

Case Study

Three secrets to a smooth transition in anesthesia management services

The tried-and-true approach to a smooth transition in anesthesia management services includes systematic and detailed planning and ongoing communication with executives, surgeons, anesthesiologists and certified registered nurse anesthetists.

That is the formula NorthStar Anesthesia followed at Baptist Health-Paducah (Ky.), leading to an orderly transition process that began in January 2016—about six weeks before NorthStar took over management of anesthesia services at the 373-bed hospital.

“We had to build bridges that didn’t exist beforehand, and we were able to successfully implement that even before we hit the ground” in February 2016 as the anesthesia services provider, says Mark Pinosky, M.D., chief medical officer for the Southeast region of NorthStar Anesthesia. nce from leading transitions at more than 180 sites in 21 states, NorthStar implemented a tested process that featured the following three key elements:

- ① Institute regular meetings to develop relationships with the hospital’s executives, surgeons, anesthesiologists and CRNAs.
- ② Promote and adopt NorthStar’s patient-centric values.
- ③ Follow an orderly and organized approach to implementing changes in procedures and policies in anesthesia services.

Challenges

Nonetheless, managing the transition at Baptist Health-Paducah—one of eight hospitals in the Louisville-based Baptist Health system—was not easy as NorthStar faced three challenges:

- A lack of communication between anesthesiologists and CRNAs and also between anesthesia services management and hospital executives and surgeons.
- No participation from anesthesia services on medical committees.
- An inflexible approach to anesthesia services—including limited

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surgery schedules, on-call duty from home and opposition to regional pain blocks—that was not in sync with the healthcare industry’s transition to payment models based on the value, or quality and efficiency, of services provided.

To address those challenges, NorthStar began working on the transition before the handoff in anesthesia management occurred.

NorthStar managers met with the anesthesia-services clinicians regularly to answer questions and dispel rumors about job security, compensation and benefits and other issues. NorthStar also focused on aligning the anesthesiologists and CRNAs around NorthStar’s patient-centric approach to delivering anesthesia services.



“We think that if we do all the right things for our patients, and we do it efficiently and hold our people accountable, the money will work itself out, and we can be a good provider and a good partner with the hospital,” Dr. Pinosky explains. “If everything you are doing is driven by that single focus (patient-centric care), team alignment happens because how can you argue with that? That is what we are in the business to do.”

NorthStar’s managers also met regularly with the hospital’s executives and surgeons to discuss plans for the transition, including the gradual approach NorthStar has taken to implementing changes in pain blocks, on-call schedules and surgery schedules.

“That’s really the whole key—communication early and often,” Pinosky said.



NorthStar planned the transition systematically. For example, hospital executives were given ample notice about the hospital’s role in developing a regional pain-block service, which included providing ultrasound machines and ensuring the equipment would be in place when NorthStar launched the service.

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NorthStar managers also met with surgeons to discuss the advantages of using a multimodal approach to anesthesia that includes pain blocks, which can lead to shorter inpatient lengths of stay and more satisfied patients. This happens because the pain blocks reduce patients' post-operative pain, making it easier for them to get up and move around sooner.



Once management of anesthesia services was in place, NorthStar introduced changes gradually, beginning with the regional pain blocks. Before introducing a change in which CRNAs serve on-call duty in the hospital rather than from home, NorthStar discussed the plan extensively with CRNAs. The change was not introduced until NorthStar had been on-site managing anesthesia services for about three months.

To address hospital executives' third concern, NorthStar's local leaders volunteered to serve on the medical executive, credentialing and surgical-services committees, among others.

Low Clinician Turnover

As a result of these steps, NorthStar managed a smooth transition in anesthesia services with little clinician turnover. Of the four physician anesthesiologists on staff when NorthStar took over management of anesthesia services, only one—the leader of the local anesthesia practice that NorthStar replaced—left. Of the 22 CRNAs on staff, only one left, and that person had been planning to leave before NorthStar arrived.

Patient-Centric Care

NorthStar also implemented patient-centric changes in care. Within a few months of beginning a regional pain-block service, for example, anesthesiologists and CRNAs were providing up to 15 of those procedures a day, Pinosky says.

Changes will continue to occur in an orderly and organized fashion, as is NorthStar's approach to managing anesthesia services transitions.

Operational Efficiency

For example, Pinosky says NorthStar collected and then shared with hospital executives and managers data that show Fridays are booked solid with surgeries while Wednesdays and Thursdays had fewer procedures scheduled. The NorthStar team described possible solutions to even out the weekly schedule.

"We are becoming good partners with them to help manage their resources," he said.



Interested in how an orderly transition and aligned team of anesthesia providers can contribute to patient-centered surgical services? Visit www.northstaranesthesia.com.