Anesthesia Staffing

Considerations Checklist

Appropriate anesthesia staffing is important for the efficiency of an anesthesia department, whether it is in a large multi-operating room hospital, an ambulatory surgical center, or an office-based practice. Anesthesia and other clinical staff must be scheduled in coordination with the cases/procedures to be done and availability of resources and equipment. The checklist below provides considerations for anesthesia staffing which can be tailored to a clinical setting.

- ❑ Facility relationships
  - Facility leadership
  - Nursing (Same Day Unit, Surgery, PACU)
  - Anesthesia
  - Central Service/Sterile Processing
  - Supporting roles
    - Engineering
    - Quality
    - Accreditation and Regulatory
    - Pharmacy

- ❑ Anesthesia staffing and resource decisions
  - Room utilization
  - Hours and services to be covered in house and on call
  - Case mix and patient acuity
  - Staffing levels to optimize safety and productivity
  - Scheduling
    - Self-schedule, assigned, number of weeks in a schedule
    - Hours scheduled (e.g., 8, 10, 12, 16, on call)
    - How is staff assigned to each room?
    - Scheduling/requesting time off
    - Process to reassign staff from times of lower need to higher need days/hours
  - Support staff

- ❑ Anesthesia Staff
  - Are the anesthesia providers employed by the facility, anesthesia group, self, or professional management company?
  - What is the anesthesia delivery model?
    - Directed/supervised
    - Collaborative
    - CRNA only
  - What is the anesthesia provider FTE mix?
    - Full time FTE
    - Part time FTE
    - Review per diem CRNA, locum anesthesiologist work/call hour contractual arrangements

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- What is the process for onboarding new providers?
    - Orientation to the facility, Department, service
    - Length of orientation

❑ Orientation resources

❑ Scheduling
- Services Covered
    - Preanesthesia
    - Surgery
    - Obstetrics
    - PACU
    - Minor Outpatient
    - Non-operating Room Anesthesia (NORA) locations
        - Radiology (e.g., CT Scan, MRI, Special Procedures, Nuclear Medicine)
        - Electrophysiology/Heart Lab
        - Electroconvulsive Therapy (ECT)
        - Intensive Care Units (e.g., Surgical, Neonatal)
    - Acute/Chronic Pain Management
    - Ambulatory Surgery Center (ASC)
    - Clinic/Office
    - Resuscitation/Rapid Response Team, Critical Care, Vascular Access
    - Non-clinical anesthesia activities, which can include facility/Medical Staff committees, education, quality improvement, or administrative functions
- Case/Procedure
    - Does your facility utilize an electronic procedure scheduling system?
    - Are you able to review the schedule at multiple sites?
    - Are you able to generate a report for projected procedure resources and room utilization?
- Staff
    - Does your facility use software to schedule staff?
    - Does the staff have access to their assignment remotely?

❑ Staff Competency
- Is staff prepared to provide comprehensive anesthesia services?
    - Do you have a program in place to provide education and proctored mentoring for addition of new skills and/or request for privileges?
    - How are outcomes monitored and reported to the individual and the Department?
- Do you have specialty teams?
    - Are medical staff bylaws and anesthesia department rules and regulations barriers to full scope of practice?

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- ❑ Budget
  - Balance revenue (e.g., case volume, case mix, payers) and expenses (e.g., staff, supplies, drugs)
  - Review
    - Balance sheet
    - Income statement
    - Statement of cash flows
    - Address variances
  - Staff compensation
    - Salary, hourly, per diem
    - Overtime or compensation time
    - Benefits
    - Paid time off
    - Call pay: available, when called in

- ❑ Data Analysis
  - OR utilization and turnover time by room and specialty (by period and annual rolling)
  - Anesthesia start / stop times and delays
  - Surgical / procedure start / stop times and delays
  - Case duration of case based on similar cases for the same surgeon, scheduled procedure, and type of anesthesia
  - Acuity of patient population

- ❑ Optimize OR utilization management
  - Turnover team
  - Daily Huddle
    - Several days or the day before the schedule assess the schedule
      - Availability of supplies and equipment necessary for the patients and procedure
      - Review schedule to project and right size staffing
      - Consolidate rooms and reduce first case starts
      - Move late cases to earlier in the day or to another day when the surgeon is available
    - Are there surgeons or proceduralists on vacation, not available for their block time?
    - Is one perioperative service area low on staffing?
    - Work closely to coordinate surgical cases / procedures with surgeon's staff
  - Move cases, double team when possible
  - Add-on/emergency cases

- ❑ Minimizing delayed and cancelled cases
  - Policy and Procedure
  - Audit chart complete for procedure (e.g., history & physical, orders, diagnostic test results)
  - Pre-anesthesia assessment
  - Patient education
  - Proceduralist office staff education

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- ❑ Documentation
  - Accurate and complete procedure
  - Coding and reimbursement
  - Variance and near miss reporting
  - Quality improvement activities

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