

## **SAAA 2013 CLINICAL PRODUCTIVITY SURVEY FOR 2012 DATA**

The goal of this survey is to provide updated clinical productivity benchmarks for different facilities for academic departments. The initial survey was reported at Anesth Analg 96: 802-812; 2003

### INSTRUCTIONS/DEFINITIONS

Inclusion/Exclusion: (see number 11 below). Data should be for operating room and remote sites, but exclude ICU, pain management, obstetric services, and consults.

1. Dates of Data: Please complete the attached survey for 2012 data. If you fiscal year ends before December 31, then you may use your 2012 fiscal year data.
2. Hospital Identifier when an anesthesia group provides care at more than one hospital:
  - a. If your department/group provides care at more than one hospital, please complete one survey for each hospital if possible. These separate reporting is important if you provide care at hospital OR and ambulatory surgicenter.
  - b. Hospital Identifier – please identify each Hospital separately on the survey, e.g., Hosp-A, Hosp-B
3. Type of Facility:
  - a. Ambulatory Surgical Center (ASC)
  - b. County/City Indigent Hospital (Indigent) – Hospital is primary hospital for indigent care in the area. Can be the primary teaching hospital for the medical school
  - c. Academic Medical Center (AMC)– not primary indigent care hospital, but is primary teaching hospital for the medical school
  - d. Children’s – Hospital is exclusively pediatric hospital. (Only children are patients that come to the OR)
  - e. Heart – Hospital specializes in cardiothoracic services exclusively.
  - f. Community – All others
4. Surgical Staff:
  - a. Academic Only: all surgeons are either residents or faculty
  - b. Mixed: Some surgeons are Academic and some are private-practice
  - c. Private-Practice Only: All surgeons are in private-practice.
5. Anesthesiology Group:
  - a. Academic Only: all anesthesiologists are either residents or faculty
  - b. Mixed: Some anesthesiologists are Academic and some are private-practice
  - c. Private-Practice Only: All anesthesiologists (no residents) are in private-practice.
6. Staffing Ratio: The usually staffing ratio for providing care
  - a. Physician-only: Anesthesiologists provide personally performed cases
  - b. Mixed: Both medical direction and personally performed cases are represented by the data
  - c. Medical-Direction: Medical direction care model is used by the group
    - i. 1:2 or less: staffing ratio is usually 1:2 with some 1:1
    - ii. greater than 1:2: anesthesiologist regularly medically direct 2, 3 or 4 cases

7. Total ASA units billed
  - a. All care billed using ASA units should be included, EXCEPT obstetric care, e.g., epidural for labor, anesthesia for cesarean section
  - b. Do not include RVU procedures done in the OR , e.g., line placement
  - c. Do not include modifiers
8. Time units billed: 15-minute time units should be used.
9. Charge per ASA unit: Dollar value charge for each ASA unit. (NOT Revenue)
10. Total Charges billed: Not revenue.
11. Average number anesthetizing sites staffed daily:
  - a. To estimate the number of anesthetizing sites staffed daily, count the number of sites that needed to be covered at the beginning of the day for the 10<sup>th</sup> of each month. (If the 10<sup>th</sup> fell on a weekend or holiday, then choose the 20<sup>th</sup> for that month.)
  - b. Remote sites should be included. Count as one if only one team covering the sites. Count as two, if two different teams had to cover the sites. Etc.
  - c. Do not include OB anesthesia, pain clinic, ICU or preoperative clinic in this estimate.
12. Average number of anesthesiologists. Number 11 above. Count the number of anesthesiologists needed to staff the anesthetizing sites at the beginning of the day.
  - a. Exclude staff that are not available first thing in the morning. Examples, call faculty coming in late, late shift faculty.

QUESTIONS: Dr. Amr Abouleish at 281-352-6592 or [aaboulei@utmb.edu](mailto:aaboulei@utmb.edu)

SUBMIT DATA AT

[http://anesth.utmb.edu/Public/SAAA2013\\_p1.asp](http://anesth.utmb.edu/Public/SAAA2013_p1.asp)

## SAAA 2013 Survey for Clinical Productivity for 2012 Data

### IDENTIFICATION INFORMATION: COMPLETE ONCE

Dates of the data <sup>1</sup> (e.g., Jan-Dec 2012)	
Name of Group/Dept	
Contact Person	
Address	
City, State, Zip Code	
Phone	
Email	

### FACILITY INFORMATION: COMPLETE FOR EACH FACILITY

Hospital Identifier (Use if more than hospital be reported) <sup>2</sup>			
Type of Facility (Circle One) <sup>3</sup>	ASC Heart	Indigent Community	AMC Children's
Surgical Staff (Circle One) <sup>4</sup>	Academic Only	Mixed	Private-Practice Only
Anesthesiology Group (Circle One) <sup>5</sup>	Academic Only	Mixed	Private-Practice Only
Staffing Ratio (Circle One) <sup>6</sup>	Physician-only	Mixed	Medical Direction
	Medical Direction (if applicable) (Circle One)	1:2 or less	Greater than 1:2

### PRODUCTIVITY DATA

Total ASA units billed <sup>7</sup>	
Time units billed (15-Minute Unit) <sup>8</sup>	
Total Cases billed	
Charge per ASA unit <sup>9</sup>	
Total charges billed <sup>10</sup>	
Average number of Anesthetizing sites staffed daily <sup>11</sup>	
Average number of Anesthesiologists daily	

Footnotes refer to instructions on previous page.

Email results to [aaboulei@utmb.edu](mailto:aaboulei@utmb.edu)

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