Maximizing OR Efficiency: Why Most OR’s Are Set-up For Failure & What to Do About it

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Managing Partner & CEO, NAPA

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President & CEO, The Brooklyn Hospital Center

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North American Partners in Anesthesia
Why are Most OR’s Set-up for Failure?

- Lack of solid perioperative infrastructure spearheaded by strong anesthesia leadership
- According to the Tarrance Group Study:
  - 47% of hospitals reduced or redirected OR procedures due to anesthesia staffing issues
  - 75% had experienced an increase in surgery wait times
  - 66% had to limit access to the OR
- Causes of Anesthesia Issues:
  - The Average Group is too small to provide the scale and resources necessary to meet the growing needs of the modern day OR
    - MGMA Cost Report states that almost 70% of physician groups have 1-25 physicians
Your Anesthesia Group, Your OR Leader

- It is imperative that the anesthesia department become leaders who keep the OR running efficiently.
- How can anesthesia improve OR efficiency?
  - Perioperative Leadership
  - Staffing Efficiencies
  - Robust QA Program
  - Effective Management
  - Lower Costs
- The anesthesia department should work in conjunction with other important stakeholders and form a team dedicated to constant improvement.
The Brooklyn Hospital Center

- Member of New York – Presbyterian Healthcare System
  - 464 Beds
  - 21,000 admissions per year
  - 15 ORs/anesthetizing locations
  - Over 12,000 surgical operations in 2010
Critical Issues and Challenges

1. Stabilizing and right-sizing anesthesia staffing model
2. Increasing anesthesia coverage for surgical cases
3. Implementing an anesthesia QA program
4. Positioning strong leadership within the operating room and anesthesia department
5. Reduction in anesthesia subsidy
Establishing the Proper Staffing Model

• Anesthesia department was staffed with a mix of full and part-time clinicians:
  – Many non-boarded
  – Per-Diem and Locums
  – Provided services at non-hospital based clinical sites

• Structure
  – Department of 14 MD and 6 CRNAs established based on:
    o Number of anesthetizing locations
    o Vacation Demands
    o Call Schedule
    o Providing capacity for service expansion

• Permanent anesthesia staff recruited
  – Many Ivy League trained
  – Dedicated to providing services in the Hospital
Operating Room Utilization

Before

After
Enforcing Strong Perioperative Leadership

- Pre-Surgical Testing process
- Communication and coordination with nursing
- Integration with hospital committees and management
- Build a strong relationship with surgical staff
- Providing local Chairman with tools to manage staff
  - Training Programs
  - Support Network of Peers
  - Chief Dashboard
  - Proprietary QA Tools
Chief Dashboard

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Sample Hospital

Administration Metrics

Payor Mix by Procedures

Clinical Metrics

Procedure Volume by Service Area

Average Days from DOS to Data Entry

Physicians Coding Accuracy

Critical Events Analysis

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Sample Hospital

Sample Hospital QA Forms

- Q1 2019: 3
- Q2 2019: 3
- Q3 2019: 3
- Q4 2019: 3

Total Patients: 30

Percent of Patients: 0%

Patients with Post-Op DeAne: 30

Percent of Patients: 0%

Antibiotics Infections

- Total Cases: 30
- Percent of Antibiotics Infections: 0%
Quality Assurance Program

- Proprietary QA program
  - Reports results to the Anesthesia Business Group (ABG)
    - NAPA is a founding member of ABG
    - ABG is a certified Patient Safety Organization by the Department of Health and Human Services
- The essential tool in managing outcomes and clinical performance of anesthesiologists & CRNAs
- Tracks 31 different indicators
- Results are measured against peers within the institution and against NAPA and National (ABG) benchmarks
- Allows for a data-driven process to manage staff and recognize outliers
QA Reports

**QA Summary**

North American Partners in Anesthesia
QA Tracking Event Summary
2010 Q4

**SAMPLE HOSPITAL**

<table>
<thead>
<tr>
<th>Case Metric</th>
<th>Value</th>
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<tr>
<td>Cases in Date Range</td>
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<td>Cases with QA Events</td>
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<td>QA Events</td>
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<td>YTD QA Events</td>
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**Practitioner Profile**

North American Partners in Anesthesia
Special Procedures Summary
2010 Q4

**SAMPLE HOSPITAL**

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<td>Airway - Intubating LMA, 2</td>
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<td>Airway - Tube Guide / Changer, 2</td>
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<td>CVP, 6</td>
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North American Partners in Anesthesia
QA Tracking Event Summary
2010 Q4

**SAMPLE HOSPITAL**

<table>
<thead>
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<th>Case Metric</th>
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Reducing the Anesthesia Subsidy

• Implementation of strong billing policies & procedures helped increase departmental revenue
  – NAPA Days in A/R top quartile of MGMA results (under 35 days)
  – Claims ultimately resolve to over 99.6% of allowable
  – Procedures to ensure every case is billed and collected

• Staff “right-sized” to provide coverage and allow for expansion of services
  – Additional coverage for labor epidurals, GI cases, acute & chronic pain service added additional revenue
The Brooklyn Hospital Center Subsidy

**Anesthesia Subsidy**

![Bar Chart]

- Baseline
- NAPA Year 1
- Current

%ages:
- 100%
- 80%
- 60%
- 40%
- 20%
- 0%
Future Trends for the Anesthesia Industry

• Anesthesia market is highly fragmented
  – According to a Citigroup study, 80% of all anesthesiologists are employed by a physician group practice
    o Of those 90% are part of a small independent group

• Independent groups tend to lack the scale and infrastructure to provide levels of service requested by their customers
  – Clinical
  – Data
  – Quality Assurance
  – Administrative

• As demands increase on the independent groups, a shift toward larger specialty focused organizations is a likely outcome
Q&A

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www.napaAnesthesia.com/anesthesia