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Anna H. Kang
Wayne State University School of Medicine, anna.kang@med.wayne.edu

Benjamin M. Sims
Wayne State University School of Medicine, benjamin.sims@wayne.edu

Charles S. Day
Henry Ford Health System, Department of Orthopaedic Surgery, cday9@hfhs.org

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Racial Disparities in Rescheduling Elective Surgeries Following COVID-19
Anna H. Kang¹, Benjamin M. Sims¹, Charles S. Day, M.D., M.B.A. ²
1) Wayne State University School of Medicine 2) Henry Ford Health System

INTRODUCTION:
Due to the SARS-CoV-2 pandemic, healthcare systems were mandated to cancel elective procedures as a public health safety measure. This study aimed to evaluate subsequent rescheduling in relation to patients’ interpreted risks of receiving care and reported discrepancies of the COVID-19 pandemic’s direct impacts on minority populations.

METHODS:
An orthopedic surgery research consortium developed a clinical survey to assess the impact of elective surgery cancellations on patients. Topics included demographics, cancellation sentiments, and rescheduling preferences (“ASAP”, “within 3 months”, “6 months”, “12 months”, or “do not wish to reschedule”). The survey was administered for surgeries cancelled between March 15th and May 31st, 2020. Utilizing June 1st as the date elective procedures resumed, completed surgeries were categorized as “within stated preferences” or “late”. Data were analyzed for possible predictors of having surgery within preferences using chi-square and multivariable logistic regressions (α=0.05).

RESULTS & CONCLUSION:
Of the 1703 patients with surgery cancellations, 1327 (77.9%) completed the survey. Rescheduled surgery data were obtained for 1297 patients – 97.7% of survey participants. Sample demographics included 64.6% females, 70.9% Caucasians, and a mean age of 59.3. The majority (65.9%) preferred to have surgeries rescheduled ASAP, and the majority (66.0%) underwent surgery within their stated preference. However, Caucasian patients were significantly (1.67x) more likely to have surgery within stated preferences than Black patients (p=<0.001). No other variables were significant independent predictors of having surgery within stated preferences, presenting a discrepancy that encourages further investigation as elective surgeries continue to be rescheduled following resumption across the country.