Role Play - Remote IONM Service

Your OR has a contract with a remote IntraOperative NeuroMonitoring (IONM) service that all surgeons like. IONM involves monitoring a patient's brain, spinal cord, and peripheral nerve functions during a procedure to minimize neurological morbidity and problems from surgery.

The person who monitors localizes anatomical structures, peripheral nerves, and sensorimotor cortex to guide the surgeon during dissection to make sure the surgeon does not remove too much tissue.

IONM used to be done on-site by a person who was physically present in the OR. However, remote IONM done virtually is cheaper for the hospital and patient, and studies show it has higher quality and better outcomes.

A high profile neurosurgeon, Dr. Hami, has recently joined the staff. She was recruited for over a year and came directly from a major competitor. She prefers on-site IONM done by a physician assistant (PA). She says on-site monitoring has higher reimbursement and also allows her to employ the PA. If she uses the remote service, not only will she lose money, she will have to let the PA go. She insists on an exception to remote IONM.

The OR director requests a facilitator for discernment to determine how OR leadership should respond to the surgeon's request for on-site IONM for her cases.