## Paper #50

## Extensive Preoperative Work Is Required for Revision Hip and Knee Arthroplasty

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**Introduction:** Revision total joint arthroplasty (RevTJA) is to be removed from the in-patient only (IPO) list by 2024. Efforts to determine the clinical effort associated with preparing for RevTJA are necessary to maintain the appropriate work-relative value unit rating. Our study aims to quantify preoperative work (POW) required for RevTJA.

**Methods:** We performed a retrospective analysis of electronic medical record (EMR) activity for 100 hip and 100 knee RevTJAs. EMR audit logs were generated to represent the time-period from decision for surgery to the day prior to surgery. The time between mouse-clicks was calculated for each clinical team member. Time between clicks >5 minutes was assumed to reflect inactivity and excluded. Independent samples t-tests were conducted to compare total POW for procedure, age, gender, insurance, and health literacy (p<0.05).

**Results:** The POW time-period was 57.5 days (SD: 40.7, range: 3-197). Total POW was 97.7 minutes (SD: 53.1). Surgeon POW accounted for 10.5 minutes (SD: 9.3). Nurses spent 29.9 minutes (SD: 34.2), physician extenders 22.1 minutes (SD: 17.0), and office staff 34.1 minutes (SD: 35.2). Most work involved obtaining records, medication review, order sets, patient communication, and prior authorization. There was no difference in total POW based on procedure (hip vs. knee, p=0.40), age (<65 years vs.  $\geq$ 65 years, p=0.58), gender (male vs. female, p=0.63), insurance (government-subsidized vs. private, p=0.33), and health literacy (adequate vs. inadequate, p=0.66).

**Conclusion:** We found RevTJA requires substantial preoperative preparation from the surgical team. EMR audit logs capture the bare minimum POW required to prepare a patient for RevTJA. These may not include surgical planning outside the EMR or POW with >5 minutes between clicks, which was not counted to remove any effect of EMR inactivity. Prior to RevTJA removal from the IPO list, more research should be conducted to facilitate fair compensation of surgeon effort.

