

Traveler Staff in Total Hip Arthroplasty: Is it worth the money?

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INTRODUCTION:

Total Hip Arthroplasty (THA) benefits from operating room (OR) efficiencies supported by consistent staff. Recent staff shortages have led health systems to employ traveler staff (circulators, nurses and surgical scrub technologists). Short-term travel staffing is generally more expensive and can be disruptive to surgical efficiencies. Purpose of this study is to report on the efficiency and economic impact of travel staff in THA.

METHODS:

Retrospective review of primary THAs at single hospital was conducted from April 2023 through March 2024. Study included 947 consecutive THAs categorized as: manual posterior approach (PA, n=432), robotic arm-assisted (RA, n=130), or direct anterior approach (DAA, n=385). Staff were classified as Travel Staff (TS) or Full-Time (FT) and subdivided into: surgical scrub technologist(ST), circulator(C), or Registered Nurse First-Assist(RNFA). Operative times (in-room to out-of-room) were recorded in minutes. Wasted supply costs (opened but unused) were recorded in dollars. THAs with TS were compared to FT staff, controlling for surgeon and surgical approach.

RESULTS:

Significant differences were observed comparing the TS and FT, with travel TS-ST negatively impacting OR times more than C or RNFA ($p<0.05$). TS-ST increased OR times across all THA subgroups: RA-THA (+25 minutes, $p=0.006$), PA-THA (+12 minutes, $p=0.004$), and DAA-THA (+8 minutes, $p=0.009$). This equates to increased cost: \$750, \$360, and \$240 for RA-THA, PA-THA, and DAA-THA, respectively. Wasted supply costs increased with TS vs. ST (+\$48 per case, $p=0.05$).

DISCUSSION AND CONCLUSION:

Travel Staff for THA is associated with longer operative times and increased wasted costs. This does not include the additional costs associated with travel staff compared to full-time staff (headhunter/agency fees, staff on-boarding costs, orientation, and higher hourly compensation). This study highlights the potential economic benefit of retaining consistent, permanent full time surgical teams.