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Establishing a Virtual Preoperative Evaluation Clinic

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Background: Health care resources are becoming increasingly limited. Telemedicine has the potential to offer patients timely, evidence-based care in a cost-effective format. Preoperative evaluation is essential to efficient operating room performance as well as being vital to patient safety. The authors contend that effective preoperative evaluation can be performed using a telemedicine-based format. In addition, patients will have a positive perception of the virtual evaluation.

Methods: To evaluate the effectiveness and patient perceptions of a telemedicine-based preoperative evaluation unit, a pilot program involving evaluation of patients via a video teleconferencing (VTC) link was established in 2 clinics in the VA Midwest Health Care Network. The central evaluation site was based at the Omaha VA Medical Center with 2 sites for patient evaluation: 1 within the urology clinic in Omaha and the second within an ophthalmology clinic at the Lincoln VA Outpatient Clinic approximately 50 miles away. The evaluations were performed by an anesthesiology research fellow via VTC link.

Results: A 15-item, 5-point Likert scale questionnaire was completed by the patients following their preoperative examination. Five questions dealt with the technical quality of the teleconference link. Ninety-four percent of the patients answered positively in regard to the video and audio quality of the teleconference link; only 6% felt that the video quality was not as clear as their TV at home. Four questions evaluated the efficacy and benefits of virtual evaluation. Seventy-five percent to 95% felt that teleconsultation could save time and money and avoid unnecessary travel for the patients. In questions that evaluated the patients' overall comfort level with virtual evaluation, only 6% were embarrassed to speak to the examiner using the VTC link and 6% felt the appointment took longer than expected. On questions regarding patient preference, 50% indicated they would prefer virtual preoperative evaluation, with only 6% claiming they would prefer face-to-face evaluation; however, up to 44% were unsure. The patients' clinical course was followed after virtual evaluation. To date, 1 patient awaits cardiology evaluation, all other patients had no further delays before their surgery, and no day-of-surgery cancellations have occurred.

Conclusions: A virtual preoperative evaluation unit can provide effective, evidence-based evaluations; patients have a positive opinion of the process and in most cases prefer this format.