

QUESTIONS SUBMITTED IN RESPONSE TO RFP 2019-008 – ANESTHESIOLOGY SERVICES

Please visit the NuHealth website for additional information.

1. *Is Nassau University Medical Center just the hospital, Ambulatory Surgery Center or Hospital Outpatient Departments?
 - A. NUMC provides both inpatient and outpatient care.
2. *Are there any changes in case volume, coverage or locations? What are your growth projections for 20-21?
 - *Need case volumes and payor mix.
 - *What is the current case mix of NUMC by third-party payor (payor name and percentage)?
 - A. The case volume for Anesthesia in 2018 was approximately 9,000 procedures. We expect a 15% growth for the OR. Payor mix is approximately 48% Medicaid, 26% Medicare, 20% Commercial, 1% self/uncompensated, and 5% other. NUMC's overall case mix has an approximate average of 1.03.
3. *Please provide total anesthesia billable cases by surgical specialty.
 - A. All of the hospital's cases are considered billable.
4. *Do you participate in NSQIP (National Surgical Quality Improvement Program)?
 - A. No.
5. *Epidural pain management: is this for L&D, acute, or chronic pain?
 - A. The epidural pain management is mostly for L&D.
6. *Does the hospital participate in BPCI? If so, under what DRG codes?
 - A. The Hospital participates in Orthopedic, Hysterectomy, and Colorectal bundles.
7. *Explain the internal and external nonacademic and academic governance of the anesthesia department.
 - a. Committee meeting: how many people, medical director and assistance to the chief?
 - b. Committee meeting: is there an associated FTE allocation for this schedule?

A. The Chair of Anesthesia reports to the Chief Medical Officer (CMO), the CMO reports to the Chief Executive Officer (CEO), and the CEO reports to the NuHealth Board of Directors.

8. *What is your current FTE MD and CRNA?

*What is the total number of FTEs anticipated for the contract?

*What is the current level of productivity (units/FTE) of the providers (CRNAs and MDs)?

*What is the current complement of anesthesia providers serving the hospital including the member of physicians and certified registered nurse anesthetists (CRNAs)?

*“Provide staff who can offer administrative support to the department.”

What specific staff is being requested and for what purpose(s)?

A. There are currently 13.5 full time MD/DO staff plus 12 per diem MD/DO staff, and 2 full time CRNAs plus 8 per diem CRNAs.

9. *The RFP states that the vendor should be willing to supervise employees of NuHealth. Who are these employees? Do you have a job description?

*What is the nature of the current NuHealth employees and how many are there?

*Are there any anesthesia administrative staff now? If yes, how many?

*Does the hospital employ anesthesia techs? If so, how many? Who do they report to?

A. NuHealth employees include Anesthesiologists, CRNAs, Medical (Anesthesia/Medical Tech), and Clerk. NuHealth currently employs 4.5 MD/Dos, 1 anesthesia tech, 1 part-time service line administrator and 1 clerk on site.

10. *Are current CRNAs employed by NUMC?

A. No.

11. *Is anesthesia services currently provided under an exclusive contract?

*Does the current anesthesia group have restrictive covenants?

*Are there any current incumbent vendor(s) on the contract? If so, who are they?

A. NuHealth’s current contract for anesthesiology services is with North American Partners in Anesthesiology, LLP (NAPA). The current anesthesia group has no restrictive covenants with NuHealth that will survive the contract.

12. *Is there a block schedule?

A. Yes.

13. *Are out of OR cases incorporated into the block schedule? If not, how are these scheduled?

A. No, out of OR cases are not incorporated into the block schedule. Instead, they have dedicated anesthesiology staff assigned to them during their procedure schedule.

14. *What is the 8 OR scheduling requirements, coverage schedule, out of OR requirements, and Ob include times timing funnel... etc.

A.

OR Schedule:

Monday – Friday

7:45 a.m. – 5:00 p.m. – 5 rooms

5:00 p.m. – 7.00 p.m. – 4 rooms

7:00 p.m. – 11:00 p.m. – 2-3 rooms, depending on staffing

11:00 p.m. – 7:00 a.m. – 1 room plus trauma, if any

We project to open additional rooms in 2020 to accommodate growth.

OB/Gyn and GI perform procedures in their respective areas.

15. *What percent of time is anesthesia used for GI?

A. Monday – Friday: 7:45 a.m. – 5:00 p.m. in 2 rooms.

16. *On call and weekend coverage: please provide layers of call. Include restricted (in house) vs. unrestricted (beeper).

*What are the in house overnight call requirements for the anesthesia provider and what in house call facilities exist?

A. Anesthesia is in house 24/7.

17. *How many surgical cases requiring anesthesia by area of specialty have been performed at NUMC in 2017, 2018, and 2019 (through September 30, 2019).

A. In 2018 there were approximately 4,700 surgical cases and a total of approximately 9,000 procedures (including surgical cases).

18. *What is the OB volume, C-section and labor epidural rates?

A. In 2018, OB volume was 1,285 procedures. The C-section rate was 32%. The labor epidural rates was 53% for vaginal deliveries and 21% for cesareans. The majority of C-sections are spinal at 68%.

19. *How many sites requiring anesthesia services (including ORs, GI, OB, ICU, MRI, Cath Lab, ED, ECT, etc.) currently exist at NUMC. Please identify by name, quantity, and physical locations and whether there are any projected changes in such sites?
- A. All above listed areas may require anesthesia services.
20. *Will the hospital consider anesthesia care team model? (MD, CRNA)
- A. Yes, NuHealth will consider all proposals.
21. *If yes, how will CRNAs be credentialed? Allied health? Medical staff? Nursing?
- A. Medical staff.
22. *Please explain acute pain management. Do you require dedicated services or person?
- A. Not currently.
23. *Does hospital have ultrasound with printing capability?
- A. Yes.
24. *Can you explain why the anesthesia residency program phased out?
*When did residency program graduate last class?
*Has there been a feasible study to evaluate a program being started?
*Do you still have open slots for anesthesia residents?
* What is the anticipated date to establish an anesthesia residency program and what are the projected staffing requirement of the anesthesiology group for such program?
- A. The program was phased out around 2011. Proposals may include vendor suggestions.
25. *Which medical specialties do residents join?
*What residency school are you affiliated with?
- A. Please see Medical Education Program on the NuHealth website.
26. *Do you currently have/planning surgical residency program?
*Do you currently have/planning internal medicine residency program?
* What educational and teaching programs currently exist at the hospital and what are the staffing requirements for such programs?
- A. Yes, NuHealth currently has a surgical residency program and a medical residency program. NuHealth residency programs that may use anesthesia include surgical residents, medical residents, OB/GYN residents, and pediatric residents.

27. *Do you have CRNA students? How many?

A. NuHealth does not currently have CRNA students.

28. *Are you amenable to fellowship programs?

A. Proposals may include vendor suggestions

29. *Are there any global, ACO participation or hardship requirements for self-pay?

A. Yes.

30. *What is the percentage of same day case cancellation?

A. Same day case cancellations are trending downward from 11%.

31. *What is the rate of post op delirium in the 7 days following surgery?

A. Less than 1%.

32. *Please provide average lag period from date of surgical diagnosis to date of actual procedure?

A. The average "lag period" is 1-2 weeks.

33. *Does the hospital have a pre op clinic? Who does it report to? How is the pre op clinic being staffed? Do the bylaws permit this to be changed?

A. The hospital has a pre-op clinic that reports to the Nursing Peri-Op Director. It is currently staffed by mid-level providers (projected to start 12/1/19), RNs and clerical staff. The bylaws permit this to be changed

34. *In what instances will providers bill patients?

A. Our current vendor bills patients, collects, and credits NuHealth based on its collections.

35. *What is the projected start date of the contract?

*What is the anticipated date for the transition of anesthesia services at Nassau University *Medical Center should such services be awarded?

*What is the timeline for implementing a change?

A. The anticipated effective date of the contract is January 1, 2020.

36. *Are there any special local, state, federal programs that we should take into consideration for program funding?

A. All programs should be explored by the vendor.

37. *Who is responsible for the day-to-day management of NUMC operations?

A. NuHealth Executive Staff.

38. *Do the anesthesiologists respond to hospital rapid response, code blue and/or cardiac arrest events?

A. The trauma team includes anesthesiologists or CRNA. They respond as needed and requested.