

Maveric Abella

Abstract Title: The Influence of an In-Person or Telehealth Pre-Operative Appointment on Patient Outcomes and Clinic Operations

Objectives

Preoperative patient education classes (PEC) for total joint arthroplasty have been shown to improve patient outcomes and to help patients understand the expectations and post-operative self-care following TJA. However, due to the COVID-19 pandemic, the current study site has transitioned its in-person PEC to a telehealth (TH) appointment to minimize in-person interactions. The purpose of this study was to compare arthroplasty patient outcomes and early post-operative complications and clinic phone calls between a preoperative PEC and a shortened TH class.

Methods

This retrospective review included 387 patients (497 joints) having undergone either total hip (THA), total knee (TKA) or unicompartmental knee (UKA) arthroplasty, of which 232 patients attended an in-person PECs prior to COVID and 155 patients having received a pre-operative TH phone call during COVID. Data collected included patient demographics, length of stay and post-operative follow-up calls, emergency room visits, hospital readmissions and complications. Joint specific independent t-tests and chi-square were performed to compare in-person and TH groups.

Conclusion

Likely due to COVID pandemic influence, the TH group was significantly younger in the UKA patients and had a lower body mass index and were more frequently male in the TKA group compared to the in-person group. Patient reported outcomes were only significantly different in the TKA group, with KOOS JR and PROMIS Global Physical Health being significantly higher in the TH group compared to in-person group. Length of stay was significantly lower in all unilateral arthroplasty groups, likely due to the introduction of an ambulatory surgical center and the patient desire to spend very little time in the hospital during COVID. There was no significant difference in length of stay for bilateral arthroplasty patients. Calls within 90-days increased significantly for THA ($p=0.003$) and UKA ($p=0.039$), while approaching significance in TKA ($p=0.088$). 90-day emergency room visits, however, significantly decreased for TKA patients ($p=0.039$). There were no significant differences in post-operative complications. The increase in clinic phone calls could increase the burden on staff and physicians for addressing patient concerns. While there did not appear to be a difference in the reason for the patient calls, the majority of calls in the TH group referenced wound care and symptom relief questions. Therefore, extra time could be spent on the TH appointment covering such topics, as the TH appointment is likely a feasible option as standard of care following the pandemic.

Co-authors: Krystin Wong, BA, Samantha Andrews, PhD, ATC, Kristin Mathews, MS, ATC, Cass Nakasone, MD