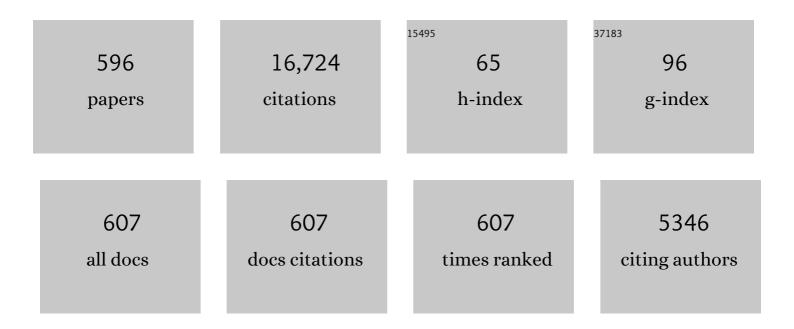
List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	The Impact of Service-Specific Staffing, Case Scheduling, Turnovers, and First-Case Starts on Anesthesia Group and Operating Room Productivity: A Tutorial Using Data from an Australian Hospital. Anesthesia and Analgesia, 2006, 103, 1499-1516.	1.1	305
2	Analysis of Strategies to Decrease Postanesthesia Care Unit CostsÂ. Anesthesiology, 1995, 82, 94-101.	1.3	263
3	How to Schedule Elective Surgical Cases into Specific Operating Rooms to Maximize the Efficiency of Use of Operating Room Time. Anesthesia and Analgesia, 2002, 94, 933-942.	1.1	250
4	Analysis of Statistical Tests to Compare Visual Analog Scale Measurements among Groups. Anesthesiology, 1995, 82, 896-902	1.3	249
5	Development of a Measure of Patient Satisfaction with Monitored Anesthesia CareÂ. Anesthesiology, 1997, 87, 865-873.	1.3	239
6	Perioperative COVID-19 Defense: An Evidence-Based Approach for Optimization of Infection Control and Operating Room Management. Anesthesia and Analgesia, 2020, 131, 37-42.	1.1	224
7	Making Management Decisions on the Day of Surgery Based on Operating Room Efficiency and Patient Waiting Times. Anesthesiology, 2004, 101, 1444-1453.	1.3	219
8	Which Algorithm for Scheduling Add-on Elective Cases Maximizes Operating Room Utilization?Â. Anesthesiology, 1999, 91, 1491-1491.	1.3	170
9	Electroencephalographic Burst Suppression Is Not Required to Elicit Maximal Neuroprotection from Pentobarbital in a Rat Model of Focal Cerebral Ischemia. Anesthesiology, 1996, 84, 1475-1484.	1.3	161
10	Theoretical Analysis of Cerebral Venous Blood Hemoglobin Oxygen Saturation as an Index of Cerebral Oxygenation during Hypothermic Cardiopulmonary Bypass. Anesthesiology, 1995, 83, 405-412	1.3	158
11	Decreases in Anesthesia-Controlled Time Cannot Permit One Additional Surgical Operation to Be Reliably Scheduled During the Workday. Anesthesia and Analgesia, 1995, 81, 1263-1268.	1.1	156
12	Changing Allocations of Operating Room Time From a System Based on Historical Utilization to One Where the Aim is to Schedule as Many Surgical Cases as Possible. Anesthesia and Analgesia, 2002, 94, 1272-1279.	1.1	149
13	Use of Operating Room Information System Data to Predict the Impact of Reducing Turnover Times on Staffing Costs. Anesthesia and Analgesia, 2003, 97, 1119-1126.	1.1	149
14	Hospital Profitability per Hour of Operating Room Time Can Vary Among Surgeons. Anesthesia and Analgesia, 2001, 93, 669-675.	1.1	145
15	Statistical Analysis of Total Labor Pain Using the Visual Analog Scale and Application to Studies of Analgesic Effectiveness During Childbirth. Anesthesia and Analgesia, 1998, 87, 723-727.	1.1	141
16	Bayesian Prediction Bounds and Comparisons of Operating Room Times Even for Procedures with Few or No Historic Data. Anesthesiology, 2005, 103, 1259-1167.	1.3	135
17	Estimating the Duration of a Case When the Surgeon Has Not Recently Scheduled the Procedure at the Surgical Suite. Anesthesia and Analgesia, 1999, 89, 1241-1245.	1.1	131
18	Validation of Statistical Methods to Compare Cancellation Rates on the Day of Surgery. Anesthesia and Analgesia, 2005, 101, 465-473.	1.1	129

#	Article	IF	CITATIONS
19	Differential Effects of Anesthetic Agents on Outcome from Near-complete but Not Incomplete Global Ischemia in the RatÂ. Anesthesiology, 1998, 89, 391-400.	1.3	123
20	Tactical Decision Making for Selective Expansion of Operating Room Resources Incorporating Financial Criteria and Uncertainty in Subspecialties?? Future Workloads. Anesthesia and Analgesia, 2005, 100, 1425-1432.	1.1	122
21	Statistical Modeling of Average and Variability of Time to Extubation for Meta-Analysis Comparing Desflurane to Sevoflurane. Anesthesia and Analgesia, 2010, 110, 570-580.	1.1	119
22	Rapid Rewarming Causes an Increase in the Cerebral Metabolic Rate for Oxygen that Is Temporarily Unmatched by Cerebral Blood Flow. Anesthesiology, 1996, 84, 1392-1400.	1.3	117
23	Impact of surgical sequencing on post anesthesia care unit staffing. Health Care Management Science, 2006, 9, 87-98.	1.5	116
24	Estimating the Incidence of Prolonged Turnover Times and Delays by Time of Day. Anesthesiology, 2005, 102, 1242-1248.	1.3	115
25	Automatic Updating of Times Remaining in Surgical Cases Using Bayesian Analysis of Historical Case Duration Data and "Instant Messaging―Updates from Anesthesia Providers. Anesthesia and Analgesia, 2009, 108, 929-940.	1.1	115
26	Forecasting Surgical Groups' Total Hours of Elective Cases for Allocation of Block TimeÂ. Anesthesiology, 1999, 91, 1501-1501.	1.3	111
27	Tactical Increases in Operating Room Block Time for Capacity Planning Should Not Be Based on Utilization. Anesthesia and Analgesia, 2008, 106, 215-226.	1.1	111
28	Method to Assist in the Scheduling of Add-on Surgical Cases-Upper Prediction Bounds for Surgical Case Durations Based on the Log-normal DistributionÂ. Anesthesiology, 1998, 89, 1228-1232.	1.3	108
29	Computer Simulation to Determine How Rapid Anesthetic Recovery Protocols to Decrease the Time for Emergence or Increase the Phase I Postanesthesia Care Unit Bypass Rate Affect Staffing of an Ambulatory Surgery Center. Anesthesia and Analgesia, 1999, 88, 1053-1063.	1.1	107
30	Operating Room Managers' Use of Integer Programming for Assigning Block Time to Surgical Groups: A Case Study. Anesthesia and Analgesia, 2002, 94, 143-148.	1.1	105
31	Calculating a Potential Increase in Hospital Margin for Elective Surgery by Changing Operating Room Time Allocations or Increasing Nursing Staffing to Permit Completion of More Cases: A Case Study. Anesthesia and Analgesia, 2002, 94, 138-142.	1.1	101
32	Influence of the Operating Room Schedule on Tardiness from Scheduled Start Times. Anesthesia and Analgesia, 2009, 108, 1889-1901.	1.1	101
33	An Operating Room Scheduling Strategy to Maximize the Use of Operating Room Block Time. Anesthesia and Analgesia, 1999, 89, 7-20.	1.1	99
34	Typical Savings from Each Minute Reduction in Tardy First Case of the Day Starts. Anesthesia and Analgesia, 2009, 108, 1262-1267.	1.1	98
35	Decreases in Anesthesia-Controlled Time Cannot Permit One Additional Surgical Operation to Be Reliably Scheduled During the Workday. Anesthesia and Analgesia, 1995, 81, 1263-1268.	1.1	95
36	A Statistical Analysis of Weekday Operating Room Anesthesia Group Staffing Costs at Nine Independently Managed Surgical Suites. Anesthesia and Analgesia, 2001, 92, 1493-1498.	1.1	94

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37	How to Release Allocated Operating Room Time to Increase Efficiency: Predicting Which Surgical Service Will Have the Most Underutilized Operating Room Time. Anesthesia and Analgesia, 2003, 96, 507-512.	1.1	94
38	Applications of Information Systems to Operating Room Scheduling. Anesthesiology, 1996, 85, 1232-1234	1.3	92
39	Recommendations for Hyperbaric Oxygen Therapy of Cerebral Air Embolism Based on a Mathematical Model of Bubble Absorption. Anesthesia and Analgesia, 1997, 84, 1203-1207.	1.1	90
40	lliohypogastric-ilioinguinal peripheral nerve block for post-Cesarean delivery analgesia decreases morphine use but not opioid-related side effects. Canadian Journal of Anaesthesia, 2002, 49, 694-700.	0.7	90
41	Strategies for Net Cost Reductions with the Expanded Role and Expertise of Anesthesiologists in the Perioperative Surgical Home. Anesthesia and Analgesia, 2014, 118, 1062-1071.	1.1	88
42	Operating Room Managerial Decision-Making on the Day of Surgery With and Without Computer Recommendations and Status Displays. Anesthesia and Analgesia, 2007, 105, 419-429.	1.1	87
43	An Observational Study of Surgeons' Sequencing of Cases and Its Impact on Postanesthesia Care Unit and Holding Area Staffing Requirements at Hospitals. Anesthesia and Analgesia, 2007, 105, 119-126.	1.1	84
44	Meta-analysis of trials comparing postoperative recovery after anesthesia with sevoflurane or desflurane. American Journal of Health-System Pharmacy, 2005, 62, 63-68.	0.5	83
45	Operative Time and Other Outcomes of the Electrothermal Bipolar Vessel Sealing System (LigaSureâ,,¢) Versus Other Methods for Surgical Hemostasis: A Meta-Analysis. Surgical Innovation, 2008, 15, 284-291.	0.4	83
46	Statistical Method to Evaluate Management Strategies to Decrease Variability in Operating Room UtilizationÂ. Anesthesiology, 1999, 91, 262-274.	1.3	80
47	Influence of Procedure Classification on Process Variability and Parameter Uncertainty of Surgical Case Durations. Anesthesia and Analgesia, 2010, 110, 1155-1163.	1.1	80
48	Relying solely on historical surgical times to estimate accurately future surgical times is unlikely to reduce the average length of time cases finish late. Journal of Clinical Anesthesia, 1999, 11, 601-605.	0.7	79
49	Review of Behavioral Operations Experimental Studies of Newsvendor Problems for Operating Room Management. Anesthesia and Analgesia, 2010, 110, 1698-1710.	1.1	78
50	The Timing of Staffing Decisions in Hospital Operating Rooms: Incorporating Workload Heterogeneity into the Newsvendor Problem. Manufacturing and Service Operations Management, 2012, 14, 99-114.	2.3	78
51	Reducing Tardiness from Scheduled Start Times by Making Adjustments to the Operating Room Schedule. Anesthesia and Analgesia, 2009, 108, 1902-1909.	1.1	76
52	Both Bias and Lack of Knowledge Influence Organizational Focus on First Case of the Day Starts. Anesthesia and Analgesia, 2009, 108, 1257-1261.	1.1	76
53	Wilcoxon-Mann-Whitney Test Used for Data That Are Not Normally Distributed. Anesthesia and Analgesia, 2013, 117, 537-538.	1.1	76
54	Use of Linear Programming to Estimate Impact of Changes in a Hospital's Operating Room Time Allocation on Perioperative Variable Costs. Anesthesiology, 2002, 96, 718-724.	1.3	75

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55	Comparison of the Effects of Propofol and Pentobarbital on Neurologic Outcome and Cerebral Infarct Size after Temporary Focal Ischemia in the RatÂ. Anesthesiology, 1997, 87, 1139-1144.	1.3	74
56	Calculating a Potential Increase in Hospital Margin for Elective Surgery by Changing Operating Room Time Allocations or Increasing Nursing Staffing to Permit Completion of More Cases: A Case Study. Anesthesia and Analgesia, 2002, 94, 138-142.	1.1	74
57	What are the Most Important Risk Factors for a Patient's Developing Intraoperative Hypothermia?. Anesthesia and Analgesia, 2002, 94, 215-220.	1.1	72
58	Meta-analysis of desflurane and propofol average times and variability in times to extubation and following commands. Canadian Journal of Anaesthesia, 2011, 58, 714-724.	0.7	72
59	Estimating Surgical Case Durations and Making Comparisons Among Facilities. Anesthesia and Analgesia, 2013, 116, 1103-1115.	1.1	71
60	Labor Costs Incurred by Anesthesiology Groups Because of Operating Rooms Not Being Allocated and Cases Not Being Scheduled to Maximize Operating Room Efficiency. Anesthesia and Analgesia, 2003, 96, 1109-1113.	1.1	70
61	Strategies to reduce delays in admission into a postanesthesia care unit from operating rooms. Journal of Perianesthesia Nursing, 2005, 20, 92-102.	0.3	70
62	Operating Room Utilization Alone Is Not an Accurate Metric for the Allocation of Operating Room Block Time to Individual Surgeons with Low Caseloads. Anesthesiology, 2003, 98, 1243-1249.	1.3	69
63	When to Release Allocated Operating Room Time to Increase Operating Room Efficiency. Anesthesia and Analgesia, 2004, 98, 758-762.	1.1	69
64	Meta-Analysis of Average and Variability of Time to Extubation Comparing Isoflurane with Desflurane or Isoflurane with Sevoflurane. Anesthesia and Analgesia, 2010, 110, 1433-1439.	1.1	69
65	The Effect of a Perioperative Clinical Pathway for Knee Replacement Surgery on Hospital Costs. Anesthesia and Analgesia, 1998, 86, 978-984.	1.1	68
66	Scheduling Surgical Cases into Overflow Block Time— Computer Simulation of the Effects of Scheduling Strategies on Operating Room Labor Costs. Anesthesia and Analgesia, 2000, 90, 980-988.	1.1	68
67	Heparin Reduces Neurological Impairment After Cerebral Arterial Air Embolism in the Rabbit. Stroke, 1996, 27, 303-310.	1.0	68
68	Analysis of Variance of Communication Latencies in Anesthesia. Anesthesia and Analgesia, 2011, 113, 888-896.	1.1	67
69	Tactical Increases in Operating Room Block Time Based on Financial Data and Market Growth Estimates from Data Envelopment Analysis. Anesthesia and Analgesia, 2007, 104, 355-368.	1.1	66
70	Lack of Sensitivity of Staffing for 8-Hour Sessions to Standard Deviation in Daily Actual Hours of Operating Room Time Used for Surgeons with Long Queues. Anesthesia and Analgesia, 2009, 108, 1910-1915.	1.1	66
71	A Strategy to Decide Whether to Move the Last Case of the Day in an Operating Room to Another Empty Operating Room to Decrease Overtime Labor Costs. Anesthesia and Analgesia, 2000, 91, 925-928.	1.1	65
72	Influence of Supervision Ratios by Anesthesiologists on First-case Starts and Critical Portions of Anesthetics. Anesthesiology, 2012, 116, 683-691.	1.3	65

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73	Theoretical Assessment of Normobaric Oxygen Therapy to Treat Pneumocephalus. Anesthesiology, 1996, 84, 442-447	1.3	64
74	Design of Appointment Systems for Preanesthesia Evaluation Clinics to Minimize Patient Waiting Times: A Review of Computer Simulation and Patient Survey Studies. Anesthesia and Analgesia, 1999, 89, 925.	1.1	64
75	A Psychological Basis for Anesthesiologists??? Operating Room Managerial Decision-Making on the Day of Surgery. Anesthesia and Analgesia, 2007, 105, 430-434.	1.1	64
76	Effect of haemoglobin concentration on brain oxygenation in focal stroke: a mathematical modelling study. British Journal of Anaesthesia, 1997, 79, 346-351.	1.5	63
77	What Is the Relative Frequency of Uncommon Ambulatory Surgery Procedures Performed in the United States with an Anesthesia Provider?. Anesthesia and Analgesia, 2000, 90, 1343-1347.	1.1	63
78	Scheduling Surgical Cases into Overflow Block Time— Computer Simulation of the Effects of Scheduling Strategies on Operating Room Labor Costs. Anesthesia and Analgesia, 2000, 90, 980-988.	1.1	63
79	Quantifying Net Staffing Costs Due to Longer-than-average Surgical Case Durations. Anesthesiology, 2004, 100, 403-412.	1.3	63
80	Observational study of operating room times for knee and hip replacement surgery at nine U.S. community hospitals. Health Care Management Science, 2006, 9, 325-339.	1.5	63
81	Decreasing the Hours That Anesthesiologists and Nurse Anesthetists Work Late by Making Decisions to Reduce the Hours of Over-Utilized Operating Room Time. Anesthesia and Analgesia, 2016, 122, 831-842.	1.1	63
82	The Effect of a Perioperative Clinical Pathway for Knee Replacement Surgery on Hospital Costs. Anesthesia and Analgesia, 1998, 86, 978-984.	1.1	62
83	Biomechanical evaluation of Caspar and Cervical Spine Locking Plate systems in a cadaveric model. Journal of Neurosurgery, 1996, 84, 1039-1045.	0.9	61
84	Decrease in Case Duration Required to Complete an Additional Case During Regularly Scheduled Hours in an Operating Room Suite. Anesthesia and Analgesia, 1999, 88, 72-76.	1.1	61
85	pH-Stat Management Reduces the Cerebral Metabolic Rate for Oxygen during Profound Hypothermia (17 degrees Celsius). Anesthesiology, 1995, 82, 983-995	1.3	59
86	Statistical Power Analysis to Estimate How Many Months of Data Are Required to Identify Operating Room Staffing Solutions to Reduce Labor Costs and Increase Productivity. Anesthesia and Analgesia, 2002, 94, 640-643.	1.1	59
87	Growth Rates in Pediatric Diagnostic Imaging and Sedation. Anesthesia and Analgesia, 2009, 108, 1616-1621.	1.1	59
88	Systematic Review of General Thoracic Surgery Articles to Identify Predictors of Operating Room Case Durations. Anesthesia and Analgesia, 2008, 106, 1232-1241.	1.1	57
89	Comparison of statistical methods to predict the time to complete a series of surgical cases. Journal of Clinical Monitoring and Computing, 1999, 15, 45-51.	0.7	56
90	Increased Mean Time from End of Surgery to Operating Room Exit in a Historical Cohort of Cases with Prolonged Time to Extubation. Anesthesia and Analgesia, 2013, 117, 1453-1459.	1.1	56

#	Article	IF	CITATIONS
91	What Sample Sizes are Required for Pooling Surgical Case Durations among Facilities to Decrease the Incidence of Procedures with Little Historical Data?. Anesthesiology, 2002, 96, 1230-1236.	1.3	55
92	Identification of systematic underestimation (bias) of case durations during case scheduling would not markedly reduce overutilized operating room time. Journal of Clinical Anesthesia, 2007, 19, 198-203.	0.7	55
93	Influencing Anesthesia Provider Behavior Using Anesthesia Information Management System Data for Near Real-Time Alerts and Post Hoc Reports. Anesthesia and Analgesia, 2015, 121, 678-692.	1.1	55
94	Statistical Analysis of Total Labor Pain Using the Visual Analog Scale and Application to Studies of Analgesic Effectiveness During Childbirth. Anesthesia and Analgesia, 1998, 87, 723-727.	1.1	54
95	An Algorithm for Processing Vital Sign Monitoring Data to Remotely Identify Operating Room Occupancy in Real-Time. Anesthesia and Analgesia, 2005, 101, 823-829.	1.1	54
96	Coordination of Appointments for Anesthesia Care Outside of Operating Rooms Using an Enterprise-Wide Scheduling System. Anesthesia and Analgesia, 2007, 105, 1701-1710.	1.1	54
97	Calculating the probability of random sampling for continuous variables in submitted or published randomised controlled trials. Anaesthesia, 2015, 70, 848-858.	1.8	54
98	A Behavioral Study of Daily Mean Turnover Times and First Case of the Day Start Tardiness. Anesthesia and Analgesia, 2013, 116, 1333-1341.	1.1	53
99	Statistical Method for Predicting When Patients Should Be Ready on the Day of Surgery. Anesthesiology, 2000, 93, 1107-1114.	1.3	52
100	Implications of Event Entry Latency on Anesthesia Information Management Decision Support Systems. Anesthesia and Analgesia, 2009, 108, 941-947.	1.1	52
101	Relative Influence on Total Cancelled Operating Room Time from Patients Who Are Inpatients or Outpatients Preoperatively. Anesthesia and Analgesia, 2014, 118, 1072-1080.	1.1	52
102	A Strategy for Deciding Operating Room Assignments for Second-Shift Anesthetists. Anesthesia and Analgesia, 1999, 89, 920.	1.1	51
103	Operating room efficiency and scheduling. Current Opinion in Anaesthesiology, 2005, 18, 195-198.	0.9	51
104	Long-Term Forecasting of Anesthesia Workload in Operating Rooms from Changes in a Hospital's Local Population Can Be Inaccurate. Anesthesia and Analgesia, 2008, 106, 1223-1231.	1.1	51
105	Descriptive Study of Case Scheduling and Cancellations Within 1 Week of the Day of Surgery. Anesthesia and Analgesia, 2012, 115, 1188-1195.	1.1	51
106	Systematic Criteria for Type and Screen Based on Procedure's Probability of Erythrocyte Transfusion. Anesthesiology, 2012, 116, 768-778.	1.3	51
107	Computer Simulation to Determine How Rapid Anesthetic Recovery Protocols to Decrease the Time for Emergence or Increase the Phase I Postanesthesia Care Unit Bypass Rate Affect Staffing of an Ambulatory Surgery Center. Anesthesia and Analgesia, 1999, 88, 1053-1063.	1.1	50
108	Holiday and Weekend Operating Room On-Call Staffing Requirements. Anesthesia and Analgesia, 2006, 103, 1494-1498.	1.1	50

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109	Pulsatile Versus Nonpulsatile FlowÂ. Anesthesiology, 1995, 82, 241-250.	1.3	47
110	Relative Neuroprotective Effects of Dizocilpine and Isoflurane During Focal Cerebral Ischemia in the Rat. Anesthesia and Analgesia, 1998, 87, 72-78.	1.1	47
111	Management Implications for the Perioperative Surgical Home Related to Inpatient Case Cancellations and Add-On Case Scheduling on the Day of Surgery. Anesthesia and Analgesia, 2015, 121, 206-218.	1.1	47
112	Strategies for daily operating room management of ambulatory surgery centers following resolution of the acute phase of the COVID-19 pandemic. Journal of Clinical Anesthesia, 2020, 64, 109854.	0.7	46
113	Pulsatile Versus Nonpulsatile Cardiopulmonary Bypass. Anesthesiology, 1994, 80, 1137-1147.	1.3	45
114	Brain Expression of Inducible Cyclooxygenase 2 Messenger RNA in Rats Undergoing Cardiopulmonary Bypass. Anesthesiology, 2001, 95, 1380-1388.	1.3	45
115	Publication Bias, Retrospective Bias, and Reproducibility of Significant Results in Observational Studies. Anesthesia and Analgesia, 2012, 114, 931-932.	1.1	45
116	Value of a Scheduled Duration Quantified in Terms of Equivalent Numbers of Historical Cases. Anesthesia and Analgesia, 2013, 117, 205-210.	1.1	45
117	Validity and usefulness of a method to monitor surgical services' average bias in scheduled case durations. Canadian Journal of Anaesthesia, 2005, 52, 935-939.	0.7	43
118	Curriculum Providing Cognitive Knowledge and Problem-Solving Skills for Anesthesia Systems-Based Practice. Journal of Graduate Medical Education, 2010, 2, 624-632.	0.6	43
119	Analysis of Operating Room Allocations to Optimize Scheduling of Specialty Rotations for Anesthesia Trainees. Anesthesia and Analgesia, 2010, 111, 520-524.	1.1	43
120	Lack of Value of Scheduling Processes to Move Cases from a Heavily Used Main Campus to Other Facilities Within a Health Care System. Anesthesia and Analgesia, 2012, 115, 395-401.	1.1	43
121	Multicollinearity in Logistic Regression Models. Anesthesia and Analgesia, 2021, 133, 362-365.	1.1	43
122	Craniocervical Motion during Direct Laryngoscopy and Orotracheal Intubation with the Macintosh and Miller Blades. Anesthesiology, 2007, 107, 884-891.	1.3	43
123	Scheduling A Delay Between Different Surgeons' Cases in the Same Operating Room on the Same Day Using Upper Prediction Bounds for Case Durations. Anesthesia and Analgesia, 2001, 92, 943-946.	1.1	42
124	What are the Most Important Risk Factors for a Patient???s Developing Intraoperative Hypothermia?. Anesthesia and Analgesia, 2002, 94, 215-220.	1.1	42
125	Financial Implications of a Hospital's Specialization in Rare Physiologically Complex Surgical Procedures. Anesthesiology, 2005, 103, 161-167.	1.3	42
126	Survey Study of Anesthesiologists' and Surgeons' Ordering of Unnecessary Preoperative Laboratory Tests. Anesthesia and Analgesia, 2011, 112, 207-212.	1.1	42

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127	Mathematical model of the changes in heart rate elicited by vagal stimulation Circulation Research, 1989, 65, 1330-1339.	2.0	41
128	The Brain Uses Mostly Dissolved Oxygen During Profoundly Hypothermic Cardiopulmonary Bypass. Annals of Thoracic Surgery, 1997, 63, 1725-1729.	0.7	41
129	Automated Correction of Room Location Errors in Anesthesia Information Management Systems. Anesthesia and Analgesia, 2008, 107, 965-971.	1.1	41
130	Optimizing the Arrival, Waiting, and NPO Times of Children on the Day of Pediatric Endoscopy Procedures. Anesthesia and Analgesia, 2010, 110, 879-887.	1.1	41
131	The Effect of Improving Basic Preventive Measures in the Perioperative Arena on <i>Staphylococcus aureus</i> Transmission and Surgical Site Infections. JAMA Network Open, 2020, 3, e201934.	2.8	41
132	Brain Blood Flow and Metabolism Do Not Decrease at Stable Brain Temperature during Cardiopulmonary Bypass in Rabbits. Anesthesiology, 1992, 77, 342-350.	1.3	40
133	Computer simulation of brain cooling during cardiopulmonary bypass. Annals of Thoracic Surgery, 1994, 57, 1171-1178.	0.7	40
134	Impact of Average Patient Acuity on Staffing of the Phase I PACU. Journal of Perianesthesia Nursing, 2006, 21, 303-310.	0.3	40
135	Optimal sequencing of urgent surgical cases. Scheduling cases using operating room information systems. Journal of Clinical Monitoring and Computing, 1999, 15, 153-162.	0.7	39
136	Operating Room Managers' Use of Integer Programming for Assigning Block Time to Surgical Groups: A Case Study. Anesthesia and Analgesia, 2002, 94, 143-148.	1.1	39
137	Optimizing Second Shift OR Staffing. AORN Journal, 2003, 77, 825-830.	0.2	39
138	Data Envelopment Analysis to Determine by How Much Hospitals Can Increase Elective Inpatient Surgical Workload for Each Specialty. Anesthesia and Analgesia, 2004, 99, 1492-1500.	1.1	39
139	Multicenter Assessment of the Iowa Satisfaction with Anesthesia Scale, an Instrument that Measures Patient Satisfaction with Monitored Anesthesia Care. Anesthesia and Analgesia, 2011, 113, 364-368.	1.1	39
140	Anesthesiologist Staffing Considerations Consequent to the Temporal Distribution of Hypoxemic Episodes in the Postanesthesia Care Unit. Anesthesia and Analgesia, 2014, 119, 1322-1333.	1.1	39
141	High-risk Staphylococcus aureus transmission in the operating room: A call for widespread improvements in perioperative hand hygiene and patient decolonization practices. American Journal of Infection Control, 2018, 46, 1134-1141.	1.1	39
142	Managing Risk and Expected Financial Return from Selective Expansion of Operating Room Capacity: Mean-Variance Analysis of a Hospital???s Portfolio of Surgeons. Anesthesia and Analgesia, 2003, 97, 190-195.	1.1	38
143	Surgeons' and Anesthesiologists' Perceptions of Turnover Times. Anesthesia and Analgesia, 2011, 112, 440-444.	1.1	38
144	Interactions between Hypothermia and the Latency to Ischemic DepolarizationÂ. Anesthesiology, 1998, 88, 1266-1273.	1.3	37

#	Article	IF	CITATIONS
145	Statistical Analysis of Postanesthesia Care Unit Staffing at a Surgical Suite with Frequent Delays in Admission from the Operating Room—A Case Study. Anesthesia and Analgesia, 2001, 92, 947-949.	1.1	37
146	Determinants, Associations, and Psychometric Properties of Resident Assessments of Anesthesiologist Operating Room Supervision. Anesthesia and Analgesia, 2013, 116, 1342-1351.	1.1	37
147	Rescheduling of Previously Cancelled Surgical Cases Does Not Increase Variability in Operating Room Workload When Cases Are Scheduled Based on Maximizing Efficiency of Use of Operating Room Time. Anesthesia and Analgesia, 2013, 117, 995-1002.	1.1	37
148	Influence of Provider Type (Nurse Anesthetist or Resident Physician), Staff Assignments, and Other Covariates on Daily Evaluations of Anesthesiologists' Quality of Supervision. Anesthesia and Analgesia, 2014, 119, 670-678.	1.1	37
149	A Simple Method for Deciding When Patients Should Be Ready on the Day of Surgery Without Procedure-Specific Data. Anesthesia and Analgesia, 2007, 105, 127-140.	1.1	37
150	Decrease in Case Duration Required to Complete an Additional Case During Regularly Scheduled Hours in an Operating Room Suite. Anesthesia and Analgesia, 1999, 88, 72-76.	1.1	36
151	Operating Room Nursing Directors' Influence on Anesthesia Group Operating Room Productivity. Anesthesia and Analgesia, 2008, 107, 1989-1996.	1.1	36
152	Measure to Quantify the Influence of Time from End of Surgery to Tracheal Extubation on Operating Room Workflow. Anesthesia and Analgesia, 2012, 115, 402-406.	1.1	36
153	Reliability and Validity of Assessing Subspecialty Level of Faculty Anesthesiologists' Supervision of Anesthesiology Residents. Anesthesia and Analgesia, 2015, 120, 209-213.	1.1	36
154	Weekend Operating Room On Call Staffing Requirements. AORN Journal, 2001, 74, 664-671.	0.2	35
155	The Impact on Revenue of Increasing Patient Volume at Surgical Suites with Relatively High Operating Room Utilization. Anesthesia and Analgesia, 2001, 92, 1215-1221.	1.1	35
156	Cohort study of cases with prolonged tracheal extubation times to examine the relationship with duration of workday. Canadian Journal of Anaesthesia, 2013, 60, 1070-1076.	0.7	35
157	Bernoulli Cumulative Sum (CUSUM) Control Charts for Monitoring of Anesthesiologists' Performance in Supervising Anesthesia Residents and Nurse Anesthetists. Anesthesia and Analgesia, 2014, 119, 679-685.	1.1	35
158	Anesthesia Workload Nationally During Regular Workdays and Weekends. Anesthesia and Analgesia, 2015, 121, 1600-1603.	1.1	35
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