

Transfer of Hip Arthroplasty Patients Leads to Increased Cost and Resource Utilization in the Receiving Hospital

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Introduction: Factors other than complexity of care drive the transfer of orthopedic patients to tertiary centers. We sought to analyze the demographics, insurance data, peri-operative outcomes and institutional costs of hip arthroplasty patients transferred from outside facilities compared to patients derived from our arthroplasty clinics. We hypothesized that transferred patients would have less desirable insurance profiles and would be associated with longer hospital courses and higher costs than those who presenting from within the system. This transfer of arthroplasty patients has not been previously studied, and the financial implications are unknown.

Methods: From a cohort of 419 consecutive hip arthroplasty patients, we compared 41 patients who were transferred to our institution to 373 patients derived from our clinic system. Five patients were excluded due to incomplete clinical data from the transferring institution. This retrospective cohort study examined the characteristics of these groups using the mann-whitney test to compare quantitative data and chi-squared analysis to compare qualitative metrics.

Results: Transferred patients were older ($p=0.01$) and less likely to have private insurance ($p<0.0001$). These patients were more likely to be admitted on weekends ($p=0.04$), and both dislocation and fracture were more prevalent in transferred patients ($p=0.04$; $p=0.003$). Post-operative complications including intensive care unit requirements ($p=0.001$) and blood transfusions ($p=0.01$) were significantly higher in transferred patients. Transferred patients had a 75% longer median length of stay (<0.0001) and a 28% greater median total cost ($p<0.0001$) in comparison to directly admitted patients.

Conclusion: Across all key metrics – including length of stay, peri-operative outcomes, and total costs – transferred patients more significantly strained the resources of our arthroplasty center. This report prompts further study into reasons for orthopedic transfer of care, as well as the need to optimize the pre-operative medical status and to minimize the institutional costs associated with this subset of patients.

