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# Preoperative Teleconsultation Visits are as Efficient as In-person Appointments in Avoiding Unnecessary Cancellation of Elective Surgical Procedures

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## Abstract

The COVID-19 pandemic has presented many challenges in health care, not the least of which was the need to find alternatives to an in-person evaluation to reduce the risk of transmission of the virus. Despite the discontinuation of elective procedures at Thomas Jefferson University Hospital in Philadelphia (TJUH), Pennsylvania in March 2020, there was a subset of patients that required urgent surgical procedures. Consequently, there needed to be a different approach to the presurgical assessment of these patients. At our institution teleconsultation had gained acceptance by patients and providers prior to the COVID-19 pandemic, therefore a program was rapidly developed utilizing teleconsultation to assess these patients. The question we sought to answer was, in patients undergoing surgery, does completing the preoperative surgical consult through teleconsultation affect the cancellation rate on the day of surgery?

### Definitions

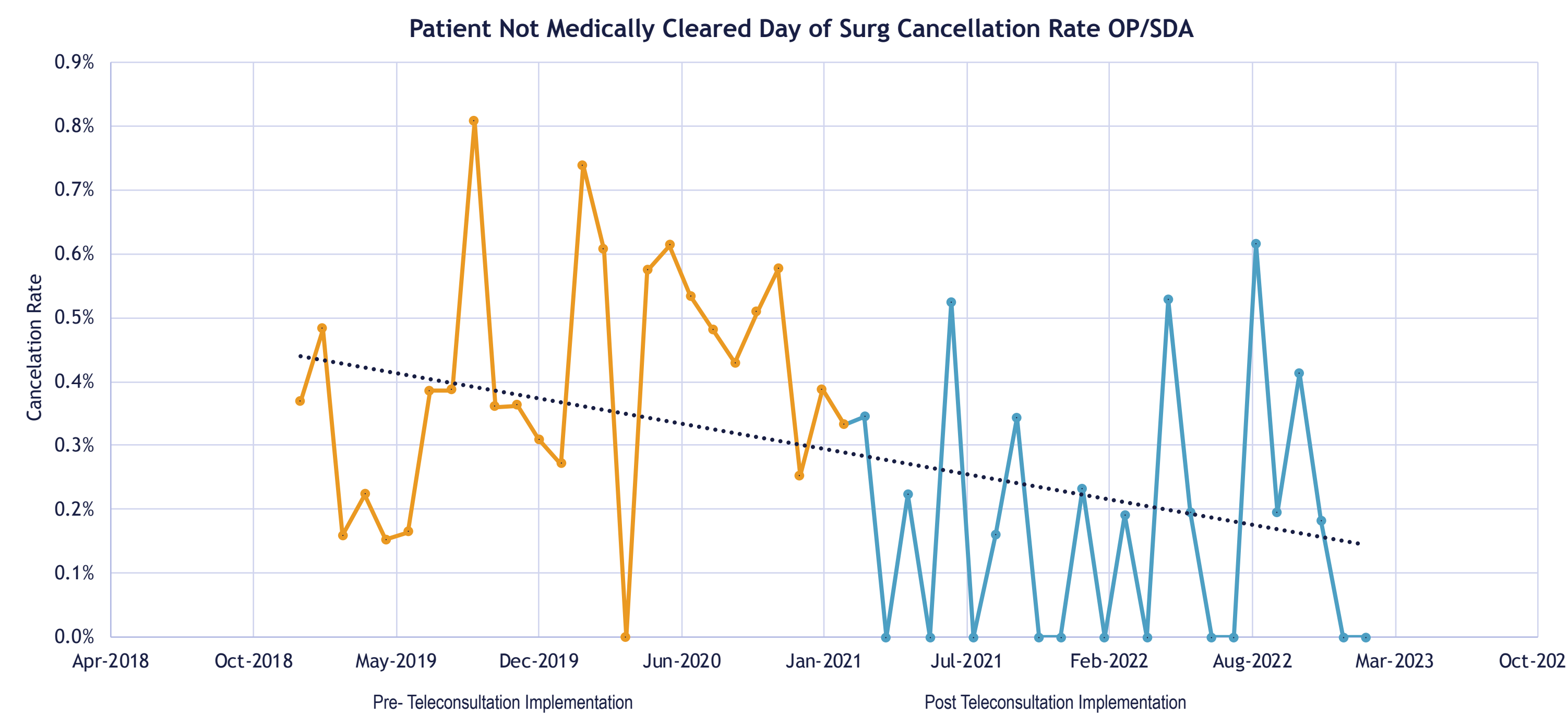
**Teleconsultation** – refers to synchronous visits in which a nurse practitioner or physician interfaces in real-time with a patient by video-conferencing.

**Medically Optimized** – patient completed the pre-admission testing process and was deemed an acceptable risk for surgery.

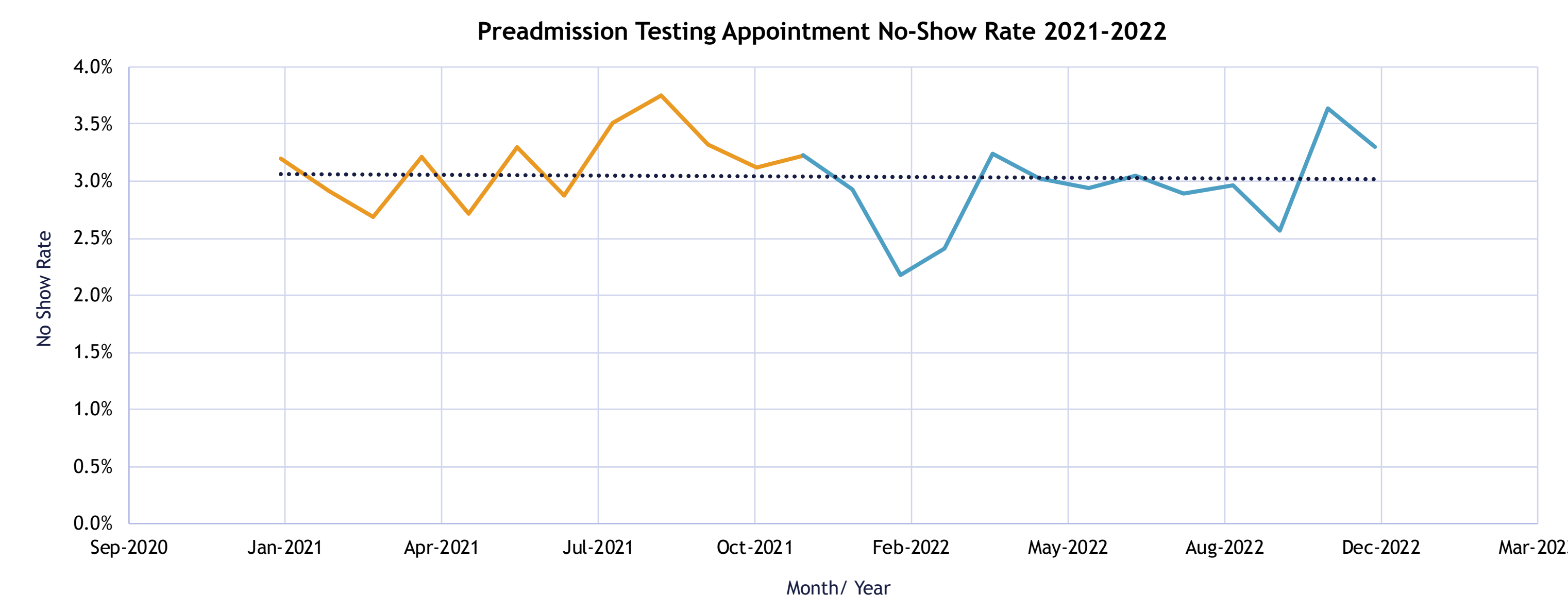
## Background

It is standard practice that patients having elective procedures undergo preoperative testing at Jefferson Health to establish the risks of the procedure. This process often requires an in-person visit with a healthcare provider, as well as labs and EKG. During the pandemic, face-to-face visits presented health risks both to the patient and to the provider, therefore an alternative approach to in-person evaluation was sought for patients at TJUH. Teleconsultation allowed patients to have the necessary assessment prior to entering the hospital for surgery requiring anesthesia.

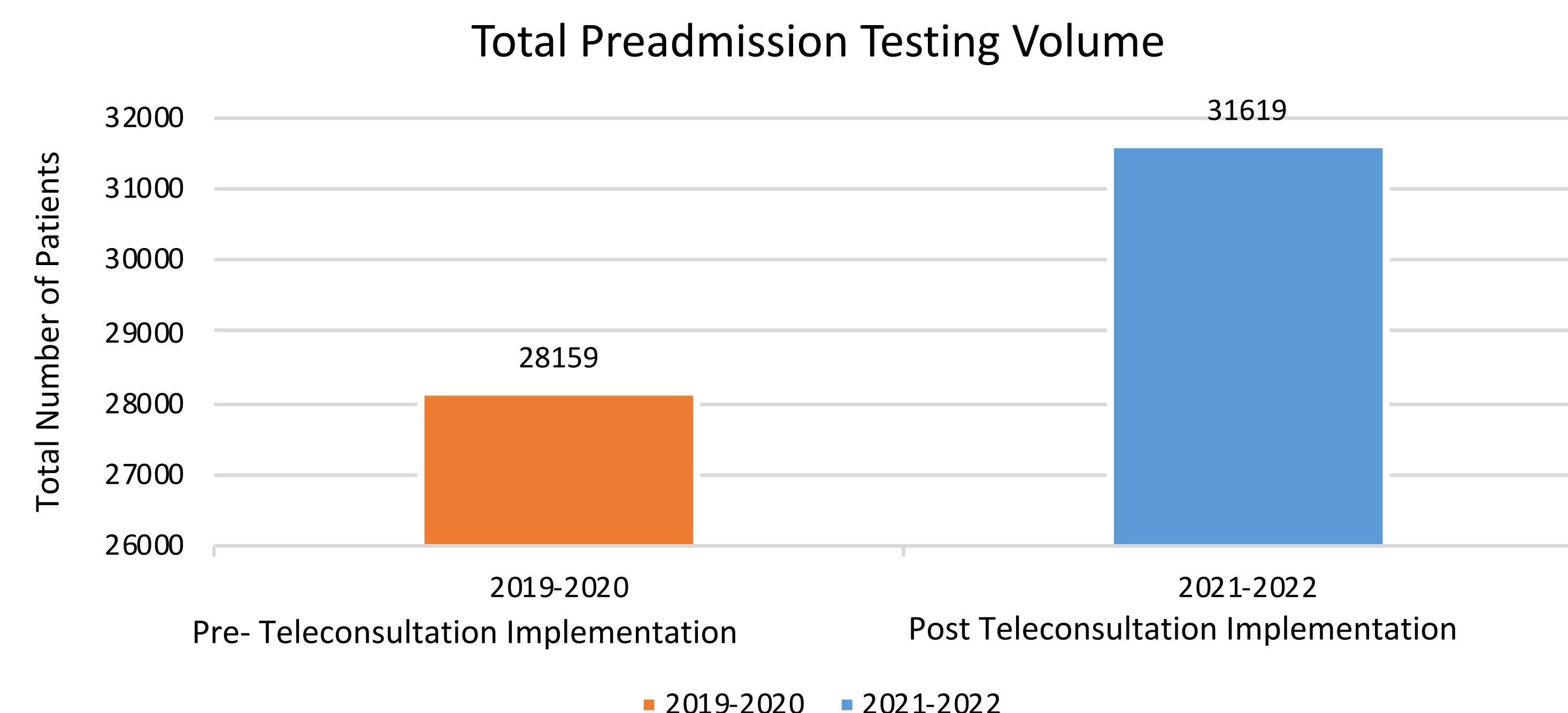
## Pre-Teleconsultation (orange) Day of Surgery Cancellation rates due to not being medically optimized vs. Post-Teleconsultation (blue) rates due to not being medically optimized



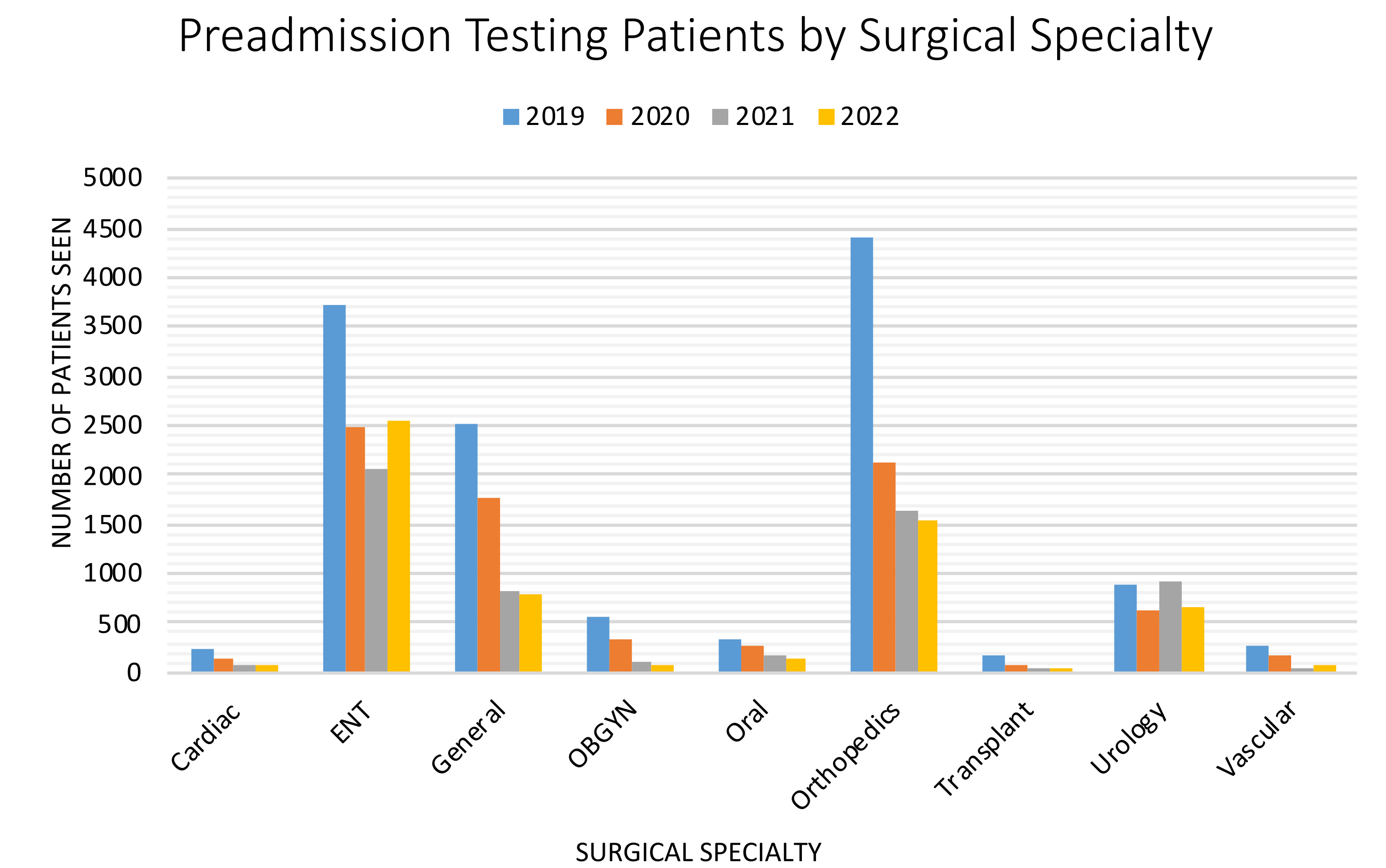
## Pre-Teleconsultation (orange) and Post-Teleconsultation (blue) "no show" rates for pre-op appointment



## Pre-Teleconsultation (orange) and Post-Teleconsultation (blue) Preadmission Testing Patient Volume



## Surgical Types Evaluated in Preadmission Testing



## Final Conclusions

- The patient's no-show rate for teleconsultation is significantly less than the no-show rate when the appointment was in person. The primary conclusion is patients can be evaluated pre-operatively via teleconsultation without an increase in the day-of-surgery cancellation rate.
- The primary limitation of teleconsultations is not completing the cardiopulmonary assessment. Jefferson Health plans to reconcile this soon with remote monitoring equipment or "wearables".
- Teleconsultation for pre-operative risk assessment should not be considered a new type of healthcare, but rather a new method for delivering existing pre-operative standards.
- The success of the program became a catalyst for reimagining health care in the pre-surgical setting. The evolution and improvements of the program over the last three years have made the program sustainable.



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