



Hand Surgeons' Verbal Commitments: Do They Follow Through? (A COVID-19 Perspective)



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Introduction

The SARS-CoV-2 pandemic caused postponement of elective surgeries from March to May and was projected to decrease hospital revenue by approximately 12.5%(1). Challenges regarding elective vs emergent procedures(2) put upper extremity(UE) surgeons in a unique position compared to other orthopedic providers in the financial deficit recovery process(3,4,5,6,7).

Objective: The objective of this study is to assess the verbalized commitment of UE orthopedic surgeons to financial recovery efforts and evaluate whether these commitments were reflected in actual surgical performance during the recovery period.

Hypothesis: We hypothesize UE surgeons who demonstrate greater verbal commitment to overcome the financial deficit are more likely to achieve case-volume targets developed for the recovery.

Methods

- 3-part survey developed by orthopedic research committee
 - Examined provider perspectives on strategies for deficit recovery
 - Expanding clinical hours and surgical opportunities
 - Intention to continue to utilize telemedicine
- Responses quantified into a commitment metric using a Likert scale
 - Divided into High(3), Moderate(2), Low(1) and No(0) Commitment provider cohorts
- Weekly case volume targets developed
 - Accounted for: individual allotted OR time, average time per case, revenue per case, patient turnover times, & total deficit incurred during the pandemic
 - Surgeon performance assessed as “target or capacity met” or “target and capacity not met”
- Telemedicine virtual visits were tracked for each provider following the return of operations
 - Utilization of telehealth visits in the last 3 months of 2020 tracked and compared to verbalized intentions to continue using telemedicine following the return of clinical operations
- Comparative analysis between hand surgeons' self-reported commitment and surgeon performance towards OR targets was performed
 - Fisher's exact test for categorical variables

Figures

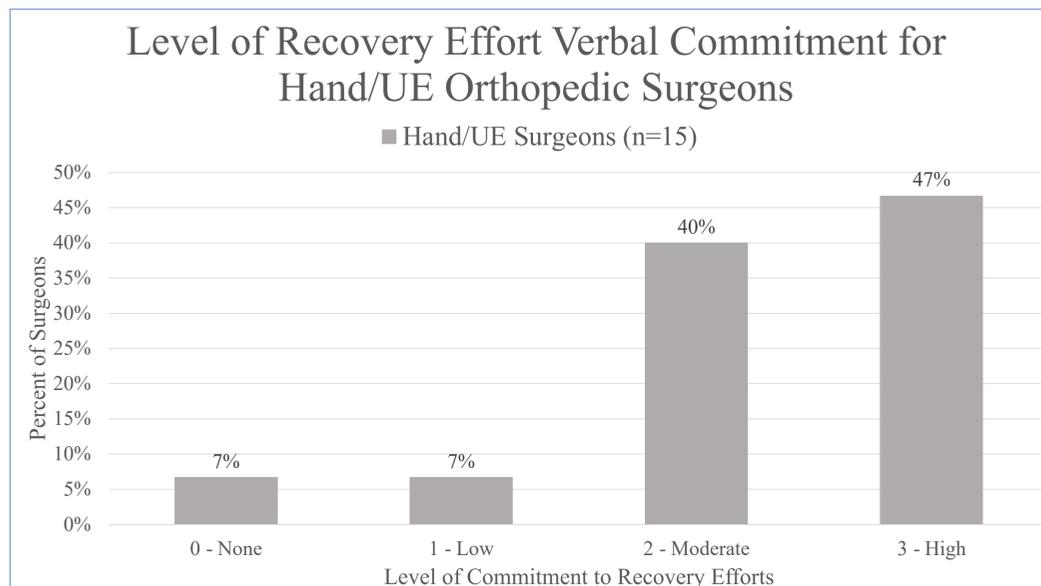


Figure 1: The distribution of commitment scores for UE surgeons heavily favored moderate to high levels of commitment to recovery efforts with all but 13 out of 15 surgeons (87%) falling within these two commitment cohorts

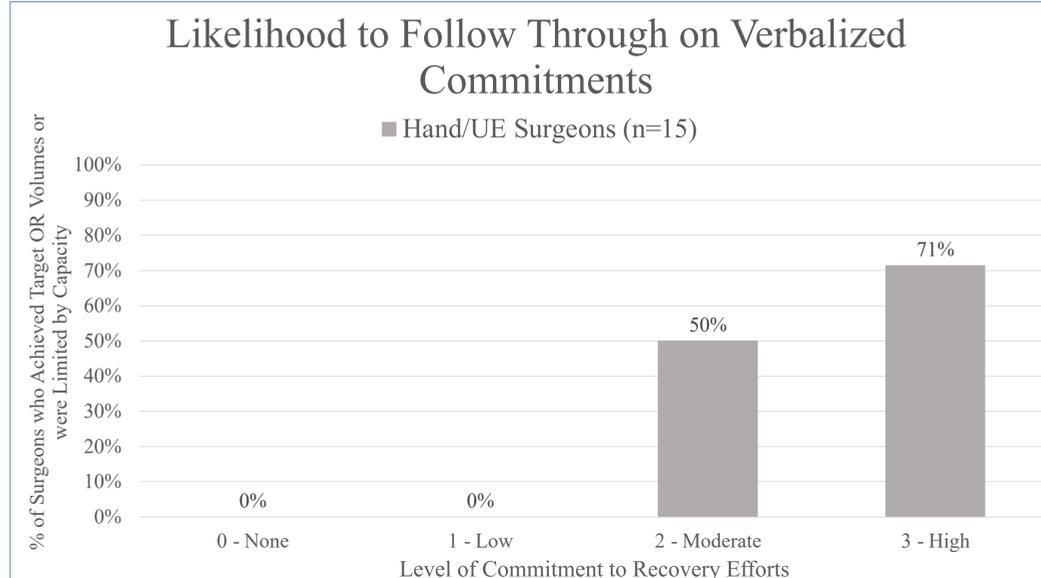


Figure 2: As commitment scores rose, OR target/capacity achievement rates improved. 50% of those who scored a 2/3 in commitment to deficit reduction efforts achieved OR targets or maximum capacity. Over 70% of those who scored 3/3 in commitment achieved the same performance criteria.

Results

Surgeon Commitment

- 13 out of 15 (87%) surgeons surveyed scored moderate to high commitment rating (Fig 1)

OR Performance

- 8 (53%) UE surgeons met their OR Target or Capacity
 - 2 met OR targets & 6 maximized OR capacity
- Rates of achieving OR targets increased with increasing commitment ratings (Fig 2)
 - 50% of the surgeons expressing moderate commitment (n=6)
 - 71.4% of those expressing high commitment (n=7)

Telemedicine Utilization

- 86.7% of UE surgeons continued scheduling video visits through Dec 2020
 - Including 8/9 who expressed increased likelihood to use telemedicine post shutdown.

Conclusions

A majority of UE surgeons verbalized moderate to high commitment to recovery efforts. A trend correlated higher self-reported commitment scores with achieving OR case-volume targets. UE surgeons also followed through on commitments to increase telemedicine utilization. These findings, taken together, support the use of provider survey data to inform departmental planning to meet institutional goals and navigate financial crises in the future.

References

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