



Contact Info

- *1.** Readex Research performs survey research projects to collect data for legitimate research purposes. This survey, being conducted on behalf of the Society of Academic Associations of Anesthesiology and Perioperative Medicine (SAAAPM), involves voluntarily answering questions that are on a survey website hosted by Readex Research. If you choose to participate, the answers you provide will be kept confidential and used only in tabulation with other responses. Data reported to our clients does not identify survey participants either directly or indirectly. There are very rare occasions when individual responses are shared with a client but only for limited, legitimate, and necessary follow-up research or analysis. Email addresses may be shared with the sponsoring organization for removal from reminder emails.

If you would like to participate in this survey for the Society of Academic Associations of Anesthesiology and Perioperative Medicine (SAAAPM), please indicate your consent by clicking the "Yes" button below.

If you do not agree or do not wish to participate, simply click on the "No" button.

Yes, I consent

No, I do not consent

By selecting no, you indicate you do not consent to the collection and use of your survey answers and data as outlined here and in the Readex Research Privacy Policy. After selecting no, click save below to return to the Navigate page, then click close there to return to the Select Survey page. Thank you.

- *2. Who should we contact if we have questions about this teaching/academic hospital/facility's survey?**

teaching/academic
hospital/facility name: _____

your name: _____

your title: _____

your phone: _____

your email address: _____

About This Anesthesiology Department

1. Does this teaching/academic hospital/facility have a university affiliation?

- ☐ yes
☐ no

2. What best describes the teaching/academic hospital/facility location?

- ☐ urban
☐ suburban
☐ rural

3. Where in the United States is this teaching/academic hospital/facility location?

Zip Code _____

4. What best describes the predominant budget model used at this teaching/academic hospital/facility?

- ☐ FTE Based Model
☐ Funds Flow
☐ Purchase Service Agreement / Dollar Based
☐ other (*please specify*): _____

For the following questions, please answer them based on what your anesthesiology department covers at the main teaching/academic hospital/facility.

5. Approximately how many full-time employees (headcount) does this anesthesiology department currently have? Part-time employees? Subcontractors/consultants/locums/casual?

Please fill in a number for each below; 0 if none.

#_____ full-time employees

#_____ part-time employees

#_____ subcontractors/consultants/locums/casual

000 total department staff

6. How many scheduled clinical hours per year make up a full-time equivalent faculty at this anesthesiology department?

Please fill in a number below.

#_____ clinical hours/year

7. What was this anesthesiology department's operating budget for its most recently completed fiscal year?

- ☐ less than \$1 million
☐ \$1 - \$4.99 million
☐ \$5 - \$9.99 million
☐ \$10 - \$24.99 million
☐ \$25 - \$49.99 million
☐ \$50 million or more

8. How many open clinical faculty positions (positions your department is seeking to fill) did your anesthesiology department have on June 30, 2024 in each of these areas?

Please fill in a number for each below; 0 if none.

Cardiac	# _____
Chronic Pain	# _____
Critical Care	# _____
General OR	# _____
Neuro	# _____
OB	# _____
Pediatrics	# _____
Regional/APS	# _____
Other	# _____
TOTAL	[SUM]

9. Does your anesthesiology department bill for patient care in this teaching/academic hospital/facility's preoperative clinic?

- ☐ yes
☐ no

a. If yes, on average, what percentage of preoperative patients are billed?

Please fill in a number below.

_____ %

Compensation: POSITION

You can create multiple records for the same position. Each record can report on a single incumbent.

Please answer these questions as of June 30, 2024.

1. Your internal reference for the person in this position (for your use only):

2. What is this person's *paid, contracted* full time equivalent (FTE)?

Include non-clinical time.

#_____ paid FTE

***3. What is this person's *clinical, contracted* full time equivalent (FTE)?**

Clinical FTE defined as full-time equivalent minus FTE funded from external sources (e.g., not funded from grants, GME or other administrative stipends). All time is clinical unless it is funded from another external source.

#_____ clinical FTE

4. How does the *clinical, contracted* FTE breakout by specialty?

Total should equal amount entered in #3.

#_____ OR/Non-OR Anesthesia FTE

#_____ Acute Pain FTE

#_____ Chronic Pain FTE

#_____ Critical Care FTE

#_____ Other FTE

#_[sum]_ TOTAL

5. Did this person work more than their contracted clinical FTE?

☐ yes

☐ no

a. If yes, what is their estimated total clinical FTE, including the additional work? This number can be less than or greater than 1.0.

Examples: Faculty was contracted to work 1.0 clinical FTE, but worked equivalent to 1.1 clinical FTE you would report 1.1 clinical FTE.

Faculty was contracted to work 0.5 clinical FTE, but worked equivalent to 0.6 clinical FTE, you would report 0.6 clinical FTE.

#_____ clinical FTE

***6. On the date of record, what was the annualized total compensation for this person in this position?**

Include ALL sources of income: medical school, hospital, grant, VAMC, private practice, bonus, extra duty pay, extra call pay, etc.

Exclude institution-funded pension/retirement, overtime, draws, commissions, bonuses, incentive pay, profit sharing, other cash compensation, and the monetary value of benefits.

\$_____ total compensation

***7. On the date of record, what was the annualized fringe benefit dollars and/or pension/retirement dollars for this person in this position?**

Fringe benefit dollars includes all institution/department paid fringe benefits (e.g., employer component of healthcare, CME).

Fringe benefit dollars excludes professional liability insurance or voluntary employee salary reductions for additional retirement savings or business expenses.

If normally broken out, record pension/retirement dollars separately. If pension/retirement dollars are usually included in a lump sum fringe benefit package, record the total dollars in Fringe Benefit Dollars and leave pension/retirement dollars blank.

\$_____ fringe benefit dollars

\$_____ pension/retirement dollars

8. What is this person's gender identity?

- ☐ male
- ☐ female
- ☐ non-binary
- ☐ unknown/not reported

9. What is this person's race/ethnicity?

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ other
- ☐ multi-racial
- ☐ unknown/not reported

10. Is this person of Hispanic, Latino or Spanish origin or descent?

- ☐ yes
- ☐ no
- ☐ unknown/not reported

Department Finances

1. During the 12 months prior to June 30, 2024, what was the average **unit value** collected by your anesthesiology department at **all of your hospitals/facilities** for each of the following?

wRVUs = Work-Relative Value Units

Include CRNAs and CAAs in your calculations.

All Providers may include PA, NP and other allied health.

ASA (Base and Time) units for anesthesia service	\$_____/unit
ICU wRVUs by Physician Providers	\$_____/unit
ICU wRVUs by <u>all</u> Providers	\$_____/unit
Chronic Pain wRVUs by Physician Chronic Pain Providers	\$_____/unit
Chronic Pain wRVUs by <u>all</u> Providers	\$_____/unit
Regional Anesthesia/Acute Pain wRVUs by Physician Providers	\$_____/unit
Any other billed services	\$_____/unit

Please specify the other types of billed services: _____

(Examples might include billing for various perioperative procedures such as floor intubation, regional blocks, line placement, etc.)

☐ Unable to answer.

Explain Situation (Response Required): _____

2. What were the total **units billed** in that 12 months for each service you reported in Question 1?

wRVUs = Work-Relative Value Units

Include CRNAs and CAAs in your calculations.

All Providers may include PA, NP and other allied health.

ASA (Base and Time) units for anesthesia service	#_____/year
ICU wRVUs by Physician Providers	#_____/year
ICU wRVUs by <u>all</u> Providers	#_____/year
Chronic Pain wRVUs by Physician Chronic Pain Providers	#_____/year
Chronic Pain wRVUs by <u>all</u> Providers	#_____/year
Regional Anesthesia/Acute Pain wRVUs by Physician Providers	#_____/year
Any other billed services	#_____/year

☐ Unable to answer.

Explain Situation (Response Required): _____

3. During the 12 months prior to June 30, 2024, what was the average **unit value** collected by your anesthesiology department at **ONLY your teaching/academic hospitals/facilities** for each of the following?

wRVUs = Work-Relative Value Units

Include CRNAs and CAAs in your calculations.

All Providers may include PA, NP and other allied health.

ASA (Base and Time) units for anesthesia service	\$ ____/unit
ICU wRVUs by Physician Providers	\$ ____/unit
ICU wRVUs by <u>all</u> Providers	\$ ____/unit
Chronic Pain wRVUs by Physician Chronic Pain Providers	\$ ____/unit
Chronic Pain wRVUs by <u>all</u> Providers	\$ ____/unit
Regional Anesthesia/Acute Pain wRVUs by Physician Providers	\$ ____/unit
Any other billed services	\$ ____/unit

Please specify the other types of billed services: _____

(Examples might include billing for various perioperative procedures such as floor intubation, line placement, etc.)

☐ Unable to answer.

Explain Situation (Response Required): _____

4. What were the total **units billed** in that 12 months for each service you reported in Question 3?

wRVUs = Work-Relative Value Units

Include CRNAs and CAAs in your calculations.

All Providers may include PA, NP and other allied health.

ASA (Base and Time) units for anesthesia service	# ____/year
ICU wRVUs by Physician Providers	# ____/year
ICU wRVUs by <u>all</u> Providers	# ____/year
Chronic Pain wRVUs by Physician Chronic Pain Providers	# ____/year
Chronic Pain wRVUs by <u>all</u> Providers	# ____/year
Regional Anesthesia/Acute Pain wRVUs by Physician Providers	# ____/year
Any other billed services	# ____/year

☐ Unable to answer.

Explain Situation (Response Required): _____

- 5. What is the total Institutional Support (all sources including hospital, medical school, state, or another agency for administrative, educational, call, clinical, etc.) your anesthesiology department received in the 12 months prior to June 30, 2024?**

If your hospital pays for CRNAs and CAAs, include the CRNA and CAA salaries minus the CRNA and CAA revenue paid to the hospital.

\$_____ in Institutional Support in 12 months prior to June 30, 2024

Compensation Adjustments***1. Does your anesthesiology department provide faculty any compensation adjustments for subspecialists?**

- ☐ yes
☐ no

a. If yes, how much additional compensation [adjusted per FTE] does your department pay by the following sub-specialty training?

Please leave blank if it does not apply to your department.

Cardiac	\$____/year
ICU	\$____/year
Pediatrics	\$____/year
Pediatrics ICU	\$____/year
Pain	\$____/year
OB	\$____/year
Neurology	\$____/year
Neurology ICU	\$____/year
Liver Transplant	\$____/year
Regional/Acute Pain	\$____/year
Other	\$____/year

b. If yes, does your anesthesiology department provide faculty adjustments to base compensation?

- ☐ yes
☐ no

c. If yes, does your anesthesiology department provide faculty adjustments to on-call compensation?

- ☐ yes
☐ no

2. Which of these additional factors impact faculty compensation in your anesthesiology department?

Please select all that apply.

- ☐ years since graduation from residency
☐ seniority at your institution
☐ fellowship training
☐ additional board certification
☐ faculty rank
☐ frequency of call
☐ other
☐ none of these

Clinical Coverage

1. What was the total number of your anesthesiology department's **clinical, contracted FTE** assigned to each of the following at your teaching/academic hospitals/facilities as of June 30, 2024?

Please fill in for each below; 0 if none.

Clinical contracted FTE should include all physician anesthesiologists who provide at least some clinical care. Include only those employed and paid by your department at your teaching/academic hospitals/facilities. Do not include residents/fellows who hold instructor/post-doc titles.

For ASA unit production, include those working in non-billing areas such as PACU or Preop clinic. Include anesthesia personnel potentially doing wRVU billed work (e.g., regional anesthesia team). Exclude ICU, chronic and acute pain.

For non-ASA unit production, calculate FTE by your internal standards. For example, a physician who does 50% Chronic Pain and 50% OR anesthesia would be counted as 0.5 in Pain and 0.5 ASA unit production.

Please note: the sum should equal the total number of clinical, contracted FTE reported in the compensation section.

#_____ ASA Unit production

#_____ Acute (inpatient) pain

#_____ Chronic (outpatient) pain

#_____ Clinical ICU

#_____ Pre-op clinic

#_____ OB

#_____ Other (please specify): _____

[SUM] = SHOULD EQUAL TOTAL NUMBER OF CLINICAL, CONTRACTED FTE REPORTED IN THE COMPENSATION SECTION

☐ Unable to Answer

Explain Situation (Response Required): _____

2. During the 12 months prior to June 30, 2024, how many ORs did your anesthesiology department cover on average each weekday (Monday through Friday)?

Please fill in below; 0 if none.

#_____ ORs covered on average each weekday

3. During the 12 months prior to June 30, 2024, how many non-OR/offsite locations did your anesthesiology department cover on average each weekday (Monday through Friday)?

For example: If you have 4 GI rooms and 2 Cysto rooms you would enter 6.

Please fill in below; 0 if none.

#_____ Non-OR/offsite locations covered on average each weekday

4. During the time period of **September 1, 2023 to June 30, 2024**, at the start of the day during the average workweek (Monday through Friday), how many anesthetizing locations does your anesthesiology department cover with the following models?

Please exclude **July and August** and fill in below; 0 if none.

Please exclude CRNA and CAA students from this calculation.

Solo Attending Physicians	# _____
Attending Physicians Plus 1 Resident	# _____
Attending Physicians Plus 2 Residents	# _____
Attending Physicians Plus 1 Resident Plus 1 CRNA/CAA	# _____
Attending Physicians Plus 1 CRNA/CAA	# _____
Attending Physicians Plus 2 CRNA/CAA	# _____
Attending Physicians Plus 3 CRNA/CAA	# _____
Attending Physicians Plus 4 CRNA/CAA	# _____
Attending Physicians Plus Greater Than 4 CRNA/CAA	# _____

5. During the 12 months prior to June 30, 2024, how many total OB deliveries (with anesthesia involvement) did your anesthesiology department have?

Please fill in below; 0 if none.

_____ OB deliveries with anesthesia involvement

6. During the 12 months prior to June 30, 2024, **on an average weekday**, how many faculty did your anesthesiology department have on each of these services?

Weekday = 24 hours per day, Monday thru Friday

OR faculty	# _____/per average weekday
OB faculty	# _____/per average weekday
ICU faculty	# _____/per average weekday
Acute Pain faculty	# _____/per average weekday
Chronic Pain Clinic faculty	# _____/per average weekday
Pre-Op Clinic FTE clinical faculty	# _____/per average weekday
PACU faculty	# _____/per average weekday
Other faculty (e.g., Board Runner)	# _____/per average weekday

Please specify the other types faculty: _____

7. How is OB at your teaching/academic hospitals/facilities typically staffed by your anesthesiology department at night and on the weekends? Please select one for each.

at night

- ☐ separately assigned physician anesthesiologist
- ☐ cross-over from main OR
- ☐ call from home
- ☐ other (*please specify*): _____
- ☐ not staffed at night by our anesthesiology department

on the weekends

- ☐ separately assigned physician anesthesiologist
- ☐ cross-over from main OR
- ☐ call from home
- ☐ other (*please specify*): _____
- ☐ not staffed on weekends by our anesthesiology department

8. During the 12 months prior to June 30, 2024, what was the number of in-house shifts and the length of those shifts, along with the number of weekend shifts, needed to be completed for a *clinical faculty* to be considered full-time in ICU?

If unequal shift duration, please use the average.

Do not include pager/remote coverage or tele ICU.

of in-house shifts/year: # _____

length of shift (hours): # _____

of weekend shifts: # _____

9. Does your faculty provide either pager/remote coverage or tele ICU to your teaching/academic hospitals/facilities?

- ☐ yes
☐ no

CRNAs / CAAs

1. Are your CRNAs / CAAs salaried or hourly as of June 30, 2024?

- ☐ Salaried
☐ Hourly
☐ Information Not Available

2. What was your anesthesiology department's average compensation (salary plus benefits) per CRNA / CAA FTE as of June 30, 2024?

Please fill in below; 0 if not applicable.

\$ _____ average CRNA compensation per FTE (salary plus benefits)

\$ _____ average CAA compensation per FTE (salary plus benefits)

Suggestions for Future Surveys

1. How do you use the SAAAPM Salary and Practices Survey results at your department?

2. Any suggestions for improving future SAAAPM Salary and Practices Surveys?

