Benchmarking facility times for pain

Pain management procedures have exploded in ambulatory settings, just as GI endoscopy and cataract surgery did previously. More than 1.5 million low-back injections for the treatment of pain or mobility problems are conducted each year, and that number is expected to rise as the population ages. Injections for low-back pain account for 6 of the top 20 ASC procedures, according to the Centers for Medicare and Medicaid Services.

A new report offers data facilities can use to benchmark their facility times for these procedures and learn from strategies of best performers.

The study is the first for this procedure in the ambulatory setting, says Naomi Kuznets, PhD, senior director and general manager of the Accreditation Association for Ambulatory Health Care (AAAHC) Institute for Quality Improvement, which issued the report.

“We looked at the national health statistics and decided this was a good area to study and to understand better, especially with the aging population,” she told OR Manager.

Benchmarking results

A total of 107 organizations submitted information on 2,227 cases. All 103 participants that provided facility information were freestanding, with 78% being independent and 67% multispecialty. Data were collected from January to June 2010 for preprocedure, procedure, and discharge times and patient outcomes. Clinical information, such as types of symptoms, injection types, and locations, is included. But only the procedures times are used for benchmarking because, the Institute notes, they reflect processes not dictated by clinical guidelines and for the most part, are within the organization’s control.

Overall, for total facility time (preprocedure, procedure, and discharge times):

- The median was 86 minutes, with an average of 87 minutes (range 15 to 179 minutes).
- The shortest total time was 15 minutes, and 2 facilities had times of a little over 30 minutes.

Highlights for the 3 phases follow.

Preprocedure times

The median preprocedure time (patient check-in to needle-in) was 48 minutes with an average of 50 minutes (range 5 to 122). Organizations with the shortest times attributed their results to factors such as gathering patient information and preparing before the day of the procedure.

The organization with the shortest time (5 minutes):
• follows a strict schedule when giving patients times for their appointments
• has a strict schedule for physicians and staff
• doesn’t schedule many patients, considering the time needed for the procedure. This decreases possible patient waiting times, which the staff believes increases patients’ compliance with appointment times
• calls patients the day before to remind them of the procedure time.

The organization with the second shortest time (approximately 7 minutes) attributes it to being a single specialty facility and calling patients before the procedure for an assessment. On the day of the procedure, the staff needs only to review patient information and have patients sign consent forms.

The organization with the third shortest time (approximately 10 minutes):
• has dedicated staff for pain management—nurses and radiation techs who are familiar with each physician’s preferences and how the physician performs the procedure
• preregisters each patient before the initial date of service and streamlines the admission process for subsequent visits
• has preop staff work together to prepare each patient so 2 patients are ready at any time
• uses an electronic health record that helps physicians with reports between cases, improving room turnover time; instead of dictating by phone, physicians use the computer in the procedure room, where they can choose from 80 templates for their procedure reports
• has all available staff, including the radiation tech, nurse, and physician, help with turnover between cases.

Procedure times

The median procedure time (needle-in to needle-out) was 7 minutes, with an average of 8 minutes and a range of 2 to 23 minutes. The shortest times were from 2 to 3 minutes. More than a quarter of participating facilities had times under 5 minutes, and more than 80% were under 10 minutes.

Discharge times

The median and average discharge times (needle-out to discharge) were both 29 minutes (range 2 to 74 minutes). Facilities with the shortest times said they rarely sedated patients for the procedure. Among other strategies for best performers:
• Physicians provide patients “with excellent presurgical explanations and expectations of the procedure.”
• Patients are discharged from the procedure room, unless they receive sedation or a cervical epidural.

Patient outcomes

The study did include a few patient outcomes. Within 7 to 10 days after the procedure, participants reported that approximately 80% of the study patients were contacted to obtain outcomes information. In findings:
• 95% were able to schedule the procedure within a reasonable period of time.
• 82% were performing usual daily activities.
• 78% said their pain had improved.
• 53% had reduced pain medications. ❖

—Judith M. Mathias, MA, RN
Reference