



Predicting and Averting a Storm

How to Evaluate Your Anesthesia Provider and Ensure Your OR's Success

Becker's Hospital Review Annual Meeting May 2012
 Marc E. Koch, MD, MBA
 President & CEO, Somnia Anesthesia

©2012 Somnia, Inc.

Marc E. Koch, MD, MBA

- Medical School
 - SUNY at Stony Brook
- Residency
 - Yale-New Haven Hospital
- MBA
 - Fordham University
- CEO of Somnia since 1996
- Anesthesia consultant for over 100 facilities



©2012 Somnia, Inc.

Why Trouble in Your Anesthesia Department Resembles a Storm

Your Anesthesia Department...

- The nascence of problems can be seen well in advance
- Early and ongoing evaluation mitigates bad outcomes
- Those who prepare early fare the best
- The impact on the surgical program can be severe



©2012 Sonnet, Inc.

Early Warning Signs....

- Surgeon satisfaction on Anesthesia KPIs <85%
- Nursing satisfaction on Anesthesia KPI <85%
- Patient satisfaction on Anesthesia KPI <85%
- Anesthesia Staff satisfaction survey < 75%
- OPPE, FPPE, SCIP, HCAPS data is aberrant, absent or late
- Retraction of engagement on hospital committees
- Avoidance of CXO interactions

*****Tracking and trending promote early detection*****

©2012 Sonnet, Inc.

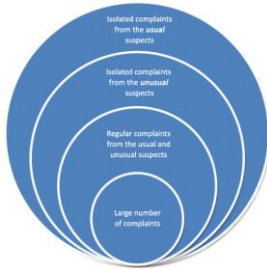
As With A Storm...

- One look, at one point in time, not very helpful– it's a snapshot in time
- A pattern usually means 2 or 3 separate readings– it's an evolving situation
- A singular very bad reading might suggest a rapid response
- Do not ignore the data or be talked out of what it suggests

Everyone is entitled to their own opinion; nobody is entitled to their own facts.

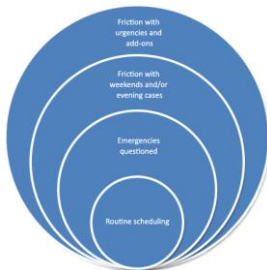
©2012 Sonnet, Inc.

Examples of a Typical Trajectory...



©2012 Sonnia, Inc.

Examples of a Typical Trajectory...



©2012 Sonnia, Inc.

Examples of a Typical Trajectory...



©2012 Sonnia, Inc.

What Indicators Endorse a Preparedness Strategy... (Impact of Unpreparedness)

Requests for Higher Subsidy

= (increased subsidy due to lack of alternatives)

Quality not up to Market

= (poor SCIP measures & VBP payments)

Persistently Unhappy Patients

= (low HCAHPS scores portends reduced case volume & reimbursements)

Unhappy Surgeons

= (poor harmony in OR, passive-aggressive behavior, angst with administ.)



©2012 Summit, Inc.

As Data and Behavior Suggest Eventual Landfall...

- Meet one-on-one with surgeons
- Meet one-on-one with nurses
- Meet one-on-one with members of the anesthesia group
- Review minutes of nursing, surgical, OR steering, and other meetings

©2012 Summit, Inc.

Begin to Explore Contingencies....

- 18 months out...assemble RFP committee
- 12 months out ...RFP issued
- 10 months out...interviews of finalists and choice made
- 9 months out...assemble and charge transition teams
- 8 months out...make formal announcement of new anesthesia team
- 6 months out...begin recruitment and retention process

Going through an RFP does not obligate you to make a change!

©2012 Summit, Inc.

Can You Predict a Bad Storm?

Yes!



©2012 Sonnetix, Inc.

The Warning Signs

Beware of the Five Warning Signs

#1 – Clinical Inefficiency and Ineffectiveness

- Increased case cancellations
- Increased on-time starts
- Increased turnover time
- Passive management of add-ons
- Increase in PONV and/or post-op pain
- Anecdotal quality and safety concerns become more of pattern

©2012 Sonnetix, Inc.

Beware of the Five Warning Signs

#2 – Discord and Disconnect

- Regular visits with the c-suite lessen
- Committee involvement less robust
- Surgeons report lack of general availability
- Nurses lament lack of support
- Late to arrive and early to leave
- In-fighting

©2012 Summit, Inc.

Beware of the Five Warning Signs

#3 –Customer Dissatisfaction

- Erosion of HCAHPS scores
- Volume shift to competing arenas
- Complaints from nurses to hospital management
- OR Scheduler ↔ Surgeon Booking Staff
- Normally happy surgeons turn dissatisfied

©2012 Summit, Inc.

Beware of the Five Warning Signs

#4 – Administrative Problems

- Frequent use of locums and high turnover
- Increased burden on credentialing office due to high turnover
- Anesthesia dept case logs ≠ facility case logs
- Internal complaints about late, incorrect or skipped paychecks
- Internal complaints about failure to pay notices (Med Mal, etc.)

©2012 Summit, Inc.

Beware of the Five Warning Signs

#5 – Anesthesia Group's Contingency Planning

- Senior staff assigned to a local surgery center or GI facility
- MD:CRNA ratios flex up to accommodate outside duties
- Incoming switchboard calls for MDA and CRNA
- Queries from local hospitals and surgery centers

©2012 Sonnetta, Inc.

Predict the Oncoming Storm:
Ongoing Evaluation Your Anesthesia Department

Why Evaluate Anesthesia Services?

- Be on the lookout for very early warning signs
- Leg up with preparedness and contingency planning
- Mitigate potential for being backed into corner
- Even for well-run departments, evaluative process often identifies areas of improvement:
 - Leadership
 - Quality Management
 - Financial Management
 - Clinical Service Delivery (scope and depth)
- Provides an understanding of the advantages and challenges of current group

©2012 Sonnetta, Inc.

Examples of Sound Leadership

- Leading by example, alacrity and pro-activity
- Keep the trains running on time
- Adroitly deal with small issues before they mushroom
- Broad, deep and rich data to underscore efficacy
- Involvement in hospital activities
- Some degree of contingency and succession planning



©2012 Sonoma, Inc.

Examples of Quality Improvement

- Appreciation for **Quality Management** vs. quality management
- Evaluative Metrics
 - OPPE
 - FPPE
 - HCAHPS
 - SCIP
 - Surgeon, nursing and patient satisfaction
- Risk Management and Compliance Plans



©2012 Sonoma, Inc.

Examples of Good Financial Management

- Revenue generated vs. cost of service
- Discussion of the triad – payer contracts, scope of service, subsidy
- Collaborative determination of subsidy
- Expectation of no subsidy and six sigma service not realistic
- Professional compensation analysis ≠ 2008 MGMA
- Optimized billing practice



©2012 Sonoma, Inc.

Instances of Acceptable Clinical Services

- Is OR coverage consistent?
- Are ratios of MD and CRNA optimized?
- Flex up - flex down considerations
- Add-on management
- Team's ability to expand scope
- Recruitment and retention

©2012 Somnia, Inc.

Final Takeaways

- Evaluating your anesthesia group is an ongoing process
- Monitor, and don't dismiss, early warning signs
- Preparedness equates to contingency planning
- Access Somnia's new evaluation app @ www.somniaevaluation.com

©2012 Somnia, Inc.

Thank You!

877.476.6642
mekoch@somniainc.com
www.somniainc.com

To access Somnia's Evaluation App with your
smart phone/tablet, go to:
www.somniaevaluation.com



©2012 Somnia, Inc.