



Anesthesiologists Made for **This Moment**

Anesthesiologists Offer Short- and Long-Term Solutions to Health Care's Top Issue: Workforce Challenges

Executive Summary

Although the public health emergency is over, the effects of the COVID-19 pandemic linger as hospitals and health systems deal with a significant shortage of health care personnel and an increased demand for their services, particularly in surgeries and advanced medical procedures. And no hospital, big or small, is immune.

Each institution may face different workforce challenges, but all must implement solutions to ensure they meet current and future patient surgical and procedural demand, maintain quality outcomes, and generate revenue so they can continue to care for their communities.

Community hospital chief executive officers (CEOs) cited these workforce challenges as their top concern in 2022, according to the American College of Healthcare Executives' annual survey.

*Source: American College of Healthcare Executives 2022 Survey: Workforce Challenges
Cited by CEOs as Top Issue Confronting Hospitals in 2022¹*

Anesthesiologists have long been innovators and collaborators with a unique perspective on workforce challenges. Their education, training, and clinical experience brings versatility and innovation to hospitals and health systems and helps bridge medical and surgical specialties. Like emergency departments, operating rooms (ORs) are not static, with as many as 30% of cases being added every day and patients canceling or needing to be rescheduled last minute. Further, newly added surgeries may require special equipment, special techs, or nurses. Overcoming these significant challenges requires people on the ground—typically the anesthesiology and nursing team—who can make decisions in the moment on how to best manage limited resources. At many hospitals, a floating anesthesiologist and nurse work together to manage these complex scheduling challenges, while surgeons are focused on doing the surgeries.

Anesthesiologists also align with the interests of health care executives to effectively manage the perioperative process and focus on the collective interests of the hospital and the best use of restrained resources. For example, anesthesiologists are adept at pivoting to find a solution during frequent drug shortages such as various types of sedation medications. During the intensive care unit (ICU) and ventilator shortage early in the COVID-19 pandemic, anesthesiologists turned their anesthesia gas machines into ventilators and reconfigured ORs into ICUs.

While there is no quick fix, anesthesiologists, perioperative leaders in coordinating safe and efficient surgical and procedural service—the major revenue “engine” for health care institutions—are identifying short- and long-term solutions to help hospitals improve efficiency and the anesthesiology workforce.

Short-Term Solutions

To begin developing short-term solutions, hospital executives first should identify physician leaders, ideally anesthesiologists, who can work with surgeons, other proceduralists, and hospital administrators to create a plan based on the hospital's strategic priorities and resources.



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Once developed, the plan must be communicated to all involved, underscoring that hospital leadership has empowered the group and supports its actions.

The plan should focus on improving:

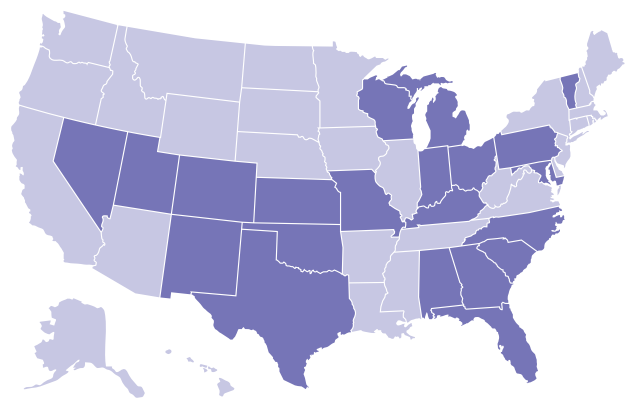
- **Efficiency:** Ease surgical backlogs by ensuring surgeons and other proceduralists release their unfilled OR block times—the specific times of a day/week surgeons are allocated for procedures—with sufficient lead time if they do not have a full schedule so others can book surgeries and prevent unfilled blocks that are costly and inefficient. Anesthesiologists often can help coordinate OR schedules to ensure maximum utilization of OR and anesthesia personnel, but this also requires a governance structure to ensure the agreed upon rules are enforced to ensure all patients can get their procedures done in the timeliest way possible.
- **Scheduling:** Create a process focused on efficient scheduling of surgeries in the OR and of procedures in non-OR anesthesia (NORA) sites and ensure the rules are followed and enforced whether in an OR or NORA. This includes involving anesthesiologists in the allocation of resources. As a caveat, it's vital to factor some level of “slack” into the scheduling system to plan for unexpected delays. For example, anesthetizing locations should be scheduled at roughly 80% of their capacity to account for procedures taking longer than anticipated, patients arriving late, emergency cases occurring, etc. Scheduling these sites at more than 80% capacity can lead to staff dissatisfaction and burnout, risking the loss of valuable staff. It also creates dissatisfaction among patients scheduled later in the day when their procedure is delayed.
- **Predictability:** Determine scheduling based on hospital priorities for different surgeries and procedures. For example, some hospitals may provide trauma care, which may necessitate staffing a frequently underutilized “open” OR dedicated to traumas and other emergent cases, versus “bumping” elective or non-emergent cases in a regularly booked site. Or many hospitals will have more unfilled schedules for general, orthopedic, and neurosurgery to support trauma programs. In light of the current state of frequent OR staffing challenges, scheduling models such as “flip rooms” in which a surgeon “flips” between two ORs, may need to be reduced or eliminated, as such schemes often create underutilization of scarce OR resources. An alternative is to have a “toggle” room that utilizes only one anesthesia and OR team but can decrease the turnover time between cases for the surgeon or proceduralist.

Long-Term Solutions

Long-term solutions also are necessary to ensure workforce challenges are solved, not just patched. Anesthesiologists are working alongside health care executives, policymakers, and other leaders towards possible remedies such as:

- Expanding residency programs through Medicare graduate medical education (GME) and private payors (hospitals self-funding over the GME cap).
- Reforming Medicare payment for anesthesia services.
- Increasing the anesthesia advanced practice provider workforce through expanding the states in which Certified Anesthesiologists Assistants are licensed to practice to all 50 states from less than half.

Jurisdictions Certified Anesthesiologists Assistants currently are able to practice in are:



Takeaway

Anesthesiologists are poised to partner and develop alternatives that creatively challenge the status quo while providing safe and effective alternatives for the provision of care. Learn more about how health care executives can partner with anesthesiologists by visiting: <https://www.asahq.org/madeforthismoment/health-care-executives/>

References:

1. American College of Healthcare Executives (2023, February 13). Survey: Workforce Challenges Cited by CEOs as Top Issue Confronting Hospitals in 2022. www.ache.org. Retrieved September 19, 2023, from <https://www.ache.org/about-ache/news-and-awards/news-releases/survey-workforce-challenges-cited-by-ceos-as-top-issue-confronting-hospitals-in-2022>