

## Is Your Anesthesia Group an Asset or a Liability?

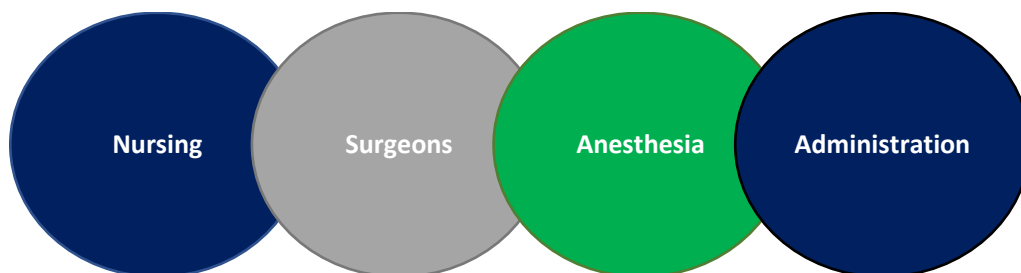
*How your group can increase the value of perioperative services at your hospitals and ambulatory surgery centers*

By: Yvette Stanley, Senior Perioperative Consultant, Enhance Healthcare Consulting

Anesthesia groups are viewed by hospitals and surgery centers as a “necessary” component of perioperative operations. Wouldn’t it be nice for your group to be viewed as more than necessary? To be viewed as a valued asset, trusted partner, and driver of surgical market share? Based on our experience at hundreds of facilities nationwide, we will highlight four key strategies to earn the respect of administration, surgeons, nursing leadership and staff.

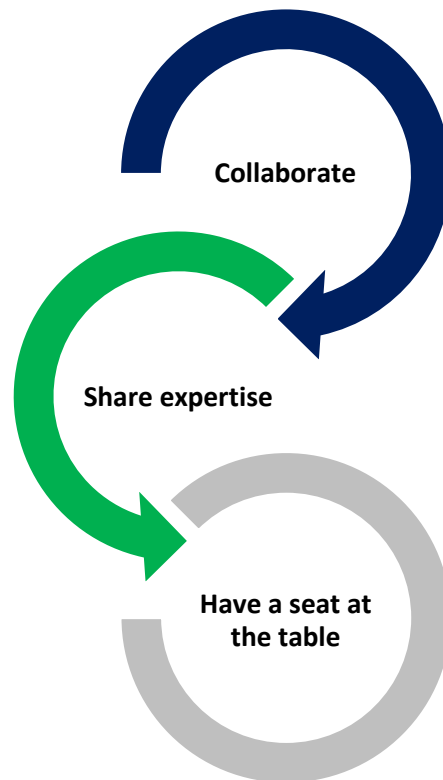
**1. *Engage and participate in the leadership of the Surgical Services Committee, providing objective insight that helps smooth daily operations within the operating rooms.***

The Surgical Services Committee is a team of multi-disciplinary professionals (Clinical and Business) focused on providing operational leadership and strategic direction to the operating rooms. Examples that the governing committee could be charged with are block schedule alignment, monitoring the efficiency of daily operations, e.g. first case on-time starts and room turnover, and standardization of supplies. Higher performing anesthesia groups routinely monitor staffing levels, anesthetizing locations, and utilization of staffed time as part of their standard reports. Anesthesia group data often reveal opportunities to cut the steep cost of opening rooms unnecessarily. Consider sharing the reports as part of a Surgical Services Committee dashboard, to help with efficient utilization of expensive anesthesia resources as well as alignment of resources beyond anesthesia. In addition, by identifying underutilized block time, the reports may demonstrate opportunities for additional surgeons to acquire block time, equating to improved business performance for both your hospital and anesthesia group.



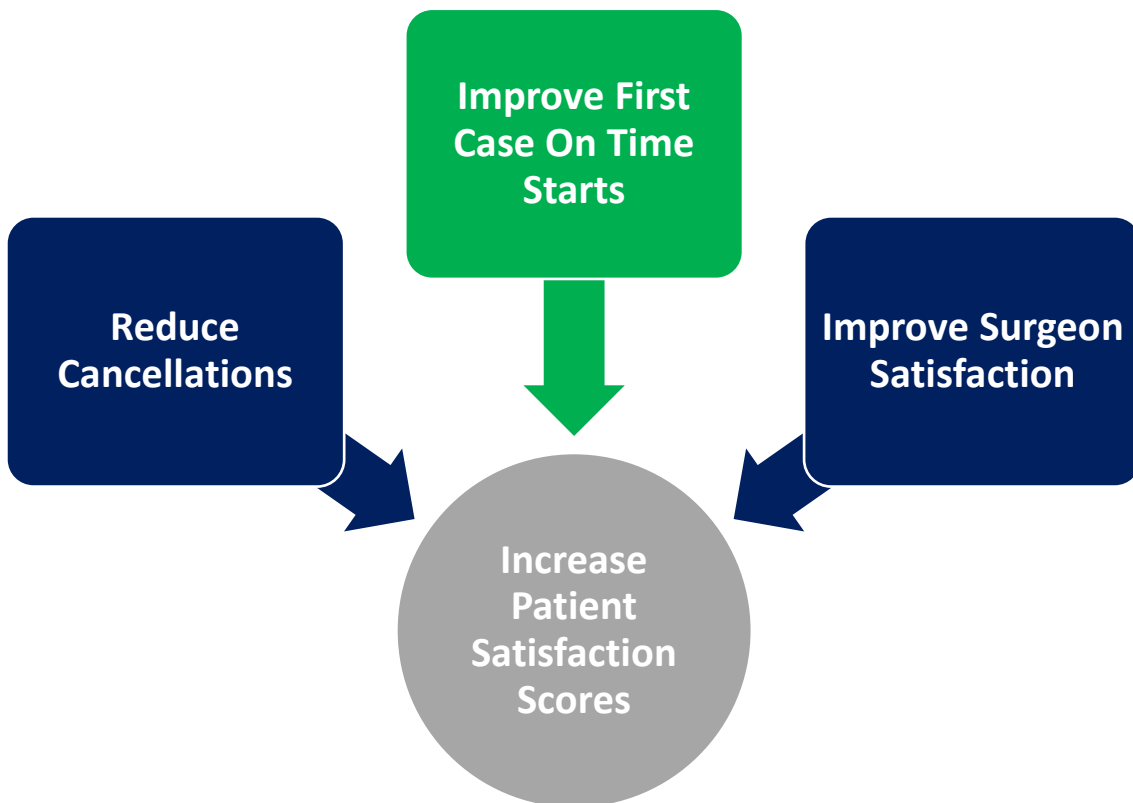
**2. Designate a representative from your group (Physician or CRNA) to actively collaborate daily with the OR Director and Surgeons when reviewing the surgery schedule.**

Administration would rather have your group at the table as a trusted advisor than get reports of Anesthesia not participating in daily operations. By participating in daily huddles or the equivalent, your group representative can proactively plan staffing and intercept and minimize potential patient issues that frequently cause delays or cancellation of cases. Anesthesia providers are ideally positioned to identify red flags while reviewing the schedule. Instituting and leading a daily huddle to collaborate with peers regarding add-ons and areas of concern demonstrates proactive efforts for efficiency and planning.



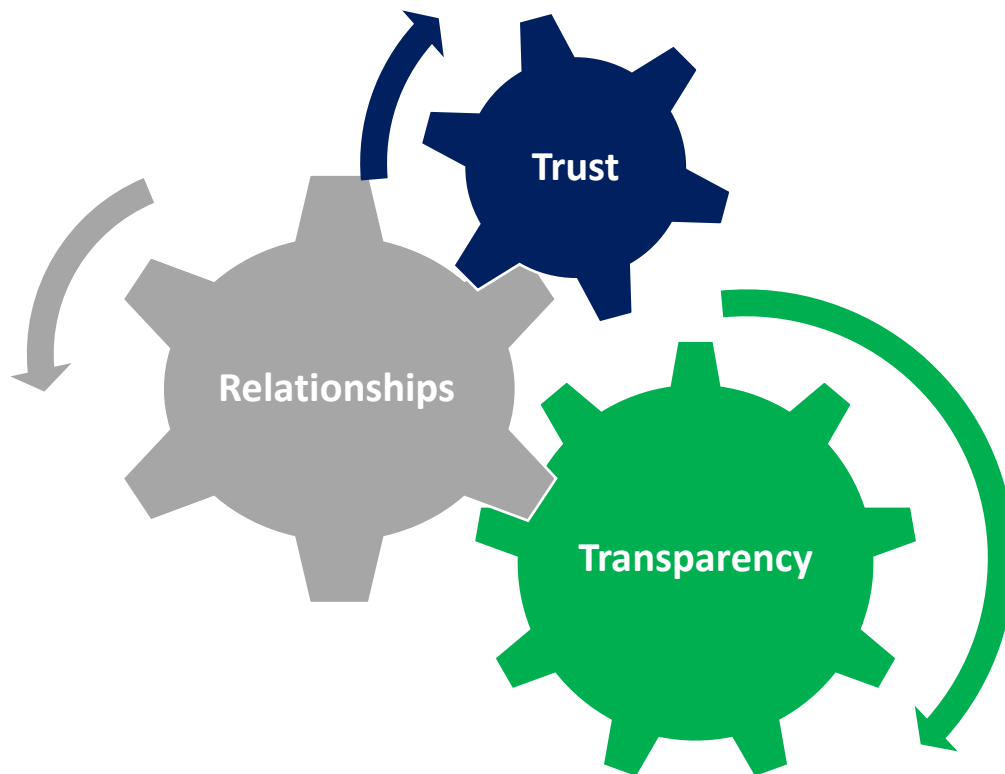
**3. Participate in performance improvement efforts that align your group with the overall goals of the hospital. Higher performing anesthesia groups work lean and efficiently to arrange staffing models.**

Anesthesiologists are best equipped to assess, prepare and optimize patients preoperatively. You are the best resource to help your surgical peers make informed decisions prior to the patients' surgery date. Your expertise is needed to help align nursing, scheduling, and surgeons. Participating in or helping to form performance improvement teams adds value to the perioperative team as well as the overall performance of surgical services. In order to facilitate patient satisfaction, and reduce complications and length of stay, many anesthesia groups are taking the lead to initiate proactive pain management protocols, often as a part of Enhanced Recovery After Surgery (ERAS) initiatives. Playing an active role in driving these goals of the "Triple Aim" delivers value to your patients, surgeons and administrators and helps make your group an irreplaceable asset.



**4. Keep administration informed about staffing challenges and constraints; providing them with routine updated plans of how your team is recruiting and retaining qualified professionals.**

If you have been in this business long enough, at one point you've been blamed for not having enough coverage whether it be in the main ORs or the Non-Operating Room Anesthesia (NORA) sites. In many facilities, the number of requested anesthetizing locations has grown at a more rapid rate than case volume. Groups often struggle to keep up with staffing demand, especially with ongoing shortages of anesthesiologists and anesthesiologists. You may feel vulnerable to the wrath of surgeons and administration because your group is facing these staffing challenges. We have found that ongoing communication and transparency is key to building and maintaining relationships with the C-Suite, surgeons and OR leadership. Sharing your plan of action for recruiting and retention may prevent issuance of an RFP which often occurs due to frustration with coverage and lack of understanding of your group's recruitment environment. Good partnerships are more sustainable when key stakeholders are consistently kept informed.



Transforming your group into a truly valued, long-term partner involves proactive consideration of the requirements of your partner facilities. Anesthesia groups are uniquely positioned to add ongoing perioperative value clinically, operationally and to overall business performance. In our experience, groups will be well served by focusing on the four areas delineated in this article as key components of a well thought out strategy to becoming an indispensable asset.