

# Developing a Shared Language for Change

Quantifying Clinical Productivity in Anesthesiology

Robert L. Lobato, MD, MS

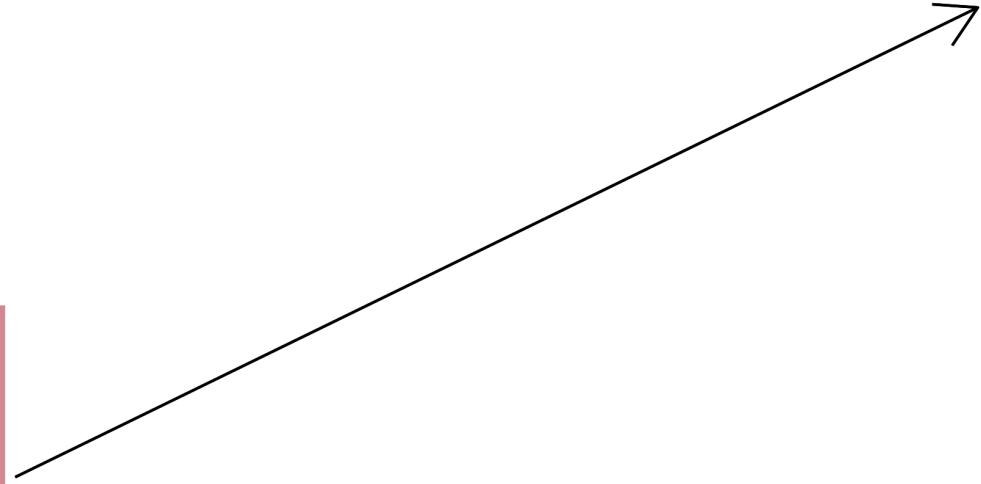
Why?

# Audiences for Productivity Metrics

1. Health System Stakeholders (C-suite Executives)
2. Departmental Operations (Staffing and Compensation)
3. **Faculty and staff** seeking "fairness" in distribution of work and/or pay

Data Source: Epic Case Staffing Logs

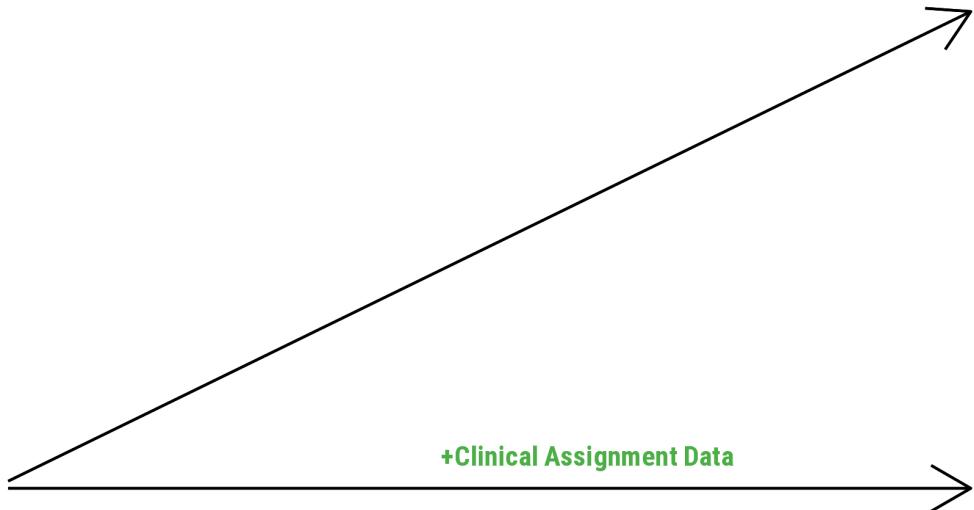
**OR  
Staffing  
Logs**



#### **Staffing Activity Metrics**

- Cumulative Hours
- Daytime Hours
- Nighttime Hours
- Kept Past Shift End

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#### **Clinical Site/Role Metrics**

- Avg Hours Worked
- Overutilization
- Underutilization

**OR  
Staffing  
Logs**

**+Clinical Assignment Data**

*\*Billing Data*

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#### **Detailed Billing by Clinician**

- ASA Units for Split Cases
- Billing Outliers
- Multiple Coverage Incentives

# What do these staffing logs look like?

This is one anesthesiologist's clinical activity for a single 24-hour call day

Friday daytime cases until 18:23, then called back in for a bedside nerve catheter between 02:37 and 04:17

	qgenda_schedule_day	shift_start	anesthesia_record_epic_id	staff_start	staff_end	primary_procedure_name
1	2023-08-18 00:00:00.000	2023-08-18 07:00:00.000	64654050	2023-08-18 15:14:00.000	2023-08-18 16:38:00.000	ESWL WITHOUT CYSTOSCOPY
2	2023-08-18 00:00:00.000	2023-08-18 07:00:00.000	64653517	2023-08-18 15:24:00.000	2023-08-18 16:54:00.000	MR BRAIN WO CON
3	2023-08-18 00:00:00.000	2023-08-18 07:00:00.000	64637437	2023-08-18 16:34:00.000	2023-08-18 16:54:00.000	IMPLANT PPM NEW - BIVENTRICULAR
4	2023-08-18 00:00:00.000	2023-08-18 07:00:00.000	64619115	2023-08-18 17:07:00.000	2023-08-18 17:28:00.000	LARYNGOSCOPY-MICRO DIRECT
5	2023-08-18 00:00:00.000	2023-08-18 07:00:00.000	64662016	2023-08-18 17:06:00.000	2023-08-18 17:46:00.000	CYSTOSCOPY WITH FULGERATION
6	2023-08-18 00:00:00.000	2023-08-18 07:00:00.000	64632390	2023-08-18 16:54:00.000	2023-08-18 18:01:00.000	IRRIGATION AND DEBRIDEMENT (I&D)-CRANIAL
7	2023-08-18 00:00:00.000	2023-08-18 07:00:00.000	64617628	2023-08-18 16:54:00.000	2023-08-18 18:03:00.000	EXPLORATORY LAPAROTOMY
8	2023-08-18 00:00:00.000	2023-08-18 07:00:00.000	NULL	2023-08-18 16:00:00.000	2023-08-18 18:23:00.000	clock in/clock out event
9	2023-08-18 00:00:00.000	2023-08-18 07:00:00.000	NULL	2023-08-19 02:27:00.000	2023-08-19 04:17:00.000	clock in/clock out event

# Generating Productivity Metrics

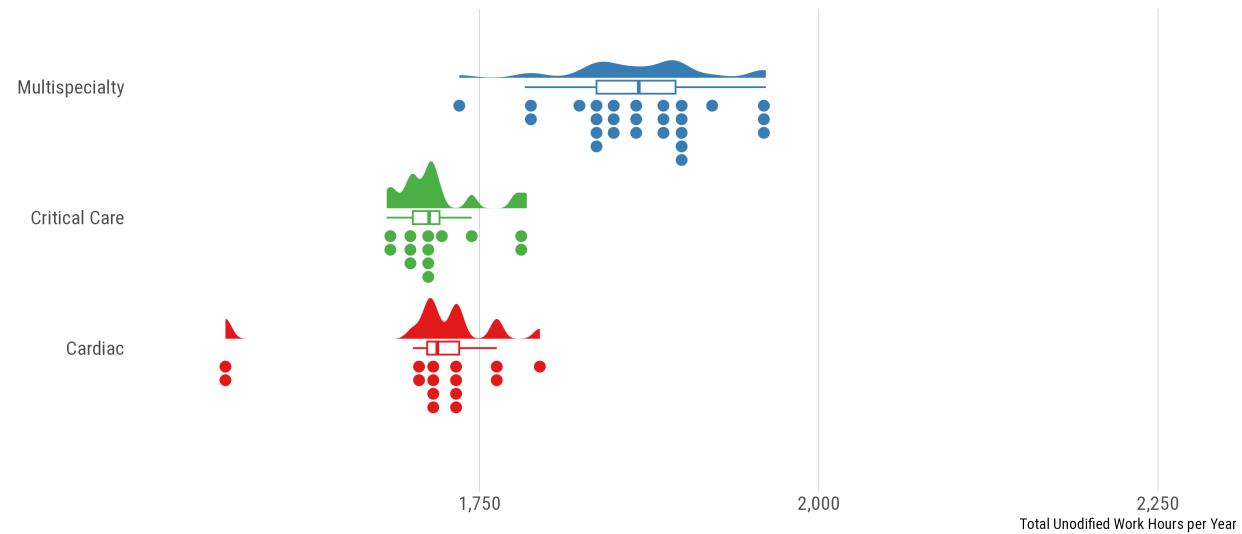
These cases can be reassembled to generate summaries of clinical work

In this case, **daytime hours worked**, **weekend hours worked**, and **total "modified" hours worked** during the entire 24-hour clinical assignment

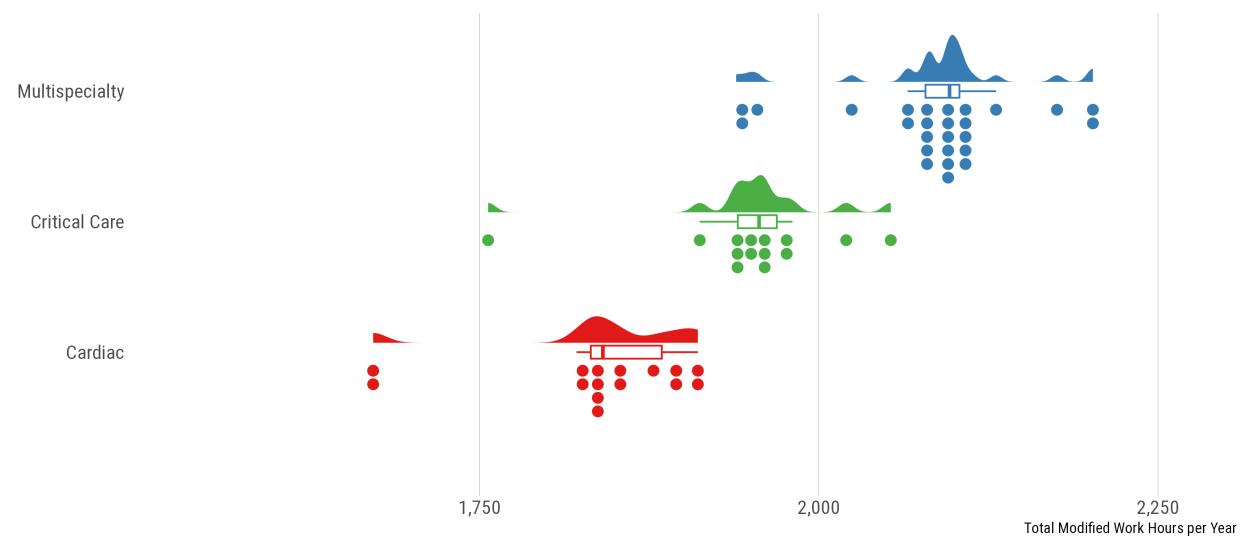
	qgenda_schedule_day	role	day_of_week	role_activity_hours	weekday_work_hours	weekend_work_hours	evening_work_hours	weeknight_work_hours	modified_work_hours
1	2023-08-18 00:00:00.000	APS	Friday	13.21	9	4.216666666666667	0	0	15.325

# Example: Staff Activity Metrics Across Faculty

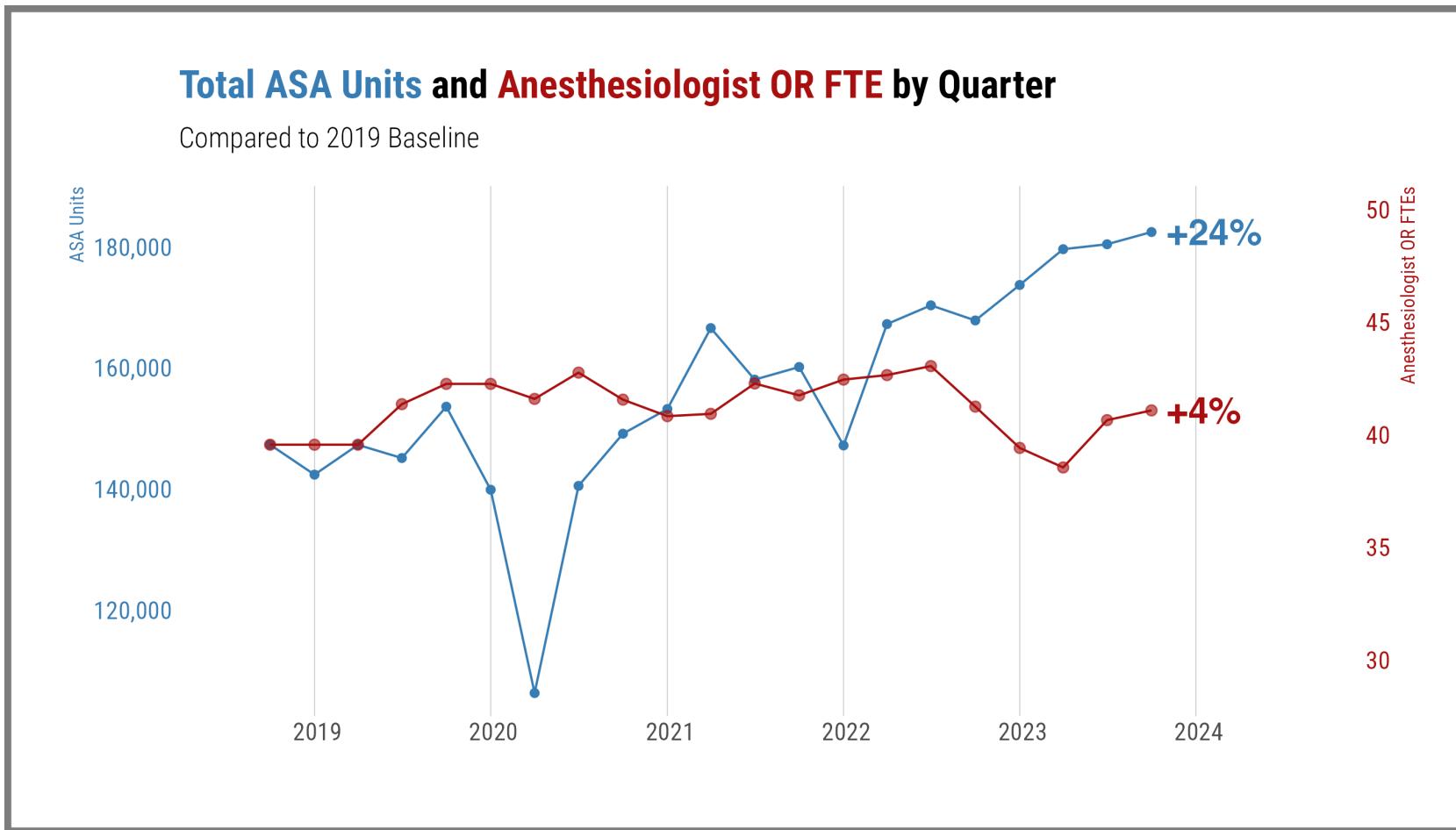
## AY2023 Total Unmodified Work Hours by Clinical Division



## AY2023 Total Modified Work Hours by Clinical Division



# Adjusting Workload Balance



Interesting Use Case when Combined with  
Other OR Event Timestamps:

CRNA Turnover Times Complaint

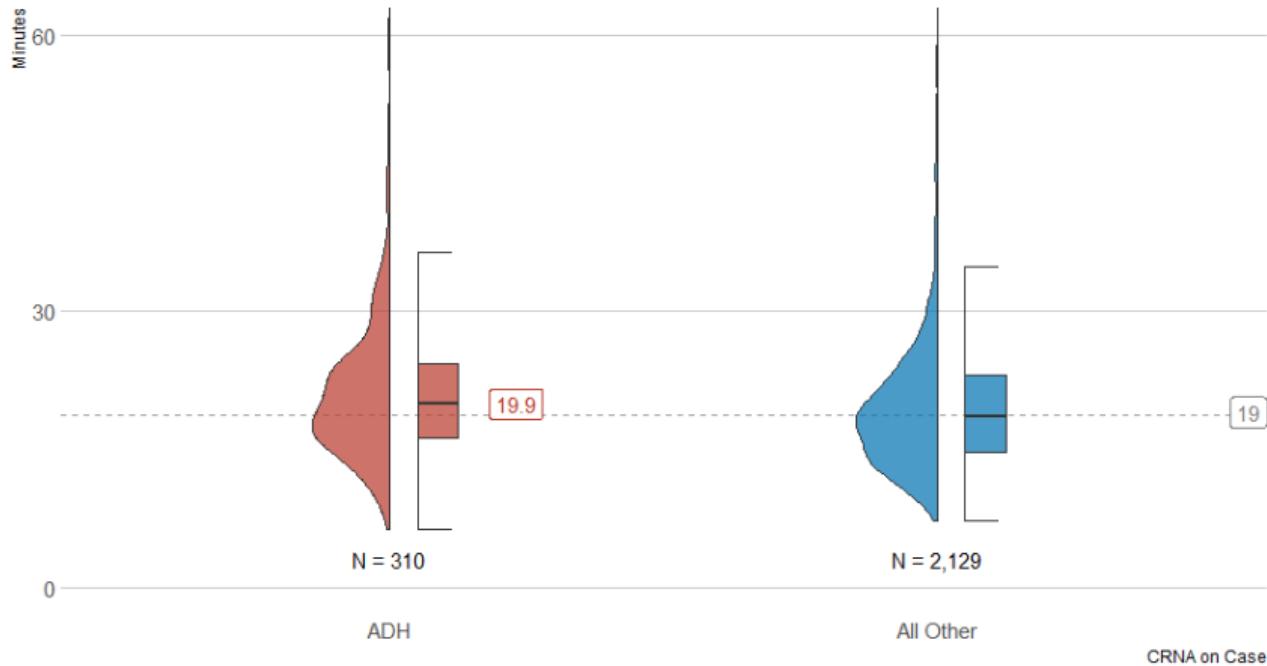
# VP Surgical Operations Reporting

July 01, 2023 through April 24, 2024

## Same-Surgeon Turnover Times

Consecutive cases involving the same surgeon in the same OR.

### VPOSC Turnover Times by Anesthetist

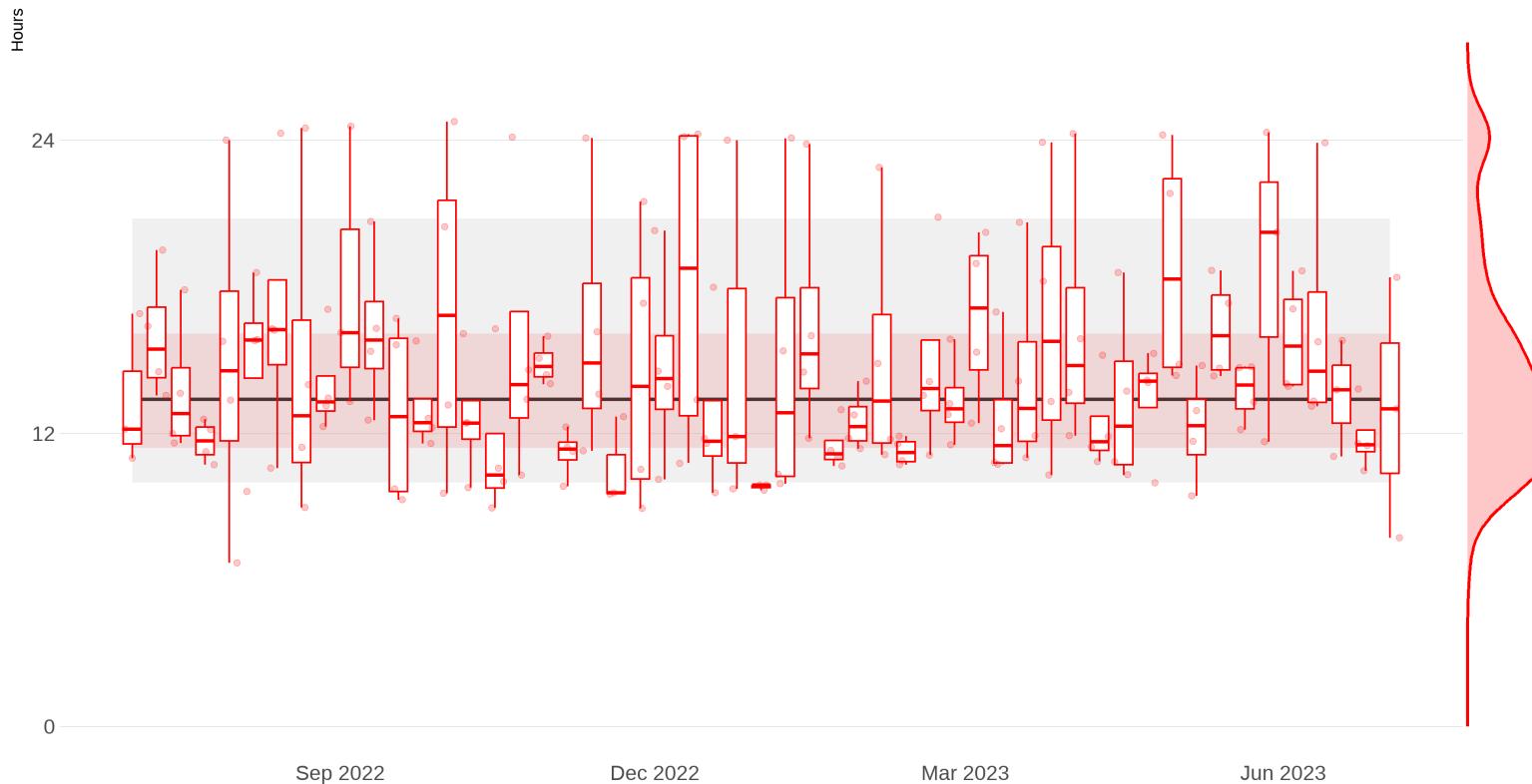


Adding information about a Clinical Role/  
Clinical Assignment can provide further insight

# Example: Cardiac Call Assignment Metrics

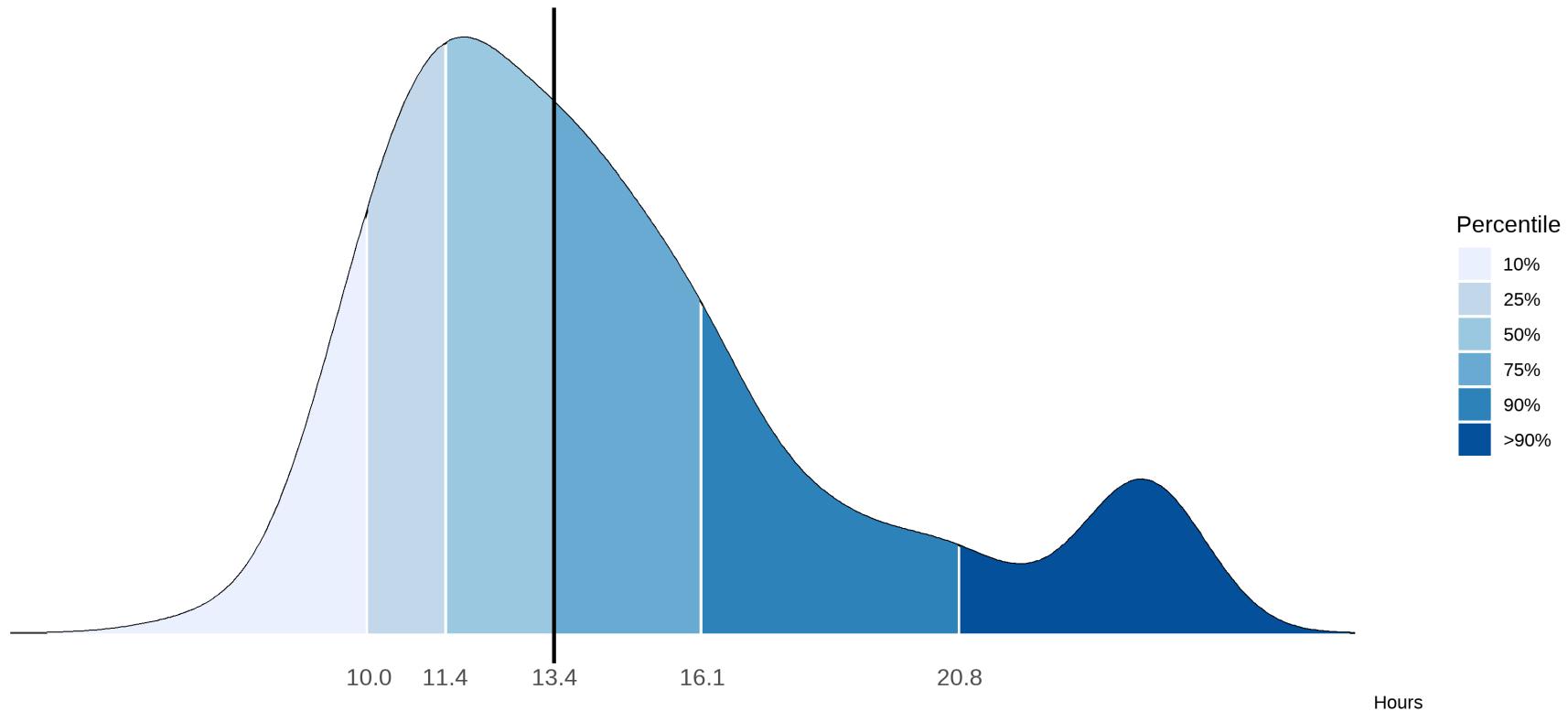
## Assignment Lengths for Weekday Roles (n = 204)

MD-CT: overall median 13.4 hours [11.4, 16.1]  
90th percentile: 20.8 hours



Taken from Last Case End Time or Clock-Out Time, Whichever is Later  
Black Line Reflects the Overall Median for Role  
Shaded Band Represents the Overall Interquartile Range  
Gray Band Extends From 10th to 90th Percentile

## CT1 Weekday Assignment Length Density Plot



# Top 3 Benefits of Productivity Metrics

1. Clarifying expectations among stakeholders (i.e., how much "work" is expected for a given clinical FTE)
2. Increased Trust through Transparency
3. Shared Language for Implementing Change



