When a surgical case is performed by more than one surgeon, how should credit be divided among surgeons for purposes of calculating their operating room utilizations?

For purposes of planning 1st shift staffing, software can attribute each case to the surgeon with the longer incision to closure time, as an arbitrary but systematic approach. However, this is a minor issue when OR time is allocated correctly, as the process should have a negligible, if any, impact on appropriate OR allocations.

When allocating OR time operationally (i.e., adjusting staffing to match existing workload), the problem is best avoided by applying good statistical analysis. Results should be insensitive to how the case is attributed. The allocation of OR time to individual surgeons is highly sensitive to changes in data, making forecasts unreliable statistically (click here for the abstract, click here for the full article, and click here for the study showing generalizability among hospitals statewide). In contrast, allocations based on the efficiency of use of OR time are insensitive to changes in the data (click here for the abstract or click here for the full article). Downloads available include a review article, lecture, consultation information, and examples of analyses.

When allocating OR time tactically based on contribution margin per OR hour, results must be insensitive to each patient, as there are many outliers in financial data. Thus, even if patients with multiple surgeons of different subspecialties were excluded, decisions should be the same. An appropriate tactical financial analysis (click here for the abstract or click here for the full article) includes calculation of confidence intervals (click here) and their use to exclude the influence of outlier patients on results (click here for the abstract or click here for the full article). Analyses performed by surgeon rather than procedure are statistically reliable (click here and click here). Downloads available include a lecture and consultation information.

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