

Scheduling

- ▶ Solicit surgical time preferences from MDs (explain that not everyone can have first starts)
- ▶ Explain that schedule may change 3 - 4 times in first year of operations
- ▶ No traditional AM & PM blocks
- ▶ Involve anesthesia providers
- ▶ Create a ramp up schedule

Schedule - 1st Pass

- ▶ Determine how many cases CAN be performed at the center
 - ▶ Patients may not have Out of Network (OON) benefits
 - ▶ Case numbers may have been exaggerated
- ▶ How many ORs/PRs are needed for the anticipated cases?
- ▶ How many days per week COULD accommodate these cases?

Schedule - 1st Pass

- ▶ Condense as much as possible
 - ▶ Close days
 - ▶ Close rooms
- ▶ Allot times by actual history - not 4-hour blocks
- ▶ Use vertical scheduling
 - ▶ Schedule physicians in sequence to fill ORs/PRs
 - ▶ Only open rooms if you can fill them
- ▶ Develop grid (Excel works well & allows flexibility)
- ▶ Review physician preferences

Schedule - 1st Pass

- ▶ Work closely with Clinical Coordinator. Schedule...
 - ▶ affects staffing
 - ▶ impacts hiring
- ▶ More on this later
- ▶ Consider case mix & equipment conflicts

Schedule - 1st Pass

- ▶ New center - easier to implement
- ▶ Existing/purchased center - harder to change mindsets/behavior
 - ▶ Physicians - may have been able to book “whenever”; didn’t lose blocks when they didn’t fill them; didn’t have to “flex” to achieve efficiency
 - ▶ Employees - may have worked full-time (guaranteed hours); had blocks of empty time

Ramp-up Schedule 1

- ▶ Develop 4 separate weeks
- ▶ Consider allotting time every other week based on case load
 - ▶ Allows additional physicians to have “prime time”
 - ▶ Physicians are more likely to fill schedule
- ▶ Weeks may look very different
- ▶ Write assumptions & considerations at the bottom

Ramp-up Schedule - Week 1

Time	Monday, November 02, 2009				Tuesday, November 03, 2009				Wednesday, November 04, 2009			
	OR 1	OR 2	OR 3	GI	OR 1	OR 2	OR 3	GI	OR 1	OR 2	OR 3	GI
7:30	Closed	Closed	Closed	Closed	O'Hare	Velarde	Closed		Olinde		Closed	Fitz
8:00	Closed	Closed	Closed	Closed	O'Hare	Velarde	Closed		Olinde		Closed	Fitz
8:30	Closed	Closed	Closed	Closed	O'Hare	Velarde	Closed		Olinde		Closed	Fitz
9:00	Closed	Closed	Closed	Closed	O'Hare	Velarde	Closed		Olinde		Closed	Fitz
9:30	Closed	Closed	Closed	Closed	O'Hare	Velarde	Closed		Olinde		Closed	Fitz
10:00	Closed	Closed	Closed	Closed	O'Hare	Velarde	Closed		Olinde		Closed	Fitz
10:30	Closed	Closed	Closed	Closed	Pearson	Imami	Closed		Olinde		Closed	Fitz
11:00	Closed	Closed	Closed	Closed	Pearson	Imami	Closed		Olinde		Closed	Fitz
11:30	Closed	Closed	Closed	Closed	Pearson	Imami	Closed		Olinde		Closed	Fitz
12:00	Closed	Closed	Closed	Closed	Pearson	Imami	Closed		Olinde		Closed	Fitz
12:30	Closed	Closed	Closed	Closed	Pearson	Imami	Closed		Landry		Closed	
1:00	Closed	Closed	Closed	Closed			Closed		Landry		Closed	
1:30	Closed	Closed	Closed	Closed			Closed		Landry		Closed	
2:00	Closed	Closed	Closed	Closed			Closed		Landry		Closed	
2:30	Closed	Closed	Closed	Closed			Closed				Closed	
3:00	Closed	Closed	Closed	Closed			Closed				Closed	
3:30	Closed	Closed	Closed	Closed			Closed				Closed	
4:00	Closed	Closed	Closed	Closed			Closed				Closed	
4:30	Closed	Closed	Closed	Closed			Closed				Closed	
5:00	Closed	Closed	Closed	Closed			Closed				Closed	

Ramp-up Schedule - Week 1 (cont'd)

Time	Thursday, November 05, 2009				Friday, November 06, 2009			
	OR 1	OR 2	OR 3	GI	OR 1	OR 2	OR 3	GI
7:30	Closed	Closed	Closed	Closed	Malis			Closed
8:00	Closed	Closed	Closed	Closed	Malis			Closed
8:30	Closed	Closed	Closed	Closed	Malis			Closed
9:00	Closed	Closed	Closed	Closed	Malis			Closed
9:30	Closed	Closed	Closed	Closed	Malis			Closed
10:00	Closed	Closed	Closed	Closed	Malis			Closed
10:30	Closed	Closed	Closed	Closed	Malis			Closed
11:00	Closed	Closed	Closed	Closed	Malis			Closed
11:30	Closed	Closed	Closed	Closed	Malis			Closed
12:00	Closed	Closed	Closed	Closed				Closed
12:30	Closed	Closed	Closed	Closed				Closed
1:00	Closed	Closed	Closed	Closed				Closed
1:30	Closed	Closed	Closed	Closed				Closed
2:00	Closed	Closed	Closed	Closed				Closed
2:30	Closed	Closed	Closed	Closed				Closed
3:00	Closed	Closed	Closed	Closed				Closed
3:30	Closed	Closed	Closed	Closed				Closed
4:00	Closed	Closed	Closed	Closed				Closed
4:30	Closed	Closed	Closed	Closed				Closed
5:00	Closed	Closed	Closed	Closed				Closed

Assumptions & Considerations

Requests:

Patel & Stanescu

1. Tuesday AM
2. Wednesday AM

Vassallo

1. Wednesday AM
2. Tuesday - would be willing to follow

Talliaferro

- Tues. AM
Thurs. PM

DePasquale

1. Monday AM
2. Thursday AM

Epstein

1. Monday AM
2. Wednesday PM

Gone: May 8, 15-29 (Mondays)

Asked for Friday, May 12

Oktimec

1. Tuesday AM

Pineau

1. Monday AM
2. Thursday AM

Ramp-up Schedule - Week 2

Time	Monday, November 09, 2009				Tuesday, November 10, 2009				Wednesday, November 11, 2009			
	OR 1	OR 2	OR 3	GI	OR 1	OR 2	OR 3	GI	OR 1	OR 2	OR 3	GI
7:30	Closed	Closed	Closed	Closed	Komar		Closed	Closed	Olinde		Closed	Fitz
8:00	Closed	Closed	Closed	Closed	Komar	Pearson	Closed	Closed	Olinde		Closed	Fitz
8:30	Closed	Closed	Closed	Closed	Komar	Pearson	Closed	Closed	Olinde		Closed	Fitz
9:00	Closed	Closed	Closed	Closed	Komar	Pearson	Closed	Closed	Olinde		Closed	Fitz
9:30	Closed	Closed	Closed	Closed	Komar	Pearson	Closed	Closed	Olinde		Closed	Fitz
10:00	Closed	Closed	Closed	Closed	Hanley		Closed	Closed	Olinde		Closed	Fitz
10:30	Closed	Closed	Closed	Closed	Hanley		Closed	Closed	Olinde		Closed	Fitz
11:00	Closed	Closed	Closed	Closed	Hanley		Closed	Closed	Olinde		Closed	Fitz
11:30	Closed	Closed	Closed	Closed	Hanley		Closed	Closed	Olinde		Closed	Fitz
12:00	Closed	Closed	Closed	Closed	Hanley		Closed	Closed	Olinde		Closed	Fitz
12:30	Closed	Closed	Closed	Closed			Closed	Closed			Closed	
1:00	Closed	Closed	Closed	Closed			Closed	Closed			Closed	
1:30	Closed	Closed	Closed	Closed			Closed	Closed			Closed	
2:00	Closed	Closed	Closed	Closed			Closed	Closed			Closed	
2:30	Closed	Closed	Closed	Closed			Closed	Closed			Closed	
3:00	Closed	Closed	Closed	Closed			Closed	Closed			Closed	
3:30	Closed	Closed	Closed	Closed			Closed	Closed			Closed	
4:00	Closed	Closed	Closed	Closed			Closed	Closed			Closed	
4:30	Closed	Closed	Closed	Closed			Closed	Closed			Closed	
5:00	Closed	Closed	Closed	Closed			Closed	Closed			Closed	

Ramp-up Schedule - Week 2 (cont'd)

Time	Thursday, November 12, 2009				Friday, November 13, 2009			
	OR 1	OR 2	OR 3	GI	OR 1	OR 2	OR 3	GI
7:30	Closed	Closed	Closed	Closed	Ho		Closed	
8:00	Closed	Closed	Closed	Closed	Ho		Closed	
8:30	Closed	Closed	Closed	Closed	Ho		Closed	
9:00	Closed	Closed	Closed	Closed	Ho		Closed	
9:30	Closed	Closed	Closed	Closed	Ho		Closed	
10:00	Closed	Closed	Closed	Closed	Ho		Closed	
10:30	Closed	Closed	Closed	Closed			Closed	
11:00	Closed	Closed	Closed	Closed			Closed	
11:30	Closed	Closed	Closed	Closed			Closed	
12:00	Closed	Closed	Closed	Closed			Closed	
12:30	Closed	Closed	Closed	Closed			Closed	
1:00	Closed	Closed	Closed	Closed			Closed	
1:30	Closed	Closed	Closed	Closed			Closed	
2:00	Closed	Closed	Closed	Closed			Closed	
2:30	Closed	Closed	Closed	Closed			Closed	
3:00	Closed	Closed	Closed	Closed			Closed	
3:30	Closed	Closed	Closed	Closed			Closed	
4:00	Closed	Closed	Closed	Closed			Closed	
4:30	Closed	Closed	Closed	Closed			Closed	
5:00	Closed	Closed	Closed	Closed			Closed	

Next Steps - Physicians

- ▶ Talk with physicians
- ▶ Assumption: Many won't be happy
 - ▶ They aren't used to this concept
 - ▶ Delusions of grandeur ("I need more time"; "I can do more cases than time allotted".
 - ▶ Can't/won't change office schedule
- ▶ Develop schedule allowing enough time for physicians to change office schedule



Next Steps - Physicians

- ▶ Meet with and adjust schedules for those who won't budge, especially if center has been operating under "old rules"
- ▶ Go back and forth until the schedule is "set"
- ▶ This process takes time & energy
- ▶ Obtain physician signatures of approval

Next Steps - Schedulers

- ▶ Meet with office schedulers
 - ▶ Make sure they understand - their physicians have signed off on the schedule
 - ▶ Doctors may need to intervene with their schedulers
- ▶ Provide them with surgery time slots
 - ▶ Explain that this is Ramp-up Version 1 and will change several times in first year
 - ▶ Explain importance of releasing blocks

Next Steps - Schedulers

- ▶ Provide list of payer contracts & keep this list current
- ▶ Explain OON protocols, if applicable
 - ▶ ALL outpatient cases should be scheduled at ASC
 - ▶ ASC will verify benefits within 24 hours and get back to the office if case cannot be done at center
 - ▶ In some cases, promise a 4-hour turn around, especially at the beginning of operations

Next Steps - ASC Computer System

- ▶ Create surgery schedule in software system
- ▶ Involve Clinical Coordinator regarding frequent review of schedules
 - ▶ Look for equipment conflicts
 - ▶ Staffing issues



Ramp-up Schedule 3

- ▶ Review case numbers
- ▶ Increase in cases - hopefully
 - ▶ Additional room justified?
 - ▶ Expanded times
 - ▶ Longer days don't impact staffing costs as much as opening extra days or extra rooms
 - ▶ Must control overtime
 - ▶ Check state regulations re: OT
- ▶ New physicians added (hopefully)
- ▶ Evaluate surgery time utilization

Ramp-up Schedule 3

Here's the tough part

- ▶ Physicians don't fill their allotted time
 - ▶ Has there been an ongoing conversation?
 - ▶ One-sided or dialogue?
 - ▶ Are there extenuating circumstances?
 - ▶ Vacation
 - ▶ Sick leave
 - ▶ How much time are they leaving unused?
 - ▶ EX. Using 2 of 4 hours allotted
- ▶ Reduce their scheduled times
- ▶ Discuss scheduling at every Board meeting to keep ORs/PRs full

Ramp-up Schedule 3 - Week 1

Time	Monday, April 05, 2010				Tuesday, April 06, 2010				Wednesday, April 07, 2010			
	OR 1	OR 2	OR 3	GI	OR 1	OR 2	OR 3	GI	OR 1	OR 2	OR 3	GI
7:30	Closed	Closed	Closed	Closed	O'Hare	Velarde	Closed		Ho	Lombardo	Closed	Fitz
8:00	Closed	Closed	Closed	Closed	O'Hare	Velarde	Closed		Ho	Lombardo	Closed	Fitz
8:30	Closed	Closed	Closed	Closed	O'Hare	Velarde	Closed		Ho	Lombardo	Closed	Fitz
9:00	Closed	Closed	Closed	Closed	O'Hare	Velarde	Closed		Ho	Lombardo	Closed	Fitz
9:30	Closed	Closed	Closed	Closed	O'Hare	Velarde	Closed			Lombardo	Closed	Fitz
10:00	Closed	Closed	Closed	Closed	O'Hare	Velarde	Closed			Lombardo	Closed	Fitz
10:30	Closed	Closed	Closed	Closed	Pearson	Imami	Closed			Lombardo	Closed	Fitz
11:00	Closed	Closed	Closed	Closed	Pearson	Imami	Closed			Lombardo	Closed	Fitz
11:30	Closed	Closed	Closed	Closed	Pearson	Imami	Closed			Lombardo	Closed	Fitz
12:00	Closed	Closed	Closed	Closed	Pearson	Imami	Closed			Lombardo	Closed	Fitz
12:30	Closed	Closed	Closed	Closed	Pearson	Imami	Closed			Lombardo	Closed	Fitz
1:00	Closed	Closed	Closed	Closed			Closed		Landry	Lombardo	Closed	
1:30	Closed	Closed	Closed	Closed			Closed		Landry		Closed	
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2:30	Closed	Closed	Closed	Closed			Closed		Landry		Closed	
3:00	Closed	Closed	Closed	Closed			Closed		Landry		Closed	
3:30	Closed	Closed	Closed	Closed			Closed				Closed	
4:00	Closed	Closed	Closed	Closed			Closed				Closed	
4:30	Closed	Closed	Closed	Closed			Closed				Closed	
5:00	Closed	Closed	Closed	Closed			Closed				Closed	

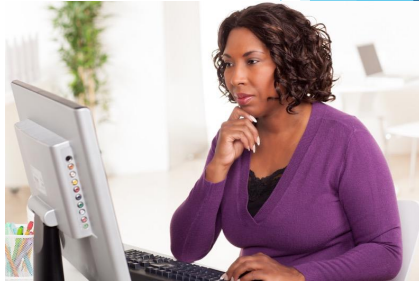
Ramp-up Schedule 3 - Week 1 (cont'd)

Time	Thursday, April 08, 2010				Friday, April 09, 2010			
	OR 1	OR 2	OR 3	GI	OR 1	OR 2	OR 3	GI
7:30	Closed	Closed	Closed	Closed	Malis		Closed	Fitz
8:00	Closed	Closed	Closed	Closed	Malis		Closed	Fitz
8:30	Closed	Closed	Closed	Closed	Malis		Closed	Fitz
9:00	Closed	Closed	Closed	Closed	Malis		Closed	Fitz
9:30	Closed	Closed	Closed	Closed	Malis		Closed	Fitz
10:00	Closed	Closed	Closed	Closed	Malis		Closed	Fitz
10:30	Closed	Closed	Closed	Closed	Malis		Closed	Fitz
11:00	Closed	Closed	Closed	Closed	Malis		Closed	Fitz
11:30	Closed	Closed	Closed	Closed	Malis		Closed	Fitz
12:00	Closed	Closed	Closed	Closed			Closed	Fitz
12:30	Closed	Closed	Closed	Closed			Closed	
1:00	Closed	Closed	Closed	Closed			Closed	
1:30	Closed	Closed	Closed	Closed			Closed	
2:00	Closed	Closed	Closed	Closed			Closed	
2:30	Closed	Closed	Closed	Closed			Closed	
3:00	Closed	Closed	Closed	Closed			Closed	
3:30	Closed	Closed	Closed	Closed			Closed	
4:00	Closed	Closed	Closed	Closed			Closed	
4:30	Closed	Closed	Closed	Closed			Closed	
5:00	Closed	Closed	Closed	Closed			Closed	

Considerations

▶ Office schedulers

- ▶ have the physician's ear & lots of history from working with doctor;
- ▶ are probably comfortable booking at the hospital or other ASCs;
- ▶ see this as a LOT of extra work; and
- ▶ may be passive aggressive about not complying with physician's instructions



Considerations

- ▶ Loyalty requires some work-around
- ▶ Help schedulers as much as possible
- ▶ Do what you promise (insurance verification within 24 hours - happens within 24 hours)
- ▶ If MD tells you that this isn't happening, ask to see the scheduling sheet in order to research the situation - then get back with the physician

Staffing



Staffing

"Staffing costs are measured based on the relative size of the ambulatory surgery center as determined by its average number of cases performed relative to its case mix, market conditions and reimbursement."

- Joe Zasa, Managing Partner, ASD Management

Staffing

- ▶ New Center
 - ▶ Hire **core** staff full-time (this will be based on scheduling assumptions discussed previously)
 - ▶ Supplement with part-time & per diems
 - ▶ Don't guarantee any set hours or schedules
 - ▶ Business Office (hire lean at first)
 - ▶ Scheduler/insurance verifier
 - ▶ Biller/collector
 - ▶ These will be full-time
 - ▶ Business Office Manager is not always justified at start up

Per Diems

- ▶ Often difficult to find
- ▶ Consider:
 - ▶ Mothers who would love to work 9-2
 - ▶ Employees who work 3 12-hour shifts at the local hospital
 - ▶ Doctors' wives
 - ▶ Retirees



Staffing

- ▶ Existing Center (challenge)
- ▶ Asset purchase
 - ▶ Employees resign and are re-hired
- ▶ Stock purchase
 - ▶ Employees stay on
 - ▶ May need to downsize
 - ▶ Reduce hours

Staffing

- ▶ RN must oversee clinical operations (CMS requirement)
- ▶ Employees will have multiple roles
 - ▶ Infection preventionist
 - ▶ QAPI coordinator
 - ▶ Safety officer
 - ▶ Radiation safety officer
 - ▶ Risk Manager
 - ▶ Medical Records Clerk
 - ▶ Miscellaneous
- ▶ Time must be used wisely

Staffing

- ▶ ORs/PRs - 1 RN circulator + 1 surgical tech
- ▶ IV Conscious Sedation - dedicated nurse
- ▶ Sterile processing tech
- ▶ Radiology tech
- ▶ Materials Manager
- ▶ Nursing assistant/orderly - very cost-effective

Staffing

- ▶ Everyone needs to understand that in an ASC, the attitude **MUST BE:**

“Do Whatever It Takes”

- ▶ The patient always comes first

Whatever It Takes

- ▶ Patient transport
- ▶ Clean rooms
- ▶ Restock
- ▶ Relieve co-workers in other areas
- ▶ Track supplies used for case costing
- ▶ Pre-op calls
- ▶ Post-op calls
- ▶ Entering case history in computer
- ▶ Assist Business Office as needed



In Addition

- ▶ ASCs don't have:
 - ▶ BioMed in house
 - ▶ Maintenance
 - ▶ Housekeeping to clean between cases
- ▶ ASCs must:
 - ▶ Track infections
 - ▶ Participate in QAPI program
 - ▶ Complete competency training/in-services
 - ▶ Complete required drills

Challenges

- ▶ Keeping staffing lean while completing regulatory requirements
- ▶ Preventing staff burnout
- ▶ Accommodating employees' need for hours while controlling costs
- ▶ Placing people in roles that will enhance their job satisfaction
- ▶ Retention

Measuring efficiencies

- ▶ Staff Hours Per Case (SHC)
- ▶ Staffing costs as % net revenue
- ▶ Staffing costs per case

Considerations

- ▶ Number of cases performed per year
- ▶ Types of cases by specialty (case mix)
- ▶ Market conditions (wages, availability of per diems)
- ▶ Reimbursement by specialty

Staff Hours per Case (SHC)

- ▶ One of the best tools
- ▶ Total hours worked / number of cases
- ▶ Consider types of cases
- ▶ Ophthalmology, GI, Pain Management
 - ▶ Staff Hours per Case should be lower
- ▶ Orthopedic & Spine
 - ▶ Staff Hours per Case will be higher
- ▶ Multispecialty centers: 13.6* total hours worked per patient
 - ▶ Includes administrator & business office

VMG Intellimarker 2022

* Highest in the NE; lowest in the South

Staff Hours per Case (SHC)*

- ▶ Fairly new industry standard measurement
- ▶ Best practice: in 3-4 OR centers:
 - ▶ Total: 10.4; Clinical: 6.3
- ▶ Quick throughput cases - eyes, GI, pain - will have lower numbers
 - ▶ Total: 8; Clinical - 5
- ▶ Complex cases - major orthopaedic, spine, laparoscopic, etc. will have higher numbers
 - ▶ Total: 10-12; Clinical - 8
- ▶ Varies by case mix

*101 ASC Benchmarks to Know; Laura Dyrda; Becker's ASC Review, September 27, 2017

Staffing as Percentage of Net Revenue

- ▶ Total employee costs
 - ▶ Salaries
 - ▶ Taxes
 - ▶ Benefits
 - ▶ Education, etc.
- ▶ Multispecialty center: 21.3%
- ▶ This can be misleading if revenue is extremely high
 - ▶ You would expect % to be lower than average

<https://www.beckersasc.com/leadership/50-stats-on-asc-staffing-costs.html>

Staffing Costs per Case

- ▶ Total staffing costs / number of patients
- ▶ Costs will be affected by types of cases
- ▶ Market conditions will affect costs
- ▶ This tool is not as reliable due to case mix and complexity of cases
- ▶ Benchmark:
 - ▶ \$422.00 (salaries and wages)

101 ASC benchmarks to know | 2017; Laura Dyrda; September 27, 2017 | Becker's ASC Review

Staffing Measures

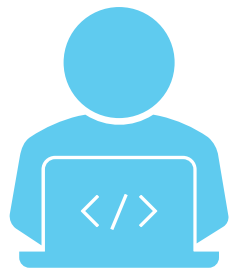
- ▶ Important benchmarks
- ▶ Provide information that allows administrator to drill down on areas that could be improved
- ▶ Reduce "down time"; increased costs
- ▶ Provide opportunities for improvement

Scheduling & Staffing

- ▶ Require constant, consistent oversight
- ▶ Opportunities for reducing costs
- ▶ Benchmarking (national, state, similar centers)
 - ▶ Required by accreditation organizations
- ▶ Communication with physicians and employees is critical
 - ▶ If those involved understand the rules & why things are done, they are more likely to buy in

Benchmarking

- ▶ VMG Intellimarker
 - ▶ https://intellimarker.com/content/intellimarker/VMG_Health_Intellimarker
 - ▶ Available online; free
 - ▶ Great source of statistical information
- ▶ Becker's ASC Review
 - ▶ Free e-weekly
 - ▶ Lots of statistics and financial information



Admin 101: What Every ASC Administrator Needs to Know

To obtain a free copy, email me

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