POCUS Business Plan

1. Business Overview
	1. Departments using Point of Care Ultrasound (POCUS) has continued to expand throughout (*hospital/healthcare system name*) and its affiliated campuses. A medical director of POCUS position was created in 2012 to assist with the 7 strategic pillars of institutional POCUS:(1-3)
		1. POCUS Oversight and Governance
		2. POCUS Machine Purchasing and Machine Standardization
		3. POCUS Workflow Solution and Imaging Archiving Solution and Maintenance
		4. POCUS Competency and Credentialing
		5. POCUS Training and Education
		6. POCUS Quality Improvement and Assurance
		7. Maximizing POCUS Revenue Capture
	2. Over the last 7 years, the Medical Director of Point of Care Ultrasound has worked to oversee and develop theses strategic goals. POCUS has expanded to almost every department at (*hospital/healthcare system name*). A need was identified to create a department of POCUS which would reside under the umbrella of the (*hospital/healthcare system department or service line*)
2. Executive Summary
	1. The POCUS department will help ensure that clinicians at (*hospital/healthcare system name*) use POCUS as a safe and effective modality to guide the care of their patients. This would include resuscitative, diagnostic, symptom/sign based and procedural POCUS(4).
	2. The POCUS department will continue to provide oversight to the 7 pillars of institutional POCUS described above.
	3. The POCUS department will continue to work with the Imaging Institute to ensure that providers utilizing POCUS will have access to the proper technology and training needed to perform POCUS in a safe and cost-effective way.
3. Mission Statement
	1. The Department of POCUS is built on ensuring safe, effective and quality POCUS for departments while matching the clinician to the most appropriate and cost-effective technical need.
4. Business Structure
	1. In order to create a department of POCUS and achieve the strategic goals the following positions will be needed:
		1. Medical Director of POCUS
		2. Senior IT analyst
		3. Ultrasound Technician
		4. Administrative Assistant
5. Roles and Responsibilities
	1. Medical Director of POCUS
		1. Responsible for governance and oversight of the 7 pillars of institutional POCUS described previously.
		2. Provide services described in attached POCUS director job description document(5) (previously created)
		3. Work with Imaging Institute Leadership to ensure high quality POCUS throughout the health system and offer input pertaining to bulk ultrasound purchases and image archiving modalities.
		4. Supervise other members of the POCUS department listed in section IV, Business Structure.
		5. Provide POCUS outreach to other (*hospital/healthcare system name*) campuses and affiliates developing POCUS infrastructure.
		6. Ensure the System Wide POCUS credentialing and competency policy stays up-to-date and work with credentialing and MEC when providers request additional POCUS privileges.
	2. Senior IT analyst POCUS
		1. Provide onboarding for new departments performing POCUS (see attached Onboarding Document (6)).
		2. Checking error logs from the POCUS Vendor Neutral Archive/EPIC/PACS (POCUS workflow).
		3. Maintenance of the (*insert Ultrasound workflow here*) Share point site
		4. Provide Technical Support for POCUS workflow access requests/issues.
		5. Provide networking for new POCUS machines
		6. Provide General Support for all POCUS workflow issues.
	3. Ultrasound Technician
		1. Assist the Medical Director of POCUS with technical training for medical students, residents, fellows, APP’s, Staff Physicians in various departments who are utilizing POCUS.
		2. Provide technical expertise on POCUS machine functions and controls to providers receiving new machines.
		3. Assist with hands on POCUS workshops at (*insert hospital/healthcare system/medical school name*) to ensure ongoing technical competency amongst providers performing POCUS.
	4. Administrative Assistant
		1. Provide administrative functions such as meeting scheduling and POCUS event coordination.
		2. Provide security administrator tasks such as entering and removing personal from Ultrasound Workflow.
6. SWOT analysis
	1. Strengths
		1. Creating a department of POCUS will help align team members and make it easier to achieve the strategic goals.
		2. Providing a Business Structure composed of the aforementioned team members will create a cohesive department.
		3. Creating a department of POCUS with structured goals and objectives along with an operating budget will enhance the effectiveness of the POCUS initiatives.
	2. Weakness
		1. Currently multiple members are working from different departments on POCUS goals and initiatives.
		2. A cohesive departmental structure has not been previously defined
		3. No financial resources or operational budget exists.
		4. The current POCUS Ultrasound Workflow software has an anticipated end of life in 2021. The POCUS department will need to help identify and support a new POCUS workflow solution.
		5. Many POCUS machines in the health system are nearing end of life and will need to be replaced but individual departments often lack the capital and expertise to find a suitable upgrade.
	3. Opportunities
		1. Work closely with department of Revenue Capture to ensure appropriate billing compliance for POCUS and maximize revenue capture.
		2. Update POCUS machines nearing end of life
		3. Expand use of POCUS in appropriate departments
		4. Improve POCUS procedural guidance competency for hospitalist procedure team
		5. Support the Emergency Ultrasound Fellowship and consider acceptance of trainees from other disciplines beside Emergency Medicine.
		6. Find new POCUS Workflow software
		7. Collaborate with (*insert medical school name*) to incorporate POCUS into 1st year anatomy curriculum and longitudinally beyond.
		8. Provide Quality Assessment and Feedback to departments performing POCUS
		9. Work with ISS on establishing continued system standards for cart based, portable and handheld POCUS machines
	4. Threats
		1. Lack of financial resources/budget
		2. Lack of cohesive department codified under Imaging Institute
		3. Time allocation and FTE support
		4. Diminishing insurance reimbursement for POCUS
		5. Increased documentation requirements
		6. Increasing PACS fees and VNA workflow costs
		7. Hand held POCUS devices on Network
7. Market Analysis
	1. POCUS is rapidly expanding through all healthcare departments. There will be continued opportunities to create new revenue streams. POCUS infrastructure must continue to be updated, supported and expanded to emerging departments and (*hospital/healthcare system name*) affiliated campuses. Creating a cohesive department of POCUS will be essential to staying competitive in this expanding market.
	2. We are currently analyzing the most recent fiscal data to estimate the total POCUS revenue from all (*hospital/healthcare system name*) Departments.
8. Budgetary Capital
	1. The items listed below are the forecasted expenses to start and support a department of POCUS.
		1. Salary expense (for FTE allocation) for POCUS staff listed under Business Structure (Section IV, a)
		2. Expense for Office Space
		3. Travel Expense for Continuing POCUS education/training
		4. Travel Expense for (*hospital/healthcare system name*) outreach to other campuses
		5. Capital expense for new Ultrasound Workflow Solution
		6. Capital expense for upgrading machines in various departments at end of life (can be bulk purchased with Imaging Institute purchases)
		7. Training equipment such as ultrasound compatible models and phantoms
	2. The forecasted revenues and benefits from the department of POCUS are listed below.
		1. Continued revenue from using POCUS enterprise workflow and new revenue from departments/clinics that are onboarded. (*insert revenue/ROI from POCUS if available)*
		2. Cost savings to the health system for decreasing use of higher end imaging modalities such as CT (also quality benefit of avoiding ionizing radiation)
		3. Improved procedural guidance creating less utility of Interventional Radiology for procedures such as thoracentesis and paracentesis (will also contribute to decreasing hospital LOS).
		4. Improved procedural guidance which will decrease adverse patient outcomes and events.
9. Attachments
10. Strony, R., et al. 2018. System Wide Clinical Ultrasound Program Development: An Expert Consensus Model. *West JEM*. Vol 19(4)649-653
11. Cormack, C., et al. 2019. Time to Establish Pillars in Point of Care Ultrasound. *AJUM.* Vol 22(1)12-14
12. Moore, C., et al. 2011. Point-of-Care Ultrasonography. NEJM. 364:749-57
13. ACEP Ultrasound Guidelines 2016
14. POCUS Director Job Description
15. Q-path Onboarding Document