

# **Incorrectly recorded anesthesia start times cost medical centers and anesthesia practices significant revenue**

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Inaccurately recording the start of anesthesia care during a procedure is

common and results in significant lost billing time for anesthesia practices and medical centers, suggests a study being presented at the American Society of Anesthesiologists' [ADVANCE 2023](#), the Anesthesiology Business Event.

The [anesthesia](#) start time (AST) must be documented from a computer logged into the electronic health record (EHR), and typically occurs once the patient is in the operating room (OR). However, the [anesthesiologist](#) meets with the patient prior to their arrival in the OR and begins tasks that are vital to the procedure—such as administering pre-medication and attaching monitors—and that time typically is not recorded. Depending on the patient and procedure, adding two to five minutes to the AST when logging it would account for the preparation and transit time, researchers say.

"These seemingly minor inaccuracies of recorded AST can cost medical centers and anesthesia practices hundreds of thousands of dollars in lost revenue," said Nicholas Volpe Jr., M.D., MBA, lead author of the study and an anesthesiology resident physician at Northwestern University McGaw Medical Center, Chicago. "We suspect most anesthesiologists are unaware that they aren't recording AST accurately. It's not a result of negligence, but rather reflects that workflow hasn't been optimized for accuracy."

For the study, the researchers analyzed 40,312 procedures involving anesthesia—which occurred between November 1, 2021 and October 31, 2022—at a single academic center. In 27,771 of the cases (68.74%), AST was recorded as starting once the patient was in the OR, without factoring in the preparation time. Using the national average charge for anesthesia time, the missing time translated to \$638,671.57 in lost revenue for the year, the researchers determined.

"Logging AST is one of the many new tasks that anesthesiologists learn

when starting a new role," said Dr. Volpe. "Transitioning from an internship to clinical anesthesia practice involves learning a significant amount of new information, and understanding the importance of an accurately recorded AST may seem like a relatively minor issue compared to important patient-care information."

Several approaches could help address inaccurate AST documentation, including educating anesthesiologists on how to improve their AST recording practices and providing visual reminders such as signs in the OR, Dr. Volpe said. Also, an AST capture function could be built into the EHR mobile application so that AST can be noted by anesthesiologists on the way to the OR, or the EHR could automatically add two minutes to the AST log time, he said. The researchers plan to roll out some of those initiatives in the spring and determine if they are effective.

Provided by American Society of Anesthesiologists

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