

How should anesthesia group institutional support agreements be calculated?

Finding industry accepted standards regarding anesthesia group productivity is challenging, because such information is often not helpful. Anesthesia group productivity is determined predominantly by how OR time is allocated and cases are scheduled.

For example, consider the following extreme, but realistic, scenario. A facility has six ORs, each staffed with a nurse anesthetist from 7 AM to 3 PM. Each OR averages 4 hours of cases a day. The anesthesia group's productivity is low because of the substantial under-utilized OR time, even though the anesthesia group has done everything possible to increase its productivity. Rather than using benchmarking, first assure that the anesthesia group has adjusted its staffing based on the existing cases to maximize its productivity. Second, focus on determining the incremental increase in productivity that would be achieved if OR time were allocated and cases were scheduled based on OR efficiency.

[Click here](#) for the lecture on anesthesia staffing and [click here](#) for the lecture on OR allocation and case scheduling based on OR efficiency.

[Click here](#) to download a description of our analyses for anesthesia groups.

[Click here](#) to read an article on calculating appropriate institutional support for anesthesia groups.

Two related papers are:

[Impact of service-specific staffing, case scheduling, turnovers, and first-case starts on anesthesia group and operating room productivity: tutorial using data from an Australian hospital](#) **[PDF]**

[Optimizing second shift OR staffing](#)

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