

Operating Room Turnover Time: An Area of Improvement for Hip Fractures

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INTRODUCTION:

Non-elective total hip arthroplasty (THA) to treat hip fractures has become a large economic burden for hospitals, insurers, and providers. Total costs and resources for treating hip fractures are rising while reimbursement is diminishing. Typically, the operating room (OR) accounts for up to 40% of a hospital's costs with estimates of \$15-\$50/minute. It is possible that turnover time, the time between one patient exiting the OR and the next case starting, also accounts for a variable that can be improved upon. The purpose of this study is to compare the turnover time and reimbursement between patients undergoing non-elective THA for hip fractures to patients undergoing elective THA for osteoarthritis.

METHODS:

The retrospective study identified all patients who underwent primary THA between 2015 to 2023. Only patients undergoing THA at a single hospital were included to limit variation of surgical teams. Patients were categorized into cohorts of non-elective and elective cases based on indication for THA. The primary outcome of the study was the OR turnover time. Secondary outcomes were operative cut-to-close times and surgeon reimbursement.

RESULTS:

683 patients were included in the study, with 74 (10.8%) patients in the non-elective cohort and 609 (89.2%) in the elective cohort. Turnover time was significantly longer in the non-elective cases (34.1 vs 29.3 minutes, p=0.015). Operating room cut-to-close time was similar between the two groups, with non-elective cases averaging a few additional minutes than elective cases (75.4 vs 72.1 minutes, p=0.514). Despite greater resource utilization and longer OR times, surgeon reimbursement was lower for non-elective than elective THA (\$2050 vs. 2760, p=0.027).

DISCUSSION AND CONCLUSION:

In the present study, OR turnover times between cases remain an area of improvement, particularly for non-elective cases. Efficiency in turning over the OR can be a cost-containment strategy with goals of increasing reimbursement for more complex cases.

Table 1. Patient Demographics Comparing Elective and Non-Elective THA

	Total Cohort	Elective THA	Non-Elective THA	P-value
Number of Patients (N)	683	609	74	
Age	78.4 ± 10.1	79.3 ± 10.3	75.8 ± 8.8	0.009
Sex				0.001
Female	399 (58.4%)	352 (57.8%)	47 (63.7%)	
Male	284 (41.4%)	257 (42.2%)	27 (36.7%)	
Race				0.010
White	530 (86.2%)	478 (86.4%)	52 (70.3%)	
Black	31 (4.6%)	30 (5.4%)	1 (1.4%)	
Other	59 (8.7%)	49 (8.1%)	9 (12.3%)	
BMI (kg/m²)	28.4 ± 6.2	28.5 ± 6.0	27.7 ± 6.0	<0.001
ASA	2.58 ± 0.61	2.59 ± 0.58	2.49 ± 0.76	0.234
CCI Age Adjusted	4.11 ± 1.54	4.08 ± 1.52	4.38 ± 1.71	0.307

Values given as mean ± SD, N (%). BMI: body mass index, ASA: American Society of Anesthesiologists physical status classification, CCI: Charlson Comorbidity Index prediction of 10-year survival.

Table 2. Elective vs. Non-Elective THA Outcomes

	Total Cohort	Elective THA	Non-Elective THA	P-value
Number of Patients (N)	683	609	74	
OR Turnover Time	30.8 ± 8.80	29.3 ± 8.59	34.1 ± 8.84	<0.001
Cut-to-Close Time	72.8 ± 17.8	72.1 ± 16.8	78.4 ± 24.8	0.014
Turnover Time	20.8 ± 9.36	20.3 ± 9.78	34.1 ± 13.3	0.010
Reimbursement	22 (3.22%)	15 (2.48%)	7 (9.46%)	0.006
Length of Stay	1.90 (days)	1.72 (days)	3.47 (days)	<0.001
Surgical Reimbursement (\$)	2,520 ± 1,754	2,760 ± 1,170	2,050 ± 1,561	0.027

Values given as mean ± SD, N (%). BMI: body mass index, ASA: American Society of Anesthesiologists physical status classification, CCI: Charlson Comorbidity Index prediction of 10-year survival.

complex

Table 3. Patient Demographics Based on Insurance Status

	Total Cohort	Commercial	Medicaid	Medicare Advantage	P-value
Number of Patients (N)	683	318	281	84	
Age	78.4 ± 10.1	83.4 ± 10.4	78.7 ± 12.8	75.3 ± 7.91	<0.001
Sex					0.541
Female	399 (58.4%)	179 (56.3%)	188 (66.9%)	52 (61.9%)	
Male	284 (41.4%)	139 (43.7%)	112 (40.2%)	32 (38.7%)	
Race					0.702
White	530 (86.2%)	254 (85.8%)	220 (85.9%)	56 (88.9%)	
Black	31 (4.6%)	20 (6.3%)	12 (4.3%)	3 (4.7%)	
Other	59 (8.7%)	22 (7.0%)	24 (8.8%)	6 (7.3%)	
BMI (kg/m²)	28.4 ± 6.2	30.2 ± 6.58	28.0 ± 5.95	28.0 ± 5.22	0.004
ASA	2.58 ± 0.61	2.49 ± 0.62	2.68 ± 0.54	2.41 ± 0.78	<0.001
CCI Age Adjusted	4.11 ± 1.54	3.93 ± 1.51	4.38 ± 1.64	4.08 ± 1.59	<0.001

Values given as mean ± SD, N (%). BMI: body mass index, ASA: American Society of Anesthesiologists physical status classification, CCI: Charlson Comorbidity Index prediction of 10-year survival.

Table 4. Surgical Outcomes based on Insurance Status

	Total Cohort	Commercial Insurance	Medicaid	Medicare Advantage	P-value
Number of Patients (N)	683	318	281	84	
Elective Surgery	609 (89.2%)	278 (88.0%)	239 (85.2%)	91 (108.7%)	0.101
OR Turnover Time	30.8 ± 8.80	34.8 ± 9.15	33.3 ± 9.46	32.6 ± 8.07	0.004
Cut-to-Close	72.8 ± 17.8	76.3 ± 20.4	69.5 ± 13.8	68.8 ± 15.5	<0.001
Turnover Time	20.8 ± 9.36	26.8 ± 9.33	20.8 ± 8.07	31.3 ± 13.7	0.120
Reimbursement	22 (3.22%)	11 (3.46%)	5 (1.78%)	6 (7.14%)	0.051
Length of Stay	1.90 days	1.87 days	1.94 days	1.71 days	0.240
Surgical Reimbursement (\$)	2,520 ± 1,754	2,121 ± 1,474	1,905 ± 416	1,811 ± 124	<0.001

Values given as mean ± SD, N (%). BMI: body mass index, ASA: American Society of Anesthesiologists physical status classification, CCI: Charlson Comorbidity Index prediction of 10-year survival.