

Operation time

The time interval between the instant of the occurrence of a specified input condition and the instant of completion of a specified [operation](#).

[Surgical team](#) familiarity reduces operative time, improves [performance](#) ¹⁾.

To demonstrate discrepancies between [operative times](#) in the [ACS NSQIP](#) ([ACS National Surgical Quality Improvement Program](#)) and self-reported operative time from the American Medical Association's Relative Value Scale Update Committee ([RUC](#)) and their effect on [relative value units](#) (RVU) determination.

In a cross-sectional [review](#) of [registry](#) data using the [ACS NSQIP](#) 2016 Participant User File and the Centers for [Medicare](#) & [Medicaid](#) Services physician procedure time file for 2018. Uppal et al. analyzed total RVUs for surgeries by operative time to calculate RVU per hour and stratified by specialty. [Multivariate regression](#) analysis adjusted for patient comorbidities, age, length of stay, and ACS NSQIP mortality and morbidity probabilities. The surgeon self-reported operative times from the Centers for Medicare & Medicaid Services physician were compared with operative times recorded in the ACS NSQIP, with excess time from RUC estimates termed "overreported time."

Analysis of 901,917 surgeries revealed a wide variation in median RVU per hour between specialties. Orthopedics (14.3), [neurosurgery](#) (12.9), and general surgery (12.1) had the highest RVU per hour, whereas gynecology (10.2), plastic surgery (9.5), and otolaryngology (9) had the lowest ($P<.001$ for all comparisons). These results remained unchanged on multivariate regression analysis. General surgery had the highest median overreported operative time (+26 minutes) followed by neurosurgery (+23.5 minutes) and urology (+20 minutes). Overreporting of the operative time strongly correlated to higher RVU per hour ($r=0.87$, $P=.002$).

Despite reliable [electronic records](#), the [AMA-RUC](#) continues to use inaccurate self-reported RUC [surveys](#) for [operative times](#). This results in discrepancies in [RVU](#) per hour (and subsequent [reimbursement](#)) across specialties and a persistent disparity for women-specific procedures in gynecology. [Relative value units](#) levels should be based on the available [objective data](#) to eliminate these disparities ²⁾.

¹⁾
Surgical team familiarity reduces operative time, improves performance. OR Manager. 2014 Jan;30(1):5. PubMed PMID: 24520678.

²⁾
Uppal S, Rice LW, Spencer RJ. Discrepancies Created by Surgeon Self-Reported Operative Time and the Effects on Procedural Relative Value Units and Reimbursement. Obstet Gynecol. 2021 Jul 8. doi: 10.1097/AOG.0000000000004467. Epub ahead of print. PMID: 34237766.

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