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Anesthesiologist of the Day (“AOD”)

For a busy practice trying to manage the flow of numerous operating rooms, calls from OB (which is usually not proximate to the O.R.s), "specials," and emergencies on the floors of the Hospitals they serve, the use of the Anesthesiologist of the Day ("AOD") principle, (sometimes also referred to as the Clinical Coordinator) is a great way to coordinate the flow of the physicians (and the nurses, where applicable).

Under an AOD model of moving cases during the day, the group assigns one anesthesiologist to be the AOD for the day. The pool from which the AOD is drawn, is usually limited, because strong organizational and multi-tasking skills are a prerequisite for being an AOD.

The AOD is then assigned the responsibility for the following:

- as the day progresses, re-assign cases to physicians and CRNAs based on what is going on in the O.R.s, with some surgeons running late and others trying to start their cases;
- locate and assign individuals to leave the OR to respond to emergencies on the floor, cover OB or specials, and the like;
- run or re-work the "go home" list;
- ensure that providers are relieved as necessary.

As the OR coordinator, the AOD's job is to ensure that ORs are turned effectively, and that costly physician and CRNA personnel time is maximized.

To avoid losing all of the income of one of your costly providers, most groups which work with CRNAs have the AOD concurrently responsible for supervising two CRNAs. Note that under most cases this works well, because the AOD is not personally responding to the emergencies; the AOD is assigning others throughout the day to respond accordingly.

By redeploying physicians or nurses who are between or waiting for cases and using their "down-time," you make your personnel more effective. Additionally, by having a single person run the "go home" list, you avoid the inequities of self-enforced guidelines. By limiting the pool of physicians who serve as the AOD, you improve the organizational and multi-tasking skills of those involved, and you have a pool of physicians who can align everyone's expectations. Finally, by having the AOD supervise two nurses, you preserve their income abilities (to a great extent, though not completely), so that if you are on a productivity income division model, the AOD is not unjustly penalized for helping the group.

A version of this article was submitted for publication in Anesthesiology News. It was reviewed and updated in 2006. Permission is hereby granted for the reprinting and use of this article provided that such distribution is free, and provided that the source and ownership of this material is acknowledged to be The Health Care Group, Inc.®. This article can be found online at www.healthcaregroup.com.