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Satisfaction cannot be considered as an objective indicator of the quality of anesthesia care, but it remains the best way to assess the outcome from the point of view of the patient. Patient satisfaction offers the opportunity for evaluating nontechnical aspects of medical care, in particular interpersonal relationships arising from specific episodes of care. Satisfaction is usually defined as the result of the comparison between expectations and perceived outcome. If improving patient satisfaction with anesthesia becomes one of the aims of a health service, anesthesiologists have to consider that when patients have an improved anesthesia experience, their expectations are exceeded, which in turn increases the expectations for subsequent anesthetics. A continuous quality improvement process is needed to maintain patient satisfaction at the highest level.

Pharmaceutical New Product Development: The Increasing Role of In-Licensing	627
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Nancy V. Edwards

Many pharmaceutical companies are facing a pipeline gap because of the increasing economic burden and uncertainty associated with internal research and development programs designed to develop new pharmaceutical products. To fill this pipeline gap, pharmaceutical companies are increasingly relying on in-licensing opportunities. New business development identifies new pharmaceuticals that satisfy unmet needs and are a good strategic fit for the company, completes valuation models and forecasts, evaluates the ability of the company to develop and launch products, and pursues in-licensing agreements for pharmaceuticals that cannot be developed internally on a timely basis. These agreements involve the transfer of access rights for patents, trademarks, or similar intellectual property from an outside company in exchange for payments. Despite the risks, in-licensing is increasingly becoming the preferred method for pharmaceutical companies with pipeline gaps to bring new pharmaceuticals to the clinician.

Staffing the Operating Room Suite: Perspectives from Europe and North America on the Role of Different Anesthesia Personnel

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Christoph B. Egger Halbeis and Armin Schubert

In North America and Europe, a spectrum of anesthesia personnel exists to deliver anesthesia care. The common transatlantic features, however, are increasing demand for and shortage of anesthesia caregivers. Mechanisms counteracting this shortage include increased entry into practice from higher numbers of anesthesia residents and changes in the delivery of anesthesia care by extension of the role of nonphysician anesthesia providers. The training, professional and technical roles, and workforce contribution of anesthesiologists, anesthetists, and various support personnel in Europe and the United States are described. Current and future factors influencing the relationship between provider availability, use, and demand differ across the Atlantic and within Europe.

The Value Proposition of Anesthesia Information Management Systems

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Christoph B. Egger Halbeis and Richard H. Epstein

Anesthesia information management systems add value to the anesthesiologist and the hospital above that which is provided by manual anesthesia records. The more complete documentation and less biased recording of vital signs in this system, relative to manual records, provide data needed for quality initiatives and operating room management and for clinical research. The system can improve the ability to increase anesthesia charge capture, meet the requirements of pay-for-performance programs, and assist in the defense of malpractice allegations. Realization of value from the anesthesia information management systems requires additional expenditures of resources to adapt the systems to meet specific institutional requirements.

Making it Work: Setting up a Regional Anesthesia Program that Provides Value

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Edward R. Mariano

Regional anesthesia offers many benefits for the patient, surgery center, anesthesiology practice, and hospital. Unfortunately, there are no evidence-based guidelines to follow when starting a new service aimed at providing peripheral nerve blocks. A regional anesthesia program adds value by improving the quality of postoperative analgesia and recovery after surgery. Specialized training in regional anesthesia is necessary when using advanced techniques, such as ultrasound guidance and continuous peripheral nerve blockade. A regional anesthesia service may shorten postanesthesia recovery time in ambulatory surgery and duration of hospital admission for some surgeries. A successful regional anesthesia service promotes effective communication among all members of the perioperative team.

How Much Work is Enough Work? Results of a Survey of US and Australian Anesthesiologists' Perceptions of Part-Time Practice and Part-Time Training 693

Catherine A. McIntosh, Alex Macario, and Keith Streatfeild

This article reports the results of a written survey administered to anesthesiologists in Australia and the United States regarding their opinions toward part-time practice and training. Although type of work and case volume were acknowledged to be important, most respondents reported a need for guidelines regarding levels of minimum acceptable clinical activity. A major recurring theme was that interindividual variation in competence is so great that no one set of rules can encompass each individual's circumstances with regard to minimum hours to stay competent and need to re-train after more than 6 months away from routine clinical practice. Guidelines regarding volume and variety of clinical work to acquire and maintain competence while practicing part-time may deserve further study to maintain quality and safety.

Part-Time Clinical Anesthesia Practice: a Review of the Economic, Quality, and Safety Issues 707

Catherine A. McIntosh and Alex Macario

Part-time clinical practice in anesthesia is increasing due to the feminization and the aging of the medical workforce, as well as the arrival of generations X and Y to the health care workforce. Recruiting the best and brightest physicians requires accommodating their needs and interests, as well as retaining older workers who wish to reduce their hours as they approach retirement. This article discusses steps to help departments or groups optimally manage the part-time anesthesia workforce.

The Science and Economics of Improving Clinical Communication 729

William T. O'Byrne, III, Liza Weavind, and John Selby

This article presents a complex clinical scenario based on actual communication breakdowns that led to a sentinel event. Basic communication theory that underlies clinical interactions and the tenets of health care economic evaluation are reviewed. The process of the handoff as it relates to clinical interactions is discussed and the weaknesses in communication arising from handoff failures in the operative and critical care environments are examined. The discussion follows by looking at the influences of current medical culture, emerging technology, and changing care environments and their impact on communication behaviors and resultant effect on patient outcomes. A detailed cost analysis of the charges incurred for both standard and escalated care required for the case is followed by a discussion of the economic basis for improving clinical communication and patient safety using the SBAR tool.

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<p>The hospital operating room is one of the most important and costly environments in health care. Given the current reductions in reimbursement and limited resources, hospital administrators and operating room managers have to be careful about adopting new technologies into the operating room. Operating rooms must balance the improved care a new technology can provide with its additional costs. Economic analysis provides systematic methods to guide decisions by quantitatively assessing the value of a new technology.</p>	
Ten Tips in Providing Value in Operating Room Management	765
Mitchell H. Tsai	
<p>This article examines the impact of effective operating room (OR) management from the perspective of an anesthesiologist and is intended to update the busy practitioner on current concepts. It begins by considering the daily operational management of the OR and progresses to a broader view of tactical and strategic planning. These concepts are organized into a list of 10 tips that have evolved for two reasons: increasing numbers of hospital administrators are focusing their attention on OR profitability; and the OR is a primary source of revenue in many hospitals. In an era when more and more facilities are hiring physicians to be medical directors for the OR, anesthesiologists should be at the helm when it comes to OR management.</p>	
Interaction Between Anesthesia Technology Innovators, Manufacturers, and Purchasers	785
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<p>Levels of public and private funding for anesthesia services and health research reflect their value to the patient, the payor, and society. Improvements in anesthesia depend heavily on technologic advances. This article presents practical realistic assessment of medical innovation and barriers to its commercialization. Innovation by either academia or industry working in isolation is not possible. Innovation, education, and commercialization are interdependent and contribute to medical progress only when applied as a whole. Subordinating productive relationships between anesthesiologists and industry representatives to concerns of conflict of interest potentially puts diminishes the value of medical services, including anesthesia.</p>	
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