

# Nerve blocks: A Hospital CEO's Perspective

*Robert J. Sauers, FACMPE, Bethlehem, PA*

HOSPITAL CEOS ARE ALWAYS LOOKING FOR THE PERFECT SERVICE LINE. With peripheral nerve blocks, we've come tantalizingly close. Blocks in our facility make both patients and surgeons happy, increase our case volume, and save us money. I would recommend them without reservation to any of my colleagues.

We perform roughly 6,000 outpatient surgeries, 3,000 pain procedures and 1,000 inpatient cases annually at our surgical hospital. We use single-shot PNBs for shoulder, ACL, elbow and hand procedures, and we use continuous PNBs for total joints. We are so satisfied that today, blocks very often are the main form of anesthesia; many of our patients remain awake during their procedures. But even when we use general anesthesia in more complex cases, we almost always add blocks to help prevent post-op pain.

Why do we depend on blocks so heavily? Well, for one thing, we really like our 98 percent patient satisfaction rate, and we know that blocks are a major reason why our patients are so happy. Our blocked patients have little to no pain—more than 90 percent of our patients say their surgery is pain free—and rarely if ever experience post-op nausea and vomiting. They recover quickly and get discharged quickly, which pleases them because they want to go home as soon as they can after surgery.

Blocks also make our surgeons happy. They have the wonderful satisfaction of providing pain-free surgery to most of their patients. They also truly enjoy better quality of life, because their leisure time is almost never interrupted by phone calls from patients in pain. In



**Leadership from the top:** CEO Robert Sauers takes the time to meet with patients to witness first-hand the power of peripheral nerve blocks.

addition, surgeons also love the amazing efficiency our block program affords. Our anesthesiologists perform blocks in the pre-op area and consistently work ahead of the schedule so patients are ready to go when the surgeon finishes up one case and enters another OR for the following case. We use a two OR system for each surgeon, so our doctors rarely have to wait for a room to turn over. Also, since so many patients are awake during surgery, surgeons don't have to spend as much time updating them in recovery.

Our program does require more time and effort from our pre-op staff, since the anesthesiologists require an assistant during the block, but we make a lot of this up on the back end. Rapid discharge allows us to avoid paying overtime for our recovery staff.

Any hospital CEO will tell you that surgeon satisfaction, fast OR turnover and quick patient recovery are where the money is. Peripheral nerve blocks provide all three, not to mention the good feeling that comes when your facility is providing the absolute best care for its patients.



*Mr. Sauers is CEO of the Surgical Specialty Center in Bethlehem, Pennsylvania.*

The views expressed in this advertorial are those of the author only. Providers and clinicians are obligated to make their own determination of the appropriate medical treatment for each of their patients.

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