



## Case Study

# Revamped Deployment of Anesthesia Staff Improves Efficiency

Dyersburg Regional Medical Center restructured how it deploys and compensates its anesthesia staff, allowing the 120-bed hospital to provide high-quality anesthesia services to the same volume of patients but for less than it had cost in the past.

To achieve that outcome, the hospital hired NorthStar Anesthesia—an anesthesia-services management firm working at more than 180 sites in 21 states and a track record of turning around underperforming anesthesia services. The hospital tapped NorthStar in 2013 after deciding that its historical approach to providing anesthesia services to surgery and labor-and-delivery patients was inefficient and too costly.

Known locally as Tennova–Dyersburg Regional, the hospital is owned by Community Health Systems (CHS), an investor-owned hospital chain based in Franklin, Tenn. The hospital is a member of Tennova Healthcare, which is CHS’ branded hospital network in Tennessee.

Under the contract, NorthStar provides anesthesia services for about 800 surgical cases each month at the hospital, including GI procedures, in hospital-based operating rooms and at an outpatient surgery center on the hospital’s campus. NorthStar also provides anesthesia services to patients in the labor-and-delivery department.

## Challenges

Prior to NorthStar’s arrival, the provision of those services was woefully inefficient. For example, the hospital employed too many full-time certified registered nurse anesthetists for its patient volume. An inflexible work schedule meant some CRNAs were being paid to staff unused operating rooms during non-peak hours. The hospital was also paying its CRNAs more than comparable hospitals in the state.

“There was a lot of money being spent, and there were a lot of people for the number of cases,” James O’Toole, M.D., NorthStar’s medical director at Dyersburg Regional, explains.

As the sole anesthesiologist on staff, O’Toole manages a patient caseload in addition to administrative duties. The CRNAs work under a care delivery model in which they provide anesthesia services under supervision from surgeons but without direction from the anesthesiologist.

## Solution

NorthStar—which directly employs the anesthesiologists and CRNAs working at its sites—implemented a number of staffing changes at Dyersburg Regional to remedy the situation.

### Revamped salary structure

First, NorthStar revamped the salary structure in anesthesia services to make compensation comparable, yet competitive to what other hospitals in Tennessee are paying.



### Aligned anesthesia staff

Second, NorthStar reduced through attrition the number of full-time CRNAs to eight from five. Three full-time CRNAs were replaced with four part-time CRNAs and one CRNA who works on an as-needed basis. (The number of anesthesiologists did not change.) By using this mix of full and part-time staff, NorthStar appropriately aligned the number of anesthesia staff working on a given day with the volume of patients.



### Increased room utilization

NorthStar reduced the number of operating rooms that is staffed routinely after 3 p.m. to one compared with the five or six rooms in operation prior to 3 p.m. Additional operating rooms could be opened and staffed as needed to accommodate an unusually large volume of cases.



### Maintained efficient schedule

NorthStar began working closely with the hospital's surgery-department director to plan daily surgery schedules at the hospital and ambulatory surgery center. By managing surgery schedules jointly, "we can all maintain good staffing, including nurses and techs," who are employed by the hospital, O'Toole says. "We're making sure it's efficient across the board."





NorthStar’s impact at Dyersburg Regional extends beyond the staffing changes. Anesthesia services were infused with NorthStar’s corporate culture, which emphasizes teamwork and customer service.

On the local level, “team members are working together and are expected and empowered on a day-to-day basis to make sure the rooms are staffed, and make sure they are meeting the expectations of the surgeons, patients and the hospital,” says Mark Pinosky, M.D., chief medical officer for the Southeast Region of NorthStar Anesthesia.

To support those goals, NorthStar has implemented a dual anesthesiologist-and-CRNA management structure in which medical and nursing managers collaborate at the site level, local regional level and wider regional level. At all three levels, the managers not only help build client relationships and clinical best practices but also work “in the trenches” on patient cases, Pinosky says.

At the fourth level, which is the top national tier of clinical management, the chief medical officer and the chief anesthetist officer oversee patient outcome measurements, clinical policies and performance metrics.

## Results

As a result of NorthStar’s approach to staffing and management of anesthesia services, Dyersburg Regional has logged significant gains in efficiency: The facility is serving the same number of patients—or more—with high-quality anesthesia services but at a lower cost, according to O’Toole. Also, CRNAs are much happier in their positions under the new system, he adds.

Equally important, the change in anesthesia services helps hospital executives position Dyersburg Regional to thrive financially as the healthcare industry transitions to reimbursement models that pay for services based on quality and efficiency rather than on the volume of those services.

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- Mark Pinosky, M.D., Chief Medical Officer, NorthStar Anesthesia



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