

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

Speakers:

Timothy Dowd, MD
Managing Partner & CEO, NAPA

Richard Becker, MD
President & CEO, The Brooklyn Hospital Center

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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 to 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



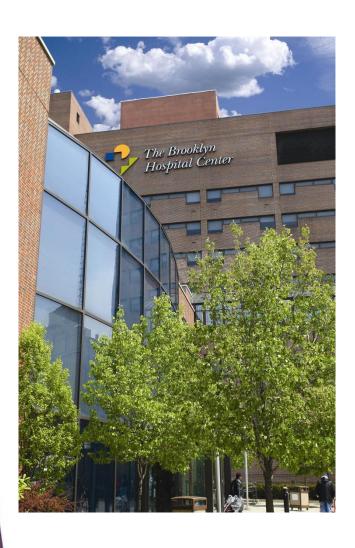
Your Anesthesia Group, Your OR Leader

- 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



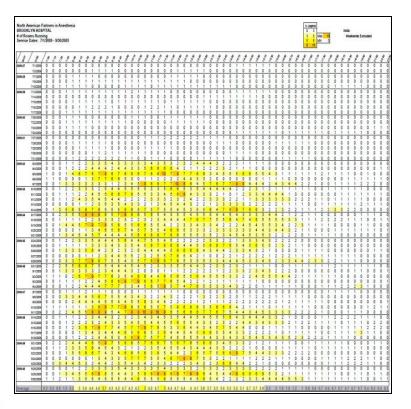
Establishing the Proper Staffing Model

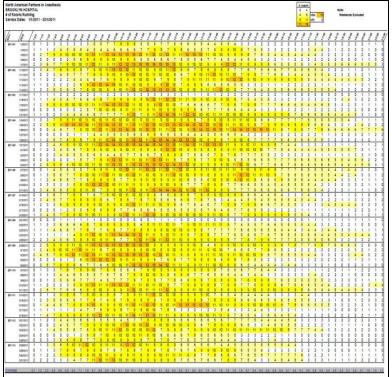
- Anesthesia department was staffed with a mix of full and parttime clinicians:
 - Many non-boarded
 - Per-Diem and Locums
 - Provided services at non-hospital based clinical sites
- Structure
 - Department of 14 MD and 6 CRNAs established based on:
 - Number of anesthetizing locations
 - Vacation Demands
 - Call Schedule
 - 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





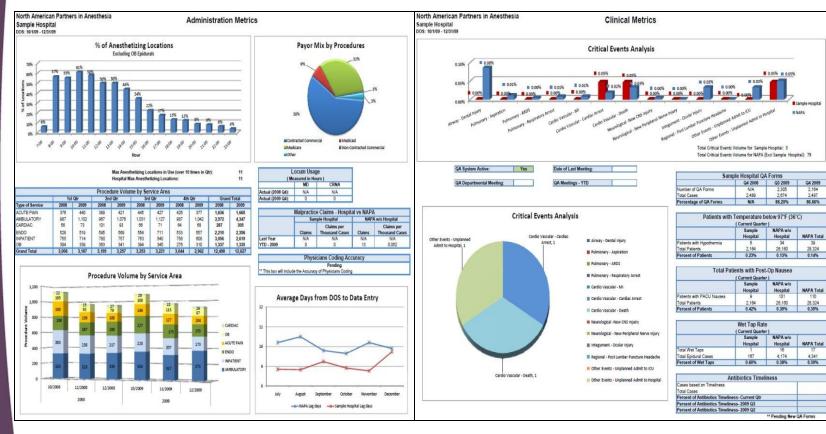


Enforcing Strong Perioperative Leadership

- 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





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



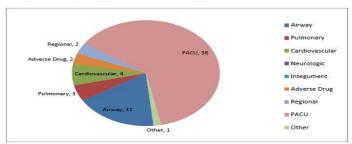
QA Reports

QA Summary

North American Partners in Anesthesia QA Tracking Event Summary 2010 Q4

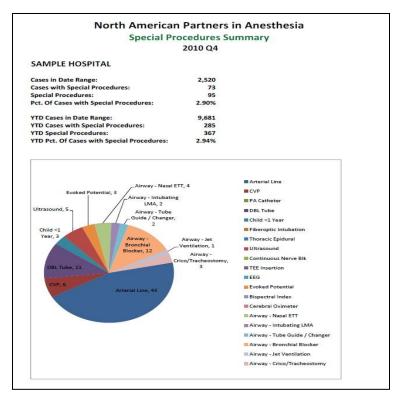
SAMPLE HOSPITAL

Cases in Date Range:	2,520
Cases with QA Events:	46
QA Events:	61
Pct. Of Cases with QA Events:	1.83%
YTD Cases in Date Range:	9,681
YTD Cases with QA Events:	179
YTD QA Events:	226
YTD Pct. Of Cases with QA Events:	1.85%



Event	Count	Pct.	YTD	Pct.
Airway	11	0.44%	23	0.24%
Pulmonary	3	0.12%	11	0.11%
Cardiovascular	4	0.16%	12	0.12%
Neurologic				
Integument				
Adverse Drug	2	0.08%	4	0.04%
Regional	2	0.08%	5	0.05%
PACU	38	1.51%	169	1.75%
Other	1	0.04%	2	0.02%

Practitioner Profile





Reducing the Anesthesia Subsidy

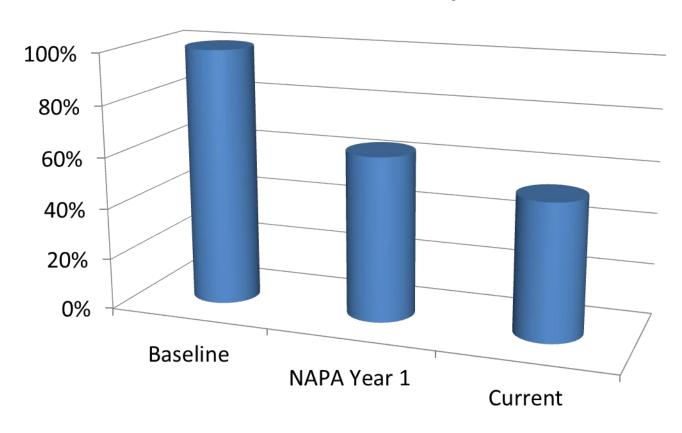
- Implementation of strong billing policies & procedures helped increase departmental revenue
 - NAPA Days in A/R top quartile of MGMA results (under 35 days)
 - Claims ultimately resolve to over 99.6% of allowable
 - Procedures to ensure every case is billed and collected
- Staff "right-sized" to provide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





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
 - 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

Contact Info:

North American Partners in Anesthesia 516-945-3333

www.napaAnesthesia.com/anesthesia



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Our Unmatched Anesthesia Experience. Your OR's Advantage.