





Overview»

Recent surveys have estimated that the economic value of reducing inpatient length of stay is approximately \$3,000 per day. At NAPA's ~400 hospital and surgical center partners from coast to coast, anesthesia clinicians are adding value by implementing perioperative initiatives that promote better clinical outcomes and exceptional patient experiences. Sharing best practices across a national network, NAPA's ~5,000 anesthesiologists, certified registered nurse anesthetists (CRNAs), and certified anesthesia assistants (CAAs) are supported by regional

clinical and operational leaders and a robust quality improvement team that works collaboratively to innovate and deliver on the organization's patient-first philosophy.

NAPA anesthesia clinicians understand how a higher standard of patient care helps hospitals thrive. Focusing on the end-to-end experience, perioperative processes that enable patients to achieve excellent outcomes and recover sooner also increase available patient beds, improve patient and surgeon satisfaction, and build consumer loyalty.

Highlights:

- service lines reduce complications, promote shorter post-surgical recovery days by up to 50%
- Regional/multimodal pain management reduces incidence of adverse events and side effects, improves patient experience
 - Perioperative Surgical Home piloted at NAPA hospitals reduced recovery by 2-4 days in various service lines, creating 2,588 additional patient bed days in one year
 - NAPA is uniquely positioned to drive value with multiple initiatives that reduce inpatient length of stay and save hospitals up to ~\$3,000/day.

This brief describes how NAPA solutions are contributing to shorter inpatient lengths of stay and driving economic value that yields financial benefits for our healthcare partner facilities, even when shared across all our stakeholders.

Solutions » Reducing Length of Stay

ERAS® Protocols

Enhanced Recovery After Surgery (ERAS®) protocols are evidence-based pathways for an integrated continuum of care. While customized for specific service lines, all ERAS protocols share a focus on the perioperative spectrum, guiding processes from preadmission through the preoperative, intraoperative, and postoperative stages.

Interacting with patients in every phase along the care continuum, anesthesia clinicians are well-positioned to develop ERAS protocols across all surgical service lines. NAPA's anesthesia chiefs are often champions of ERAS protocols at hospitals ranging from community facilities to regional medical centers, leading multidisciplinary teams and securing surgeons' endorsements to ensure successful implementations for colorectal, cardiology, orthopedic, spine, thoracic, urology, gynecology, gynecologic oncology, obstetrics, thoracic, and bariatric surgical procedures.

After Dr. Premjit Sarangi, NAPA
Chief of Anesthesia at Henrico
Doctors' Hospital in Richmond,
Va, instituted an ERAS protocol for laparoscopic colorectal
surgery, complications such as
surgical site infections decreased
and inpatient recovery days were
reduced from 7-8 days to 3-4 days.
The successful results prompted
a demand from surgeons for ERAS
protocols in other service lines.

Regional and Multimodal Pain Management

Strategies that optimize anesthesia's training for broader clinical applications contribute to hospitals in tangible and immeasurable ways. Whether adding or expanding a pain management service line, maximizing opportunities for regional anesthesia, developing new protocols, or deploying multimodal treatments to reduce opioid consumption, anesthesia clinicians can impact profitability in ways that extend far beyond the OR.

Jonathan Markley, DO, is a NAPA Director of Regional Anesthesia who has confronted the opioid crisis in communities served by hospitals in Newark and Paterson, NJ. Seeking a way to reduce chronic opioid use as a poor long-term outcome of surgical procedures, Dr. Markley developed a unique Alternative to Opiates (ALTO) pain management protocol that allows medical staff across service lines hospital-wide to select combinations of medications, doses, and dosing intervals in seconds. Unlike other multimodal protocols, this new program is based on predefined patient risk categories that eliminate the "one size fits all" approach to pain management. Among benefits including increased efficiency and patient and physician satisfaction, patients who are less sedated have been able to ambulate and recover sooner, reducing their length of stay typically by 1-3 days.

Perioperative Surgical Home

Standardized methodologies that deliver consistent results across the perioperative spectrum are critical to the bundled payment model inherent in the value-based care environment, but surgeons and administrators typically have misaligned goals. As the "quarterbacks" of the OR, anesthesia clinicians are positioned to foster collaborative cultures

that can implement patient-centered, evidence-based care from preadmission through recovery and create value for hospitals in every phase.

Robert M. Shakar, MD, FASA, is NAPA Corporate Medical Director and Chief Anesthesiologist at New Hanover Regional Medical Center (NHRMC) in Wilmington, NC. Dr. Shakar is also chair of the American Society of Anesthesiologists (ASA) Perioperative Surgical Home (PSH) Steering Committee. When Dr. Shakar piloted a PSH for total procedures at NHRMC, the operational efficiencies and improved clinical outcomes, including decreased length of stay, produced total savings of \$4.2 million in year one. After scaling the PSH for 16 service lines, NHRMC realized up to \$12 million in annual return on investment.

Results »

NAPA's Patient Safety Organization, the NAPA Anesthesia Patient Safety Institute (NAPSI), nurtures innovative solutions with inspired leadership, broad quality resources, and robust data and analytics from a vast clinical database, derived from serving more than two million patients annually.

The patient-first focus that drives NAPA clinicians to continually seek solutions for improving quality, safety, and satisfaction also benefits the company's healthcare partners. Savings that accrue from reducing length of stay are just one way that NAPA's perioperative management impacts the bottom line. Leveraging local leadership, clinical and operational expertise, and proprietary reporting and compliance tools, NAPA's consultative approach gives partners unparalleled insight into solutions through operational procedures and financial trends that generate real results, from patient safety to profitability.