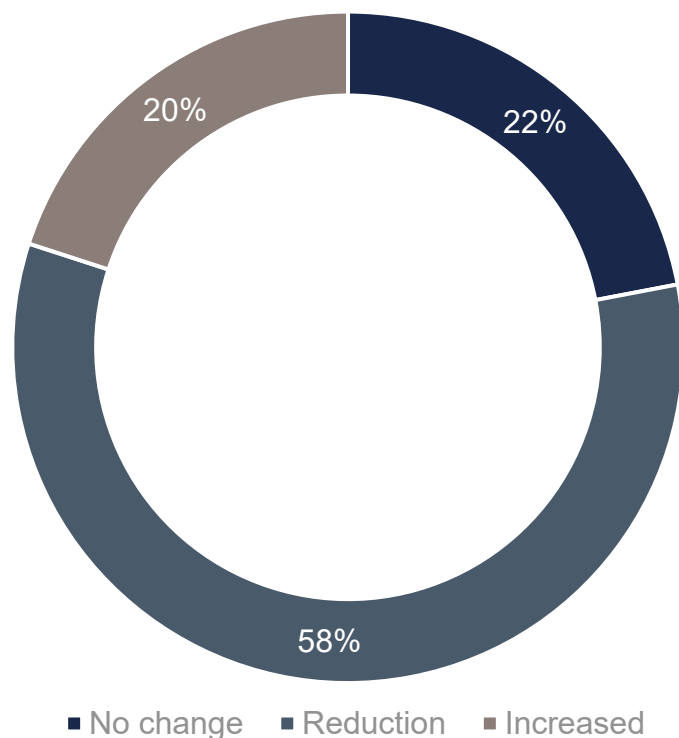


Amount of Elective Surgeries

Q3a. Has there been a change in the amount of elective and acute surgeries during the pandemic? If so, by about what percentage have you seen a reduction or an increased amount of surgeries compared to pre COVID-19 levels?

- Elective surgeries Base: n=60

In total, a majority (58%) answered that there has been a reduction in the amount of elective surgeries during the pandemic. The reduction is on average 44,9%. In total, 20% answered that there has been an increase and the increase is on average 23,4%.

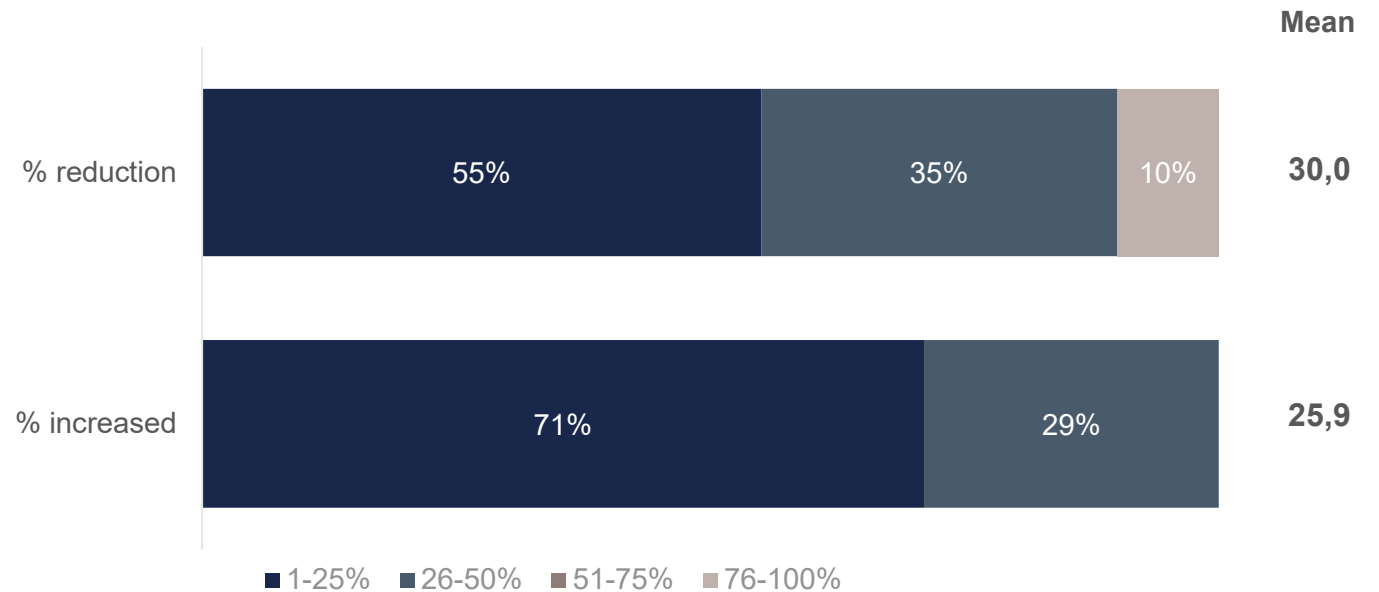
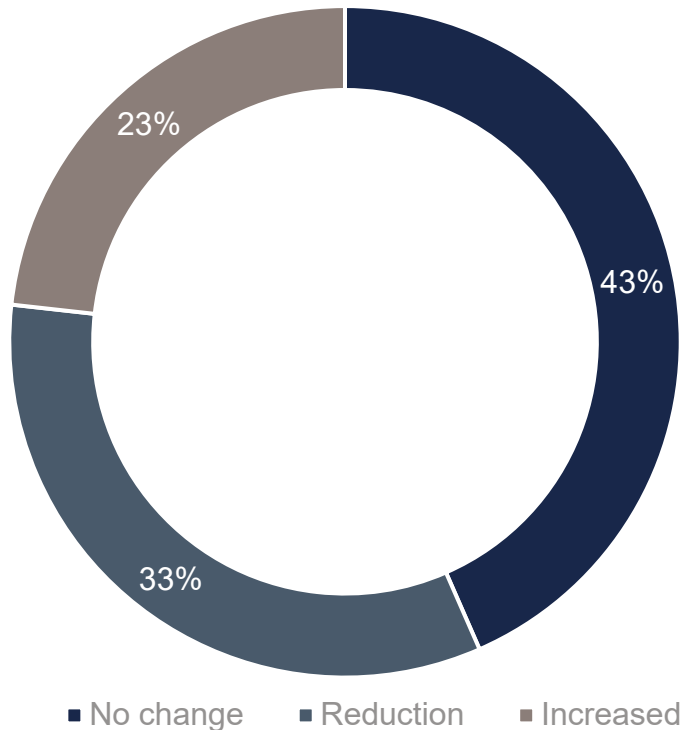


Amount of Acute Surgeries

Q3a. Has there been a change in the amount of elective and acute surgeries during the pandemic? If so, by about what percentage have you seen a reduction or an increased amount of surgeries compared to pre COVID-19 levels?

- Acute surgeries Base: n=60

In total, 33% answered that there has been a reduction in the amount of acute surgeries during the pandemic. The reduction is on average 30%. It can also be concluded that 23% answered that there has been an increase and the increase is on average 25,9%.



Amount of Elective and Acute surgeries

Q3a. Has there been a change in the amount of elective and acute surgeries during the pandemic? If so, by about what percentage have you seen a reduction or an increased amount of surgeries compared to pre COVID-19 levels?

- Acute surgeries Base: n=60

| Elective | No change | Reduction | Increase | % Reduction (mean value) | % Increased (mean value) |
|--------------|-----------|-----------|----------|--------------------------|--------------------------|
| Total | 22 | 58 | 20 | 44,9 | 23,4 |
| Ambulatory | 16 | 74 | 11 | 40,0 | 22,5 |
| Acute Care | 35 | 54 | 47 | 49,1 | 8,7 |
| Long Term | 7 | 47 | 47 | 46,4 | 30,0 |
| Small/medium | 23 | 57 | 20 | 50,8 | 21,1 |
| Large | 20 | 60 | 20 | 37,1 | 26,6 |
| | | | | | |
| | | | | | |
| Acute | No change | Reduction | Increase | % Reduction (mean value) | % Increased (mean value) |
| Total | 43 | 33 | 23 | 30,0 | 25,9 |
| Ambulatory | 26 | 42 | 32 | 23,8 | 22,5 |
| Acute Care | 65 | 27 | 8 | 34,3 | 13,5 |
| Long Term | 27 | 33 | 40 | 34,0 | 33,3 |
| Small/medium | 46 | 29 | 26 | 33,0 | 26,1 |
| Large | 40 | 40 | 20 | 27,0 | 25,4 |

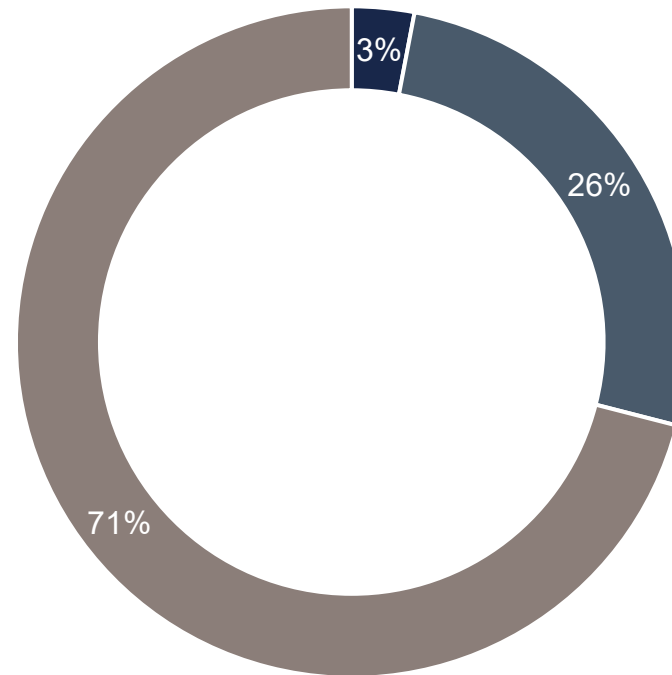
Among Ambulatory/Outpatient Surgery Centers 74% answered that there has been a reduction in the amount of elective surgeries during the pandemic. Which is the highest share among work setting and size of hospital. The reduction for Ambulatory/Outpatient Surgery Centers is on average 40,0%.

Development of Elective Surgeries

Q3b. You answered that elective surgeries have decreased with X% How do you think the amount of elective surgeries will develop after COVID-19?

Base: n=35

In total, 71% of those who mentioned a decrease answered that the amount of elective surgeries will fully rebound back to pre COVID-19 level.



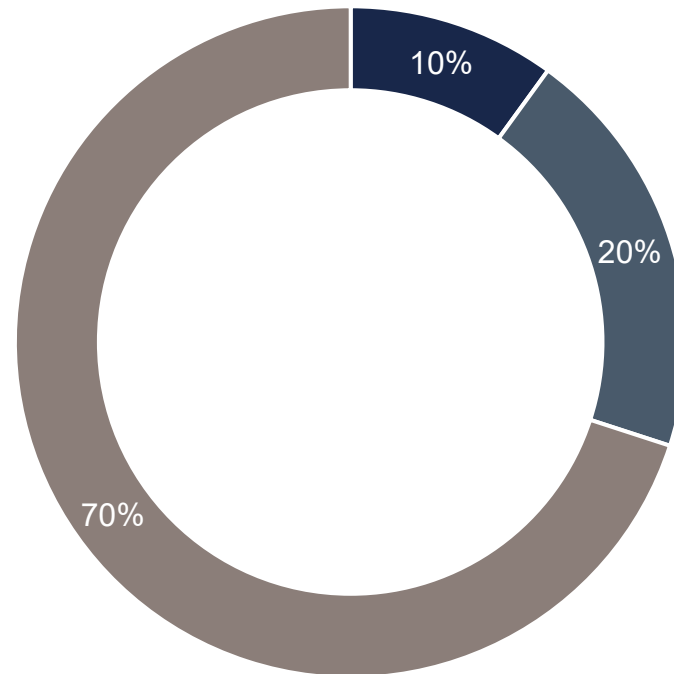
■ No change will remain at this level ■ Partial rebound in percent ■ Fully rebound (back to the pre Covid-19 level)

Development of Acute Surgeries

Q3c. You answered that acute surgeries have decreased with X% How do you think the amount of elective surgeries will develop after COVID-19?

Base: n=20

In total, 70% of those who mentioned a decrease answered that the amount of acute surgeries will fully rebound back to pre COVID-19 level.



■ No change will remain at this level ■ Partial rebound in percent ■ Fully rebound (back to the pre Covid-19 level)

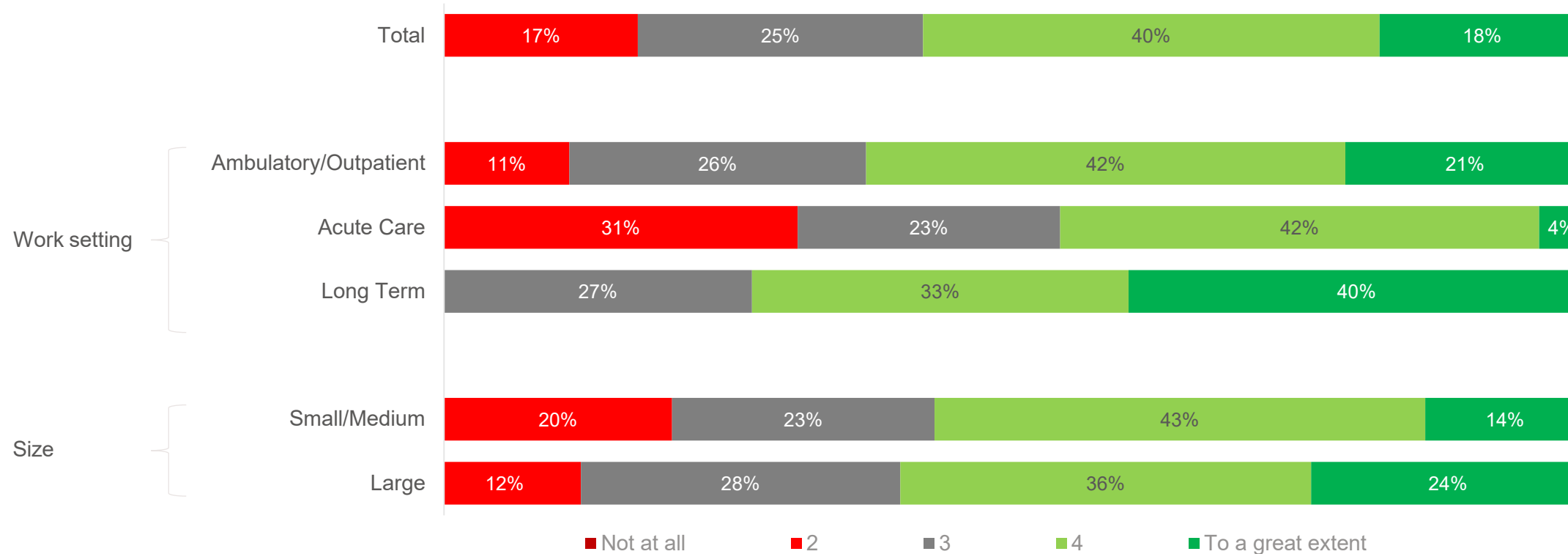
Equipped with Digital Solutions

Q4. Do you consider your hospital to be well equipped with digital solutions to run the daily surgical department?

Base: n=60

In total, 58% answered that their hospital is well equipped with digital solutions to run the daily surgical department.

The highest share (73%) of well equipped we find among Long Term Acute Care Hospitals.

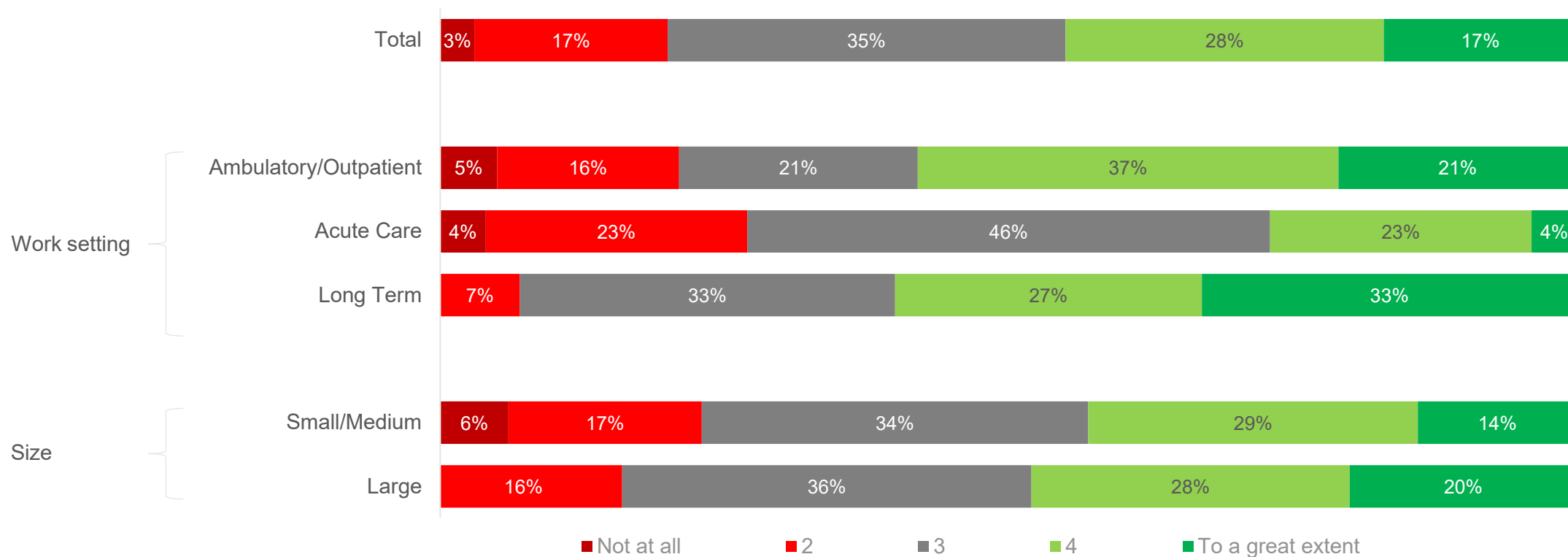


Using advance digital solutions

Q5. In your opinion, is your hospital using advanced digital solutions to improve your effectiveness in handling and prioritization of your surgical waiting lists?

Base: n=60

In total, 45% answered that their hospital is using advance digital solutions to improve effectiveness and prioritize surgical waiting lists. The lowest share (27%) we find among Acute Care Hospitals.

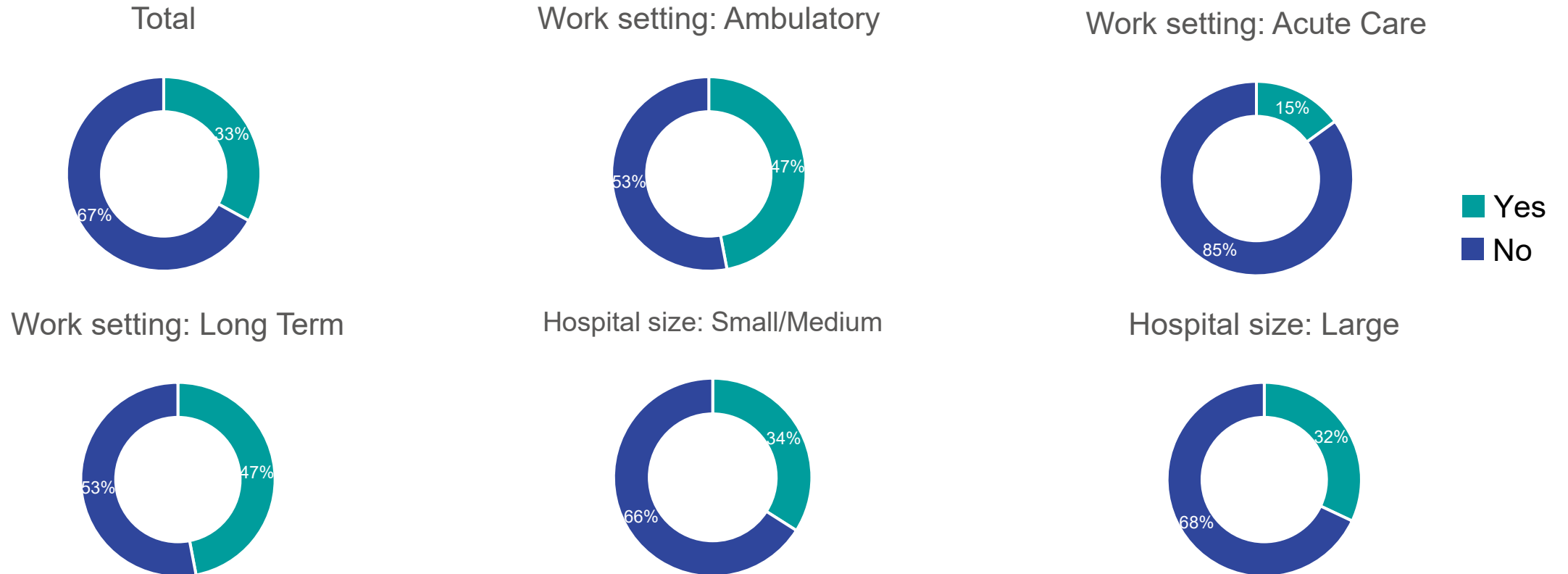


System Consider Patient Data scoring

Q6. Does your system consider patient data scoring/AI (Artificial Intelligence) when prioritizing the surgical waiting lists?

Base: n=60

In total, 33% answered that their system consider patient data scoring/artificial intelligence when prioritizing the surgical waiting lists. This share is higher among Ambulatory/Outpatient Surgery Center (47%) and Long Term Acute Care Hospital (47%)

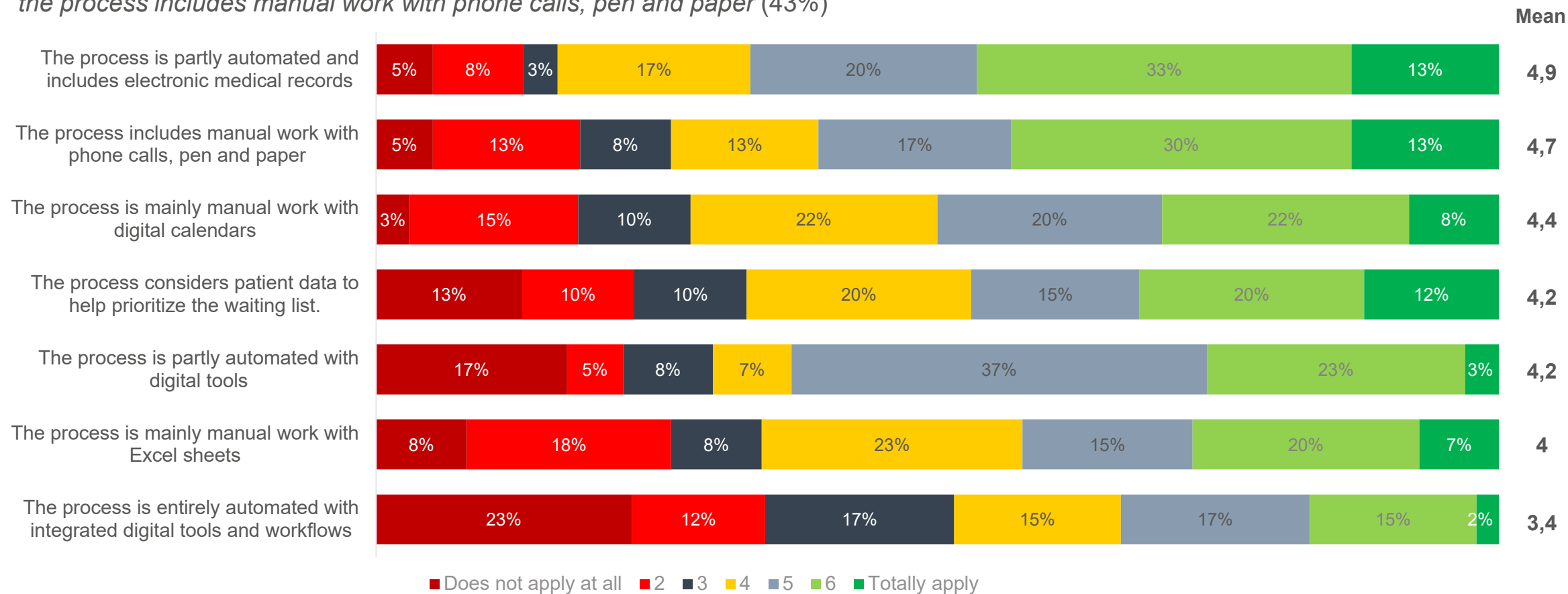


HOW Planning and prioritizing surgeries

Q7. To what degree do each of the following apply to how you're currently planning and prioritizing surgeries at your hospital?

Base: n=60

In total, the highest degree of agreement we find for *the process is partly automated and includes electronic medical records* (46%) and *the process includes manual work with phone calls, pen and paper* (43%)

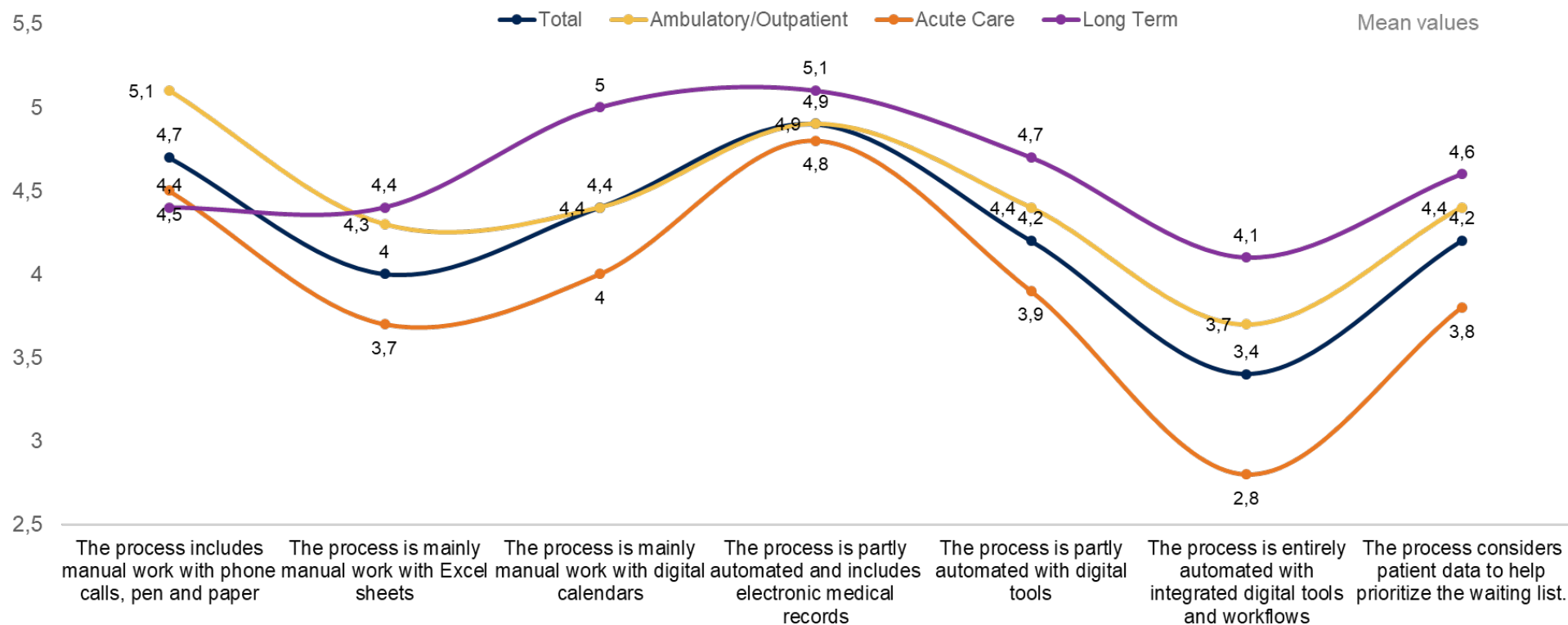


HOW Planning and prioritizing surgeries

Q7. To what degree do each of the following apply to how you're currently planning and prioritizing surgeries at your hospital?

Base: n=60

Long Term Acute Care Hosiptals scores higher on most factors and Acute Care Hospitals score lowest on most factors. It can be concluded that all work settings include manual work and that Acute Care Hospitals is far from being entirely automated.

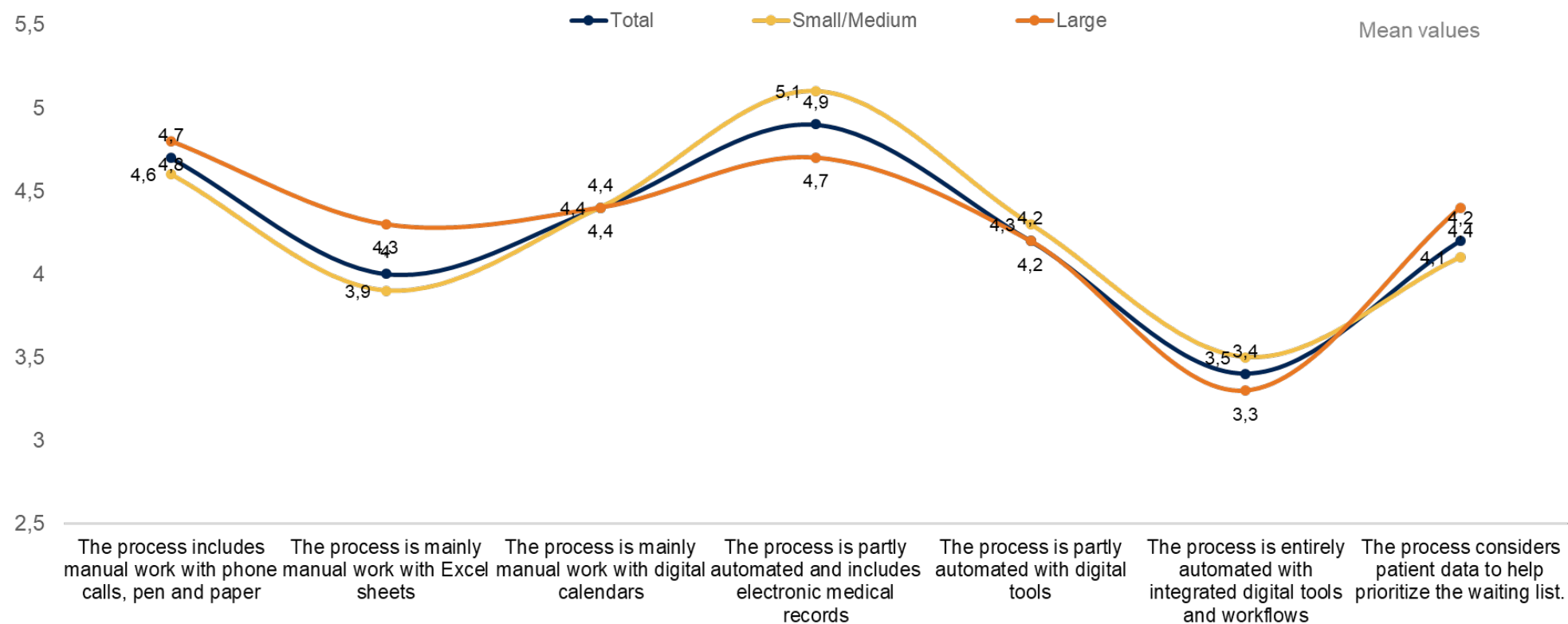


HOW Planning and prioritizing surgeries

Q7. To what degree do each of the following apply to how you're currently planning and prioritizing surgeries at your hospital?

Base: n=60

When it comes to size of the hospital there are no major differences between small/medium and large hospitals.

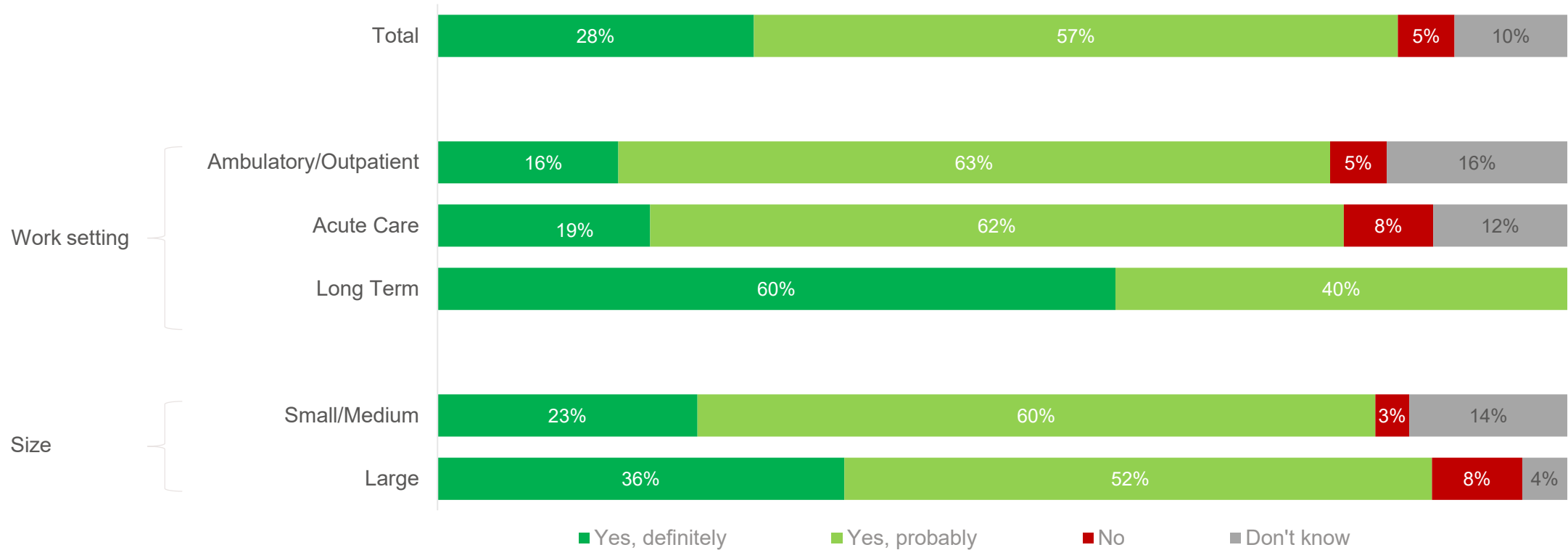


Implementation of New Management Solution

Q8. Would you be considering implementation of a new OR Management solution in your facility to enable increase efficiency in your OR department? For example use AI to reduce the ongoing surgical waiting list even beyond COVID?

Base: n=60

In total, almost all (85%) consider implementation of a new OR management solution. All Long Term Acute Care Hospitals consider such an implementation.

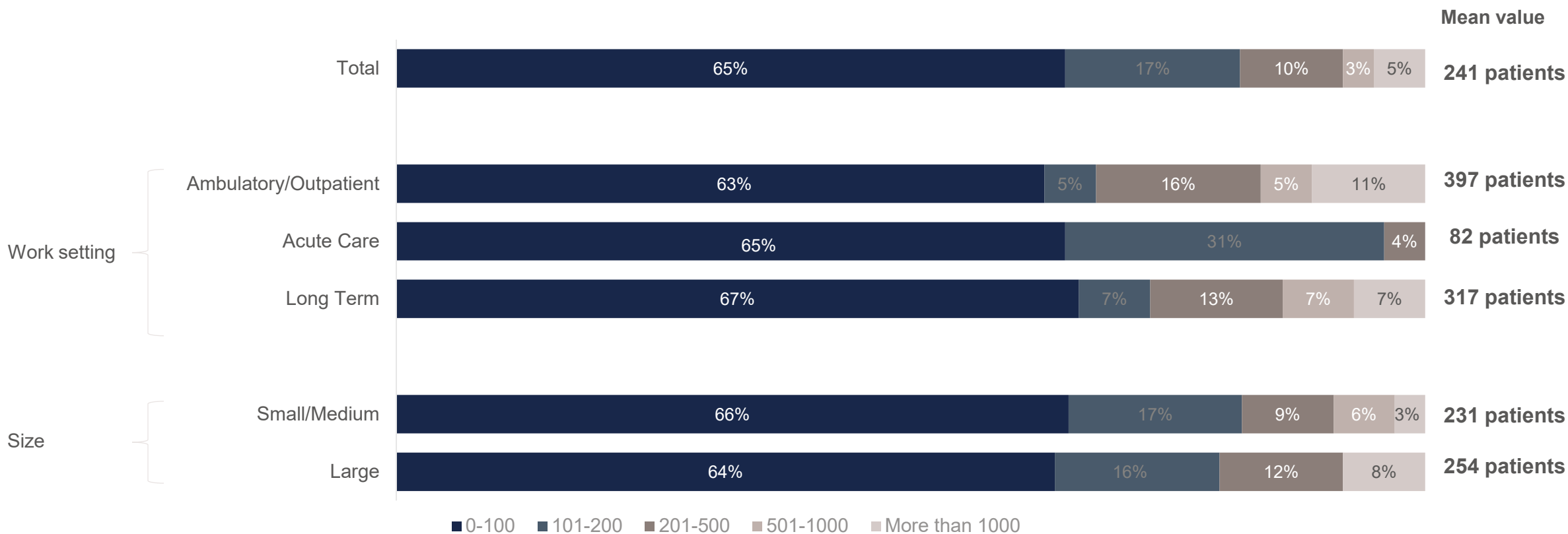


Current Surgical Waiting list

B04. Could you please estimate your current surgical waiting list?

Base: n=60

In total, on average 241 patients are on the current surgical waiting list. There are less patients on the waiting list in Acute Care Hospitals.





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