Comparison of Patient Satisfaction between Telehealth and In-Clinic Post-Operative Visits

Bryan Renslo  
*Thomas Jefferson University, bryan.renslo@jefferson.edu*

Lillian Matthews  
*Thomas Jefferson University, lillian.matthews@jefferson.edu*

Deborah T. Glassman, MD  
*Thomas Jefferson University, deborah.glassman@jefferson.edu*

Follow this and additional works at: [https://jdc.jefferson.edu/si_dh_2022_phase1](https://jdc.jefferson.edu/si_dh_2022_phase1)

Part of the Telemedicine Commons, and the Urology Commons

Let us know how access to this document benefits you

**Recommended Citation**

Renslo, Bryan; Matthews, Lillian; and Glassman, MD, Deborah T., "Comparison of Patient Satisfaction between Telehealth and In-Clinic Post-Operative Visits" (2020). *Phase 1*. Paper 7.  
[https://jdc.jefferson.edu/si_dh_2022_phase1/7](https://jdc.jefferson.edu/si_dh_2022_phase1/7)

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Phase 1 by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.
Comparison of Patient Satisfaction between Telehealth and In-Clinic Post-Operative Visits

Bryan Renslo, Lillian Matthews**, Deborah Glassman, MD*

(*) indicates primary project advisor
(**) indicates another student who is declaring the same project as primary for SI

Introduction: Telehealth has the potential to be an efficient, affordable, and accessible means to give care. In the field of Urology, its use has large potential but has not been well studied. We hypothesize that the use of telehealth for post-op nephrectomy patients will maintain the same level of patient satisfaction. We also hypothesize that telehealth visits will take less time and save patients money by eliminating the need to travel.

Methods: From May through July 2019, post-nephrectomy patients who consented to the study were given either a telehealth or in-clinic post-operative visit. Outcome metrics and demographics information were obtained through the Epic® EMR Platform.

Results: There were a total of 6 telehealth patients and 15 in-clinic patients in the time frame. Due to issues with the Epic® survey system, the satisfaction data cannot be presented at this time. The telehealth patient saved a mean of 19 miles of travel (range 6.9-32.5 miles). The in-clinic patient traveled a mean of 30.4 miles (range 0.8-60.9).
**Discussion:** Due to insufficient data, it is difficult to make any reliable comparisons. Telehealth visits provide some benefit for patients by eliminating the need to travel. With more data, we expect the telehealth patients to be equally satisfied with their visits compared to in-clinic patients. We also expect telehealth visits to take significantly less time for the patients compared to in-clinic visits. This is an ongoing study, and we hope our data will be more robust in the future.