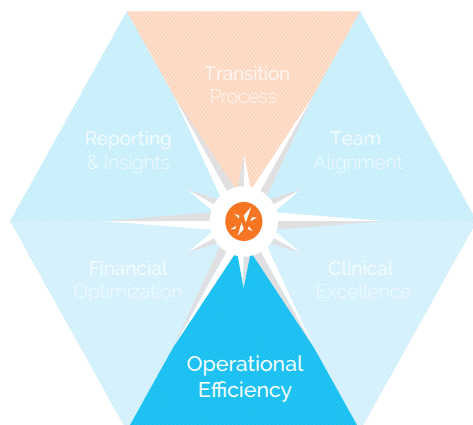




Case Study: Regional approach to anesthesia services improves efficiency of patient care



NorthStar Anesthesia strategy targets staffing, workflow and documentation at Detroit Medical Center.

Applying a regional approach to overseeing anesthesia services at Detroit Medical Center’s multiple locations has led to more efficient patient care.

NorthStar Anesthesia, which manages anesthesia services at more than 180 facilities in 20 states, assumed responsibility for anesthesia services at DMC on July 1, 2015. Shortly after arriving at the academic medical center, NorthStar implemented a two-pronged regionalization strategy, which includes:

- Cross-credentialing anesthesiologists and certified registered nurse anesthetists at multiple locations to enable them to move between facilities as surgery schedules dictate.
- Standardizing clinical workflow processes and clinical documentation across all surgery sites.

Challenges

To apply this regional approach, NorthStar dismantled geographic silos at DMC in which CRNAs were hospital employees assigned to a single surgery site and most anesthesiologists, who worked for a private medical practice, worked at only one site.

The goal is to have 100 percent of CRNAs and anesthesiologists—who all are now NorthStar employees—cross-credentialed by mid-2016.

The locations in NorthStar’s contract include ambulatory and hospital-based surgery suites at DMC’s multi-hospital campus in downtown Detroit as well as at DMC Sinai Grace Hospital in Northwest Detroit and DMC Huron Valley-Sinai Hospital in suburban Commerce.

“We have a basic staffing footprint at each facility, but we know that on a given Monday, one facility is going to have fewer surgeries than planned and the other is going to have more than planned,” explains Joel Tompkins, CRNA, vice president of operations for NorthStar’s Midwest division and vice chief anesthetist officer at NorthStar.

“We have the ability to look at the nurse anesthetists and the anesthesiologists globally and meet the needs of the DMC system-wide,” says Tompkins, adding that NorthStar revises staffing plans as needed once surgery schedules for the following day are finalized.

This regional approach to staffing saves money because individual sites do not have to pay overtime to permanent employees or higher hourly wages for temporary staff to meet surgery schedules that are busier than usual.

Staff members typically move between all of the surgery sites with the exception of DMC Huron Valley-Sinai Hospital due to the long commute that would be required for many of NorthStar’s employees to travel from their homes to the suburban facility.

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Start time delays
decreased



Decrease in
overtime and
locums.

Solution

Moving staff between locations is but one piece of NorthStar’s regional strategy. Another piece is to standardize clinical workflow processes and clinical documentation, which improves efficiency because staff members do not have to learn different routines for each facility.

Standardization of workflow processes and documentation also allows NorthStar to collect consistent and reliable metrics to measure performance both at an individual practitioner level and collectively at a DMC-wide level.

NorthStar began the standardization process by replacing paper forms with a single, DMC-wide set of electronic templates that are used to document various pre-op and post-op protocols involved in the administration of anesthesia.

Before NorthStar arrived at DMC, “All of the forms were different and paper based, and all of the definitions about how you go about your workflows were different,” Tompkins says.

Under the old process, staff members would open up DMC’s EHR system and click through various screens to find the information they needed to fill out paper forms. Under the new process, staff members pull up a template in the EHR, which is pre-populated with some information, such as a patient’s medical history.

NorthStar plans to move beyond creating templates to standardizing anesthesia processes within a service line, such as obstetrics, orthopedics or cardiac surgery.

“An example would be to ensure that we are using the same medication in our epidurals for obstetrics patients at all campuses,” Tompkins says.

Results

After just three months at DMC, NorthStar had logged gains in efficiency. For example, NorthStar is delivering anesthesia services for the same number of surgical procedures in 2015 as DMC had done in 2014—but NorthStar is doing so with fewer CRNA full-time equivalents.

“We know we have been able to work under what we had budgeted, which is about 124 CNRAs,” Tompkins says.

NorthStar has recorded other efficiency improvements as well, such as eliminating delays in the start time of each day’s first surgery case that are caused by anesthesiology.

As processes are standardized within a service line, Tompkins predicts that NorthStar will not only contribute to improvements in anesthesia services but also to patient experience broadly.

“We want to figure out a way to standardize care within the operating room, so we that can have a significant impact on patients’ inpatient length of stay, post-operative pain, surgical complications, and satisfaction,” Tompkins says.