Is your ASC ready to pilot Anesloop?

Pilot readiness checklist self-assessment for 2-4 room multi-specialty ASCs.

Audience:	For the ASC administrator and medical director at a 2-4 room multi-specialty site. Twenty prompts, four clusters, designed to be answered in a single 30-minute sit-down with your clinical and ops leads before scheduling the pilot call.
How to use this checklist:	Answer each prompt with a number, a name, or a single sentence. A row you cannot answer in under thirty seconds is the row a pilot will surface name the gap, do not paper over it. Print the document, walk it together, score the cluster you are least certain on, and bring the score to the pilot call.
01.1:	What is your weekly pre-op chart volume that arrives unfinished within 24 hours of the case? (Chart-review volume)
01.2:	What percent of those charts need an anesthesia-specific hold note before clearance? (Chart-review volume)
01.3:	What is the median wall-clock time from chart open to anesthesia decision, today? (Chart-review volume)
01.4:	Who signs the final clearance the OR-day anesthesia lead, a CRNA pool, or a remote reviewer? (Chart-review volume)
01.5:	Where do the hold notes live after the case AIMS discrete field, EHR free-text, paper, or a clipboard? (Chart-review volume)
02.1:	What is your 12-week rolling first-case on-time start rate, by OR? (OR-block utilization band)
02.2:	What is your 12-week rolling prime-time utilization by room, against the 75-85% band? (OR-block utilization band)
02.3:	How many add-on cases per week do you accept after the morning rebalance has run? (OR-block utilization band)
02.4:	Who owns the morning rebalance your scheduling coordinator, the OR-day anesthesia lead, or no one in particular? (OR-block utilization band)
02.5:	What is your median turnover time between same-day cases in a single OR, in minutes? (OR-block utilization band)
03.1:	Who owns the shift-to-shift count and signs the reconciliation packet? (Narcotics vault process)
03.2:	How long does a shift count take end-to-end at your site draw, count, witness, sign? (Narcotics vault process)
03.3:	Where do wastage events live paper log, paper log + photo, EHR field, or a vault register? (Narcotics vault process)
03.4:	How often does your count variance exceed a single lot per shift, in a rolling 30-day window? (Narcotics vault process)
03.5:	What is your average lot-level trace time when the surveyor asks for a specific fentanyl vial? (Narcotics vault process)
04.1:	How many denied claims do you rework per week on average, across the active payer mix? (Billing follow-up workload)
04.2:	Within what window do you re-route a denial that is a real underpayment, versus writing it off? (Billing follow-up workload)
04.3:	What percent of cases get a modifier attached before the surgeon signs off the post-op note? (Billing follow-up workload)
04.4:	Which CPT + modifier pairings live in your rules today payer-specific, specialty-specific, or both? (Billing follow-up workload)

04.5:	How does your team tell a same-day soft denial apart from a true edit-and-resubmit overnight batching or live triage? (Billing follow-up workload)

If three or more rows in a single cluster land unresolved, that cluster is the natural pilot starting point. Bring this checklist to your pilot call Anesloop will use the same five prompts as the week-0 baseline so the pilot report reads as the delta, not a fresh instrument.