OR business management

OR analyst: A support for periop leaders

Perioperative directors have seen their jobs expand, with growing demands for financial analysis, operational efficiency, and quality monitoring. To help provide support, HCA Inc, one of the nation’s largest health care providers, developed the role of OR analyst. It’s estimated more than 50% of HCA’s 173 hospitals now have such a role, which includes supporting the OR’s electronic nursing documentation, being responsible for charging and billing, and producing reports.

Analysts hone their skills at a 2-week OR Analyst University provided at HCA’s corporate headquarters in Nashville, Tennessee.

“Surgical directors have so many responsibilities today. The business of surgical services coupled with the human resource issues and customers is complex and often overwhelming,” says Sherry Church, RN, BC, MSN, MBA, clinical director of surgical services in the HCA Quality Group.

The OR analyst position represents HCA’s effort to develop a business management role for the OR. In an analysis last year, OR Manager found the role varies widely across the country, having evolved to fit the needs of each organization (sidebar).

Major aspects of the HCA role, formally titled “OR clinical systems analyst,” are to:

- assist the OR staff in optimal use of computer system applications
- be responsible for billing and charging
- produce financial reports
- provide statistical reports and data.

Specific performance standards are in the sidebar.

HCA has a model job description, which has been adopted as an HCA Best Practice in Surgical Services.

Though every HCA hospital is considered to need an OR analyst, Church says the role would look different in a hospital with 4 ORs than in one with 40 ORs. In a small hospital, for example, the OR analyst might also be the perioperative educator, whereas a large hospital might have more than one analyst or an analyst with assistants.

Qualifications

In HCA, perioperative RNs with a BSN are preferred for the OR analyst position, says Church, who estimates about 80% of the OR analysts are RNs.

The reason for RNs? A major part of the analyst’s role is monitoring nurses’ electronic documentation.

The analysts “are deep into the building and maintenance of our system,” says Church. “We think if you’re an RN and have been a circulator or scrub, you’ll have more insight into the documentation as well as the system’s end users. But we also feel experience is more important than education. So there can be—and are—exceptions to the RN qualification.”

The position also requires the ability to use database, spreadsheet, and word processing software and the ability to educate staff.

Reporting structure

HCA recommends that its OR analysts report to the perioperative director with a dotted line to the IT department.

“We believe they should have all of the IT access any IT person would have,” says
Church. “We know surgical services areas are often underserved by the IT department. It’s no one’s fault; the services and activities behind the closed doors are intimidating to some. We feel the OR analyst is the best one to build the menus and regulate access.”

**OR Analyst University**

The idea for the “university” was born because “we wanted to create the position in a robust fashion across a large enterprise,” says Church. The curriculum, which she says started out to be “huge,” was condensed to 80 hours, delivered in 2 1-week sessions. The curriculum was developed by Church with colleagues Robyn Dang, RN, and Steve Gillis, RN.

So far, 80 students have completed the course, which comes with a diploma. Students attend on paid time and receive 68 CEUs.

“‘To have 40 people here for 2 weeks and have to replace them is a huge investment,’” she says. She and her team are considering taking the course on the road and offering an abbreviated version.

They are also working on a return-on-investment analysis to document whether the formal training for OR analysts saves the hospitals money.

“We believe it does, but it is hard to quantify,” she says.

Church says her own experience provides evidence that close attention to OR billing does capture revenue. The hospital where she previously worked, which has 10 ORs, garnered $14 million in additional gross revenue in 1 year by improving its OR billing process.

Consider the example of a 6-hole plate used in an orthopedic case, she suggests. During the case, the nurse might write 4 screws were used. Yet, the holes are rarely...
left empty. An OR analyst might know to say to the nurse, “Sue, did you really use only 4 screws?” The answer would probably be no, 6 were used.

“Is an untrained person going to catch that?” she asks. “I suspect most ORs leave money on the table because of that kind of thing. Every patient’s bill should be as perfect as we can get it. It must be right for the patient as well as the business. That’s the right thing to do.” The OR analyst’s role includes setting up a process so OR nurses can document supply use easily and accurately without taking their attention away from the patient.

**OR analyst position**

Job-specific standards for HCA Inc’s OR analyst include:

- creates and maintains all software dictionaries, forms, queries, and responses related to OR documentation and billing
- responsible for the surgical revenue cycle; completes billing/charging on a daily basis, creating supply-item add requests and reconciling ancillary charge reports
- produces cost reports and revenue reports for end-of-month reporting
- creates and maintains surgical menus for all perioperative staff; sets up PIN numbers
- creates and/or maintains standard software screens
- trains new employees on use of the OR module; informs all involved staff and managers of changes to the system and teaches as needed
- supports hospital staff as requested and coordinates with other departments as they interface with the OR’s software (admitting, revenue integrity, supply chain, etc)
- works with IT staff to coordinate installation of the computer system for OR documentation in new or reorganized surgical services departments
- creates reports to provide statistics/data for administration, quality improvement, finance, surgical services, and special projects
- in conjunction with the appropriate OR director/manager and management engineer, participates in the performance improvement/quality improvement program for surgical services.

*Source: HCA Inc.*