Building an Anesthesia Center of Excellence

A Hospital’s Guide

The practice of anesthesia is more than achieving merely acceptable patient care outcomes. What does that really mean? In many cases, it means patients are put to sleep and 99.99 percent of the time they wake up without any major adverse outcomes. It has been my experience that most anesthesia practices or services meet the basic job requirement of providing acceptable care. In today’s challenging healthcare environment, providing only that level of patient care is no longer the sole service standard by which to measure the effectiveness of an in-house anesthesia service. Instead, hospitals should intentionally raise the bar to achieve outcomes associated with an Anesthesia Center of Excellence.

Anesthesia Centers of Excellence will improve the quality of care throughout the perioperative process. It will also provide more cost-effective care, thus improving the quality of care while reducing the cost of services. That’s the holy grail of healthcare, “The Triple Aim:” (1) to improve patient care outcomes, (2) to improve the patient care experience, and (3) to reduce the cost of care. The only way to achieve these three healthcare goals is to intentionally pursue the creation of an Anesthesia Center of Excellence.

Eight Essential Elements to Building an Anesthesia Center of Excellence

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Element 1: Institutional Commitment to Change

The Premier Anesthesia team – through its operational teams and anesthesia consulting teams – has talked with hundreds of CEOs and their leadership teams over the past four years about issues impacting their anesthesia services, and their vision for the service. A common theme was voiced by a majority of the CEOs and their teams. They are concerned that their current anesthesia business model is both clinically and financially unsustainable, that it’s too costly to operate in today’s reimbursement environment, which is requiring hospitals to do more with less reimbursement.

Based upon feedback from hospital leadership teams, they are looking for a high-performance anesthesia service that drives quality patient care outcomes through continuous process improvement initiatives, which are designed to optimize providers’ performance (productivity), while reducing clinical practice variations between providers through standard treatment protocols grounded in evidence-based medicine (best clinical practice). Hospital leadership teams say they want their anesthesia services and their anesthesia providers to be organized and structured in a practice model that will consistently produce documented quality care outcomes for their surgeons and patients/families, while being financially viable.

In the healthcare industry it has been well-documented that the “Center of Excellence” care models for various types of clinical programs or services – including heart institutes, cancer treatment centers, and bariatric centers, just to name a few – have distinguished themselves within the industry by their superior patient outcomes. Centers of Excellence draw both clinical practitioners and patients who are seeking superior treatment outcomes.

The questions to ask yourself: “Is my anesthesia program a high-performance service? Can my program document it is producing superior patient care outcomes? Is my service providing cost-effective care? And is the current anesthesia service positioned with the right leadership tools, processes, systems, and technology to meet the challenges created by healthcare reform initiatives?”

It may be the right time to consider making the institutional commitment to build an Anesthesia Center of Excellence. The following seven additional steps outlined in this paper will walk you through the process.

Element 2: Leadership

Anesthesia leadership is a key success factor in transforming an anesthesia department or service into a Center of Excellence. The chief anesthesiologist must first philosophically believe in the concept of Centers of Excellence, and secondly agree that the current anesthesia model is not clinically or financially sustainable. Through this buy-in, the chief and his/her anesthesiologist partners must acknowledge and accept the fact that there has to be “a new plan.”

To use a sporting analogy, it’s like having a game plan that everyone has been schooled in, but game day comes, and halfway through the first quarter the opposing team is beating the tar out of your team. Successful coaches realize it’s insane to continue with a losing game plan, hoping the game will turn around in their favor. Successful coaches begin to make mid-game modifications, in essence creating a new game plan on the fly.
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That’s exactly where we find ourselves today with anesthesia services. If we continue to use the same old anesthesia clinical and business “game plans” we will lose the game. So ask the question: “Is your chief anesthesiologist and his/her partners satisfied with the status quo (game plan), or do they believe the current game plan needs to be changed, and are they truly committed to taking the necessary steps to move to a new model (game plan)?” The next question you should ask yourself: “If they are willing and able to change their practice model, do they have the expertise, infrastructure, and resources to make the change?”

Element 3: Culture

The anesthesia provider culture is a mirror image of the personality, character qualities, and attributes of the chief anesthesiologist and his/her physician partners. Our experience over the years has shown that if the chief and his partners “get it” and understand that the culture must be reflective of the following culture traits, the culture will drive quality patient care outcomes, and stakeholder (surgeon, patient, family, perioperative staff) satisfaction. The following culture traits must exist to have a Center of Excellence:

- A culture that prioritizes service and realizes patients and surgeons are the customers
- A culture of “yes” rather than a culture of “no,” because we’re too busy or it will interfere with the quality of our lives
- A proactive service culture that always seeks out new, better ways to provide anesthesia care for its patients and surgeons
- A culture that is constantly seeking to go the extra mile to meet the customers’ needs and service expectations

The practice’s culture must focus on serving others first. People create cultures. If your anesthesia culture is not meeting the needs and expectations of its key stakeholders, the culture needs to change, and that’s difficult for a chief anesthesiologist and his/her practice partners.

Element 4: Setting the Standards

We work in an industry that requires evidence-based decision-making for both the clinical and operational functions of our business. Because we are so dependent on having the right information (evidence) available to us, we must define the parameters that drive the best clinical and operational outcomes for our patients and surgeons. Establish metrics to measure the effectiveness of the desired outcomes to identify good-to-great service outcomes as well as poor outcomes, in an effort to improve poor outcomes, while sustaining good-to-great performance outcomes over time.

There are literally hundreds of key metrics that drive the quality of anesthesia services. A hierarchy of metrics drives collateral metrics; identifying the top 10 to 15 percent of these metrics, and monitoring them to ensure that they are performing at a good-to-great range, is of vital importance to the hospital.

Ask yourself these questions: “Does my anesthesia service have metrics to measure its clinical and business outcomes against? Does my anesthesia provider group share performance metrics with the hospital every month? If there are negative performance variances, does the anesthesia provider group provide the
“Centers of Excellence are continuously identifying clinical and business opportunities to raise their performance bar higher.”

**Element 5: Technology**

We live in a world of data. Being able to efficiently collect and effectively use big data is a powerful management tool. Data drives evidence-based medicine and operational decision-making. If you want to improve the quality of care and run a cost-effective anesthesia service, you should provide the anesthesia leadership with the single most important tool they need to run a successful service: an effective information technology platform — better information, better outcomes.

Consider this: Does your existing anesthesia IT system provide your anesthesia leadership team with real-time quality, safety, productivity, and operational metrics? Think of the possibilities if the anesthesia medical director could review individual provider performance using these metrics in real time. This would allow the medical director to identify issues and problems as they are evolving during the day, allowing the director to make timely interventions — mid-flight adjustments to improve patient care outcome.

Anesthesia Centers of Excellence are supported with the right IT system, allowing anesthesia leadership to identify issues sooner and make better, quicker interventions to improve the service’s clinical and operational performance.

Does your IT system support your anesthesia service with the data it needs? If not, it’s an investment you should make. In the right hands it will dramatically change your anesthesia service’s performance outcomes.
Element 6: Quality Improvement / Performance Reporting

Having the right information platform to support the collection of real-time, evidence-based clinical and operational outcomes is mission-critical for Continuous Quality Improvement Programs. What good is it to have performance metrics if you can’t access the information whenever you want to support and drive quality initiatives to improve patient care outcomes?

Appropriate and timely use of real-time clinical and operational metrics helps ensure patients receive the best possible anesthesia care and outcomes. Real-time operational metrics ensure outcomes such as on-time first starts, room turnover, etc., helping to maximize case throughput, which directly impacts room efficiency and provider productivity, thus reducing the cost of anesthesia services.

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Element 7: Corrective Action Plans / Performance Monitoring

An effective quality improvement program will provide anesthesia leaders with the data they need to prioritize both quality of care and service performance action plans. Corrective action plans should address the following:

• Pinpointing the problem
• Identifying a champion to lead the corrective initiative
• Appointing team members
• Performing root-cause analyses
• Assigning corrective tasks to team members
• Establishing task due dates
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• Reviewing team milestones periodically
• Setting an initiative completion date
• Monitoring processes continuously to ensure the problem has been effectively addressed and resolved
• Recycling the problem if it was not addressed and resolved
• How effective is your anesthesia leadership in identifying problems, addressing issues, implementing corrective action plans, and successfully solving problems?

Element 8: Annual Written Anesthesia Business Plan

To effectively get from Point A to Point B requires directions or a road map. In business, that road map is an annual business plan. The anesthesia business plan should be collaboratively developed with input from the hospital leadership. The plan should align the anesthesia team’s energy, efforts, and resources to support the operational and service needs of the hospital. The plan should address:

• Surgical service line needs and expectations
• New service line products
• Strategies to provide anesthesia services more efficiently and economically
• Establishing new quality and service standards to elevate anesthesia care

Intentional Growth & Support

Anesthesia leadership needs to be intentional about how it grows and supports the hospital’s anesthesia service from one year to the next. Anesthesia leadership should be looking at least two years into the future to ensure the anesthesia service has the right complement of providers with the right skill sets to support the hospital and its surgical anesthesia needs. ◆

Kerry Teel, President of Premier Anesthesia

Kerry, a former hospital CEO, has over 44 years of healthcare and hospital industry experience. He has a track record of building and managing complex healthcare delivery organizations. Kerry has helped Premier Anesthesia develop evidence-based processes, procedures, tools and dashboards that he had wanted as a hospital CEO, but never received from anesthesia groups. His unique perspective has been the basis for building Premier Anesthesia’s hospital-centric culture of service. Kerry holds an MHA from the University of Alabama and is currently on the Dean Advisory Board for the School of Healthcare Professionals.