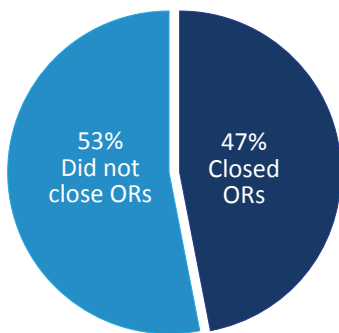




Anesthesia Staffing Models That Drive Value and Improve Quality: How the Right Model Delivers Efficiencies, Revenue and Clinical Quality Excellence

Percentage of Hospitals that Closed ORs Due to Lack of Anesthesia Coverage



No hospital executive wants to choose between finding additional funds for anesthesia services and reducing the number of surgeries at the facility. However, that is what many of today's anesthesia staffing models force executives to do. How serious is the problem? The Advisory Board Company reports nearly half of all hospitals temporarily closed operating rooms (ORs) due to the lack of anesthesia coverage.¹

A tight market makes it exceedingly difficult to find additional funds, and reducing surgeries hurts the bottom line. Industry trends, such as staffing shortages and a rise in performance-based payment systems, add to the hospital's ongoing challenges.

Hospital executives are looking for efficiencies and effective strategies to improve the delivery of anesthesia services. One such strategy is the development of anesthesia staffing models in which anesthesiologists and certified registered nurse anesthetists work together to provide services. With the right mix, there is no need for hospital executives to make a choice between spending more money and reducing the number of surgeries.

Many hospitals have already developed a team care model for delivering services, so integrating anesthesia services supports that approach. This white paper examines how developing a hospital's best anesthesia staffing model improves efficiencies, adds revenue streams, and supports clinical quality excellence.

Challenges Affecting Anesthesia Staffing Models

There are challenging internal and external influences affecting anesthesia staffing models. The socioeconomic elements of these issues play a key role in the development of the best anesthesia staffing model.

Staffing analysis must consider the following:

- Current and future supply and demand
- State regulations and scope of practice of mid-level providers
- Change management and transition issues

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