



ASA Mentoring Program: Improving Perioperative Assessments in the Bronx via Telemedicine

Isabel Pesola, MD

Herodotos Ellinas, MD, MHPE

Tracey Straker, MD, MS, MPH, FASA

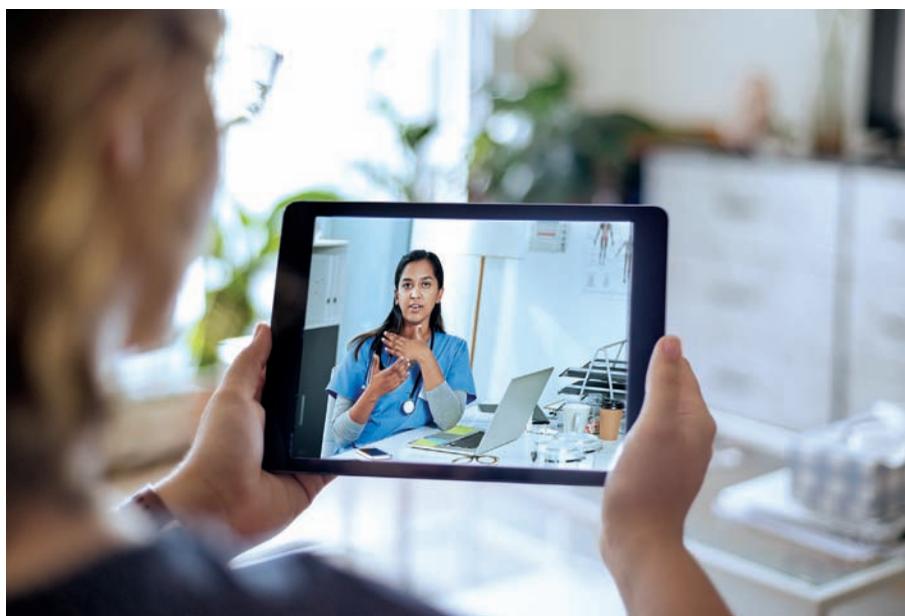
(Dr. Pesola) was awarded a grant from ASA, through the Committee on Professional Diversity, to evaluate the impact of implementing a telemedicine project for preanesthetic assessments in an underserved population of an urban area.

Being a grant awardee, I will have the opportunity to make a difference in the lives of these populations. With Dr. Ellinas as my mentor, a leader in education and perioperative care and an advocate for diversity, equity, equality, and inclusion, I strive to become a leader in perioperative care and patient safety and improve outcomes through the implementation of a successful telemedicine program, especially for populations in most need.

Background: Telemedicine has been utilized in the U.S. for more than a decade (*Anesthesiology* 2004;100:1605-7). However, its role became more evident with the onset of the pandemic. Beyond prevention of viral transmission, telemedicine has allowed us to reach patient populations that historically have encountered difficulties accessing health care.

“Telemedicine has the advantage of not only providing a convenient venue to obtain a comprehensive history but also allowing for direct patient viewing to assess their airway and their capacity to give an informed consent.”

Prior to this pandemic, most preoperative evaluations were completed face to face. To prevent viral transmission and protect all involved, telemedicine was quickly implemented across all specialties. During the recovery period, while attempting to reschedule elective procedures (asamonitor.pub/38B61gJ; asamonitor.pub/3rKS6w5), clinics remained closed and social distancing remained in effect, preventing comprehensive evaluation of



surgical patients in person. For anesthesiologists, it meant that a preoperative evaluation with review of co morbid conditions and coordination of care were to be done by phone or virtual visits to ensure perioperative safety and effective care.

Telemedicine has the advantage of not only providing a convenient venue to obtain a comprehensive history but also allowing for direct patient viewing to assess their airway and their capacity to give an informed consent (*ASA Monitor* 2018;82:16-9; *Anesth Analg* 2020;130:271; *Curr Opin Anaesthesiol* 2011;24:459-62). It also avoids unnecessary infectious contamination and decreases financial burden while improving access to the perioperative surgical home for patients who, due to poverty, decreased mobility or lack of social support, are unable to complete visits in preparation for surgical procedures. These same patients are those who suffer a higher and more severe degree of comorbidities, and they are the ones representing populations with poorer outcomes after falling ill with COVID-19 (asamonitor.pub/3eEIUG5).

Design: To improve patient access, especially for high-risk, low-resource patients, we designed a telemedicine comprehensive preoperative evaluation program for patients served by our hospital network in the Bronx. Our goal is to improve compliance with preanesthesia visits while allowing for less risky and more convenient evaluations. Surrogate param-

eters of success will be a decrease in OR delays and case cancellation. In addition, anesthesiologist, surgeon, and patient satisfaction surveys will be collected.

Implementation: We started this project in August 2020. The initial four months were allotted to buy-in discussions with leadership and surgical services and to patient and staff education. Active project participants include assigned pre-anesthesia anesthesiologists and advanced practice providers, clinic staff, and rotating trainees, all of whom were updated about the project on a biweekly basis.

Evaluation: We will collect operations data (OR delays and cancellations, clinic visit compliance) and surveys from perioperative staff (surgeons, anesthesiologists, staff) and patients over a period of 12-15 months to guide us with this process. This outcome data will be disseminated to patients, faculty, and staff. So far, direct person-to-person feedback has been positive, with anesthesiologists and surgeons being satisfied with the overall

**Isabel Pesola, MD**

Assistant Professor, Department of Anesthesiology, General and Pediatric Anesthesiology, Albert Einstein College of Medicine, Bronx, New York.

@isabelfcp

**Herodotos Ellinas, MD, MHPE**

Associate Professor, Department of Anesthesiology, Division of Pediatric Anesthesiology, Medical College of Wisconsin, Milwaukee.

@herodotosE

**Tracey Straker, MD, MS, MPH, FASA**

ASA Committee on Professional Diversity, Professor of Anesthesiology, and Director of ASA Mentoring Grant, Albert Einstein College of Medicine, Montefiore Medical Center, CUNY School of Medicine, New York City, New York.

project. Patients have also indicated satisfaction; they are pleased to complete the preanesthetic evaluation and obtain information about the anesthetic plan on the telemedicine platform from the convenience and safety of their own homes or workplaces, avoiding travel and exposure to the hospital environment during the pandemic.

Limitations: Because of workforce shortages, most visits have been completed through telephone calls, while video visits have been limited to those patients with airway concerns. We hope that this telemedicine comprehensive preoperative evaluation program will provide other institutions with a roadmap to successful implementation at their own sites. Visit pubs.asahq.org/monitor/issue/85/5 for detailed information on how to apply for an ASA Mentoring Grant. ■

Delve Into the World of Anesthesiology On the Go

Listen to real conversations among your peers and leaders for unique insights into the challenges and opportunities you may be facing in training or in practice. Access episodes of ASA's new Central Line and Residents in a Room podcasts on your favorite podcast app or explore them now at asahq.org/podcasts.