Anesthesia Ready Time: Measuring Your Efficiency

To the editor: Efficiency metrics continue to be an important and evolving field in the US healthcare industry. With hospital reimbursements continuing to shrink, the pressures to provide cost-effective, streamlined services have never been greater. As a result, the profession of anesthesiology continues to develop efficiency metrics to quantify productivity and justify resources. Anesthesia ready time, also known as anesthesia release time, is a growing national trend to measure anesthesia efficiency during the induction phase. Ehrenwerth et al\(^1\) defined anesthesia ready time as the interval between the moment when a patient enters the operating (procedural) room and the moment when the anesthesia professional alerts the surgical team that the patient is safe to be prepared, draped, and/or otherwise positioned for the procedure.

Accurate anesthesia ready time reports can be advantageous and provide numerous beneficial data elements.\(^2\) First, these measures can parallel anesthesia professionals against their peers. In other words, anesthesia ready time will illustrate if one provider delays anesthesia induction compared with the average (mean) of their colleagues. In addition, anesthesia ready time creates benchmarks pertaining to anesthesia preparation for particular surgeries (eg, cardiac, thoracic, neurology). After establishing targets based on anesthesia ready time data, anesthesia departments can predict with confidence that it will take, for example, 41 minutes from patient in-room to anesthesia ready for coronary artery bypass grafting surgery.

By precisely capturing anesthesia ready time, institutions can have a positive impact on operating room efficiencies such as surgical scheduling. Leaders will know the exact time to start a case and will be able to create a more realistic operating room surgical schedule. Historically, surgical schedules have reflected incision to surgical end time only, not factoring in anesthesia. This antiquated method caused incorrect calculations, backlogging the operative schedule.

Anesthesia ready time provides directors and managers feedback on individual staff performance and allows hospital administrators to analyze anesthesia value as part of the surgical services team. Innovatively, anesthesia departments are currently using reports of anesthesia ready time for incentive programs, which reward top performers and deliver negative adjustments for poor performers. As benchmarks continue to be elucidated,\(^3\) anesthesia ready time will offer solutions to improve efficiency, as well as be an expectation for nurse anesthetists. In the age of information and transparency in healthcare, reports such as anesthesia ready time (and others) will undoubtedly emerge.

REFERENCES

Brian Don Berry, MBA, MS, CRNA
Pittsburgh, Pennsylvania