

Reducing Last-Minute Cancellations in Shoulder Surgery: A Prospective Intervention Study

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INTRODUCTION: Last-minute elective surgery cancellations are detrimental to patients, healthcare teams, and hospital system productivity, ultimately resulting in under-utilized operating room availability. Previous research conducted by our team elicited an 8.1% cancellation rate across 2 years and 1,695 scheduled surgeries. Frequently, the newly available surgical times went unfilled, accounting for approximately \$400,000 in lost revenue within a two-year period. 47.1% of these cancellations occurred within 7 days of the scheduled surgery, and 8.1% of these cancellations were caused by a lack of pre-operative medical clearance. Cancellations occurring within 7 days of the intended surgical date are particularly harder to fill, and as such are labeled “last-minute cancellations.” We hypothesized that surgical date reminders via a telephone call would decrease the overall cancellation rate, with a concurrent decrease in rates of last-minute cancellations, particularly those due to late or missing medical clearance.

METHODS: This is an ongoing prospective study conducted over four months including scheduled surgeries of a single fellowship-trained orthopaedic shoulder surgeon. The planned data collection period is 6 months; this study represents an interim study. All patients scheduled for surgery at least two weeks prior to their operative date within the study period from October 7, 2024 to February 18, 2025 were included. Each patient was called two weeks ahead of surgery to issue a reminder as well as request immediate contact if they needed to cancel or reschedule their upcoming surgery. Chi-square analysis was utilized to determine whether this intervention resulted in a change in cancellation statistics.

RESULTS: From October 7, 2024 to February 18, 2025, there was a total of 385 scheduled surgeries. Of these, 337 were scheduled at least 2 weeks prior to their scheduled surgery date (87.5%), and these patients were therefore contacted with a reminder 2 weeks ahead of their operation. The average age of patients receiving a call was 63.1 ± 21.7 years. Upon receiving a call, 52.8% (178/337) of patients answered the phone, and 1.5% (5/337) revealed that they had cancelled or rescheduled their surgery, were planning on cancelling or rescheduling, or were considering cancelling or rescheduling. The overall cancellation rate across these four months was 8.8%, a statistically insignificant increase compared to previous findings ($p=0.67$). The rate of last-minute cancellations decreased compared to previous findings at 35.5%; however, this difference was statistically insignificant as well ($p=0.24$). Finally, the rate of last-minute cancellations decreased to 6.5%, but the difference was found to be statistically insignificant ($p=0.76$) compared to previous findings.

DISCUSSION AND CONCLUSION: At this moment, the early results of this study do not support our hypothesis that reminder calls two weeks ahead of surgery will reduce cancellations, last-minute cancellations, and last-minute cancellations due to a lack of medical clearance. Given the negative impact of last-minute cancellations revealed by previous research, further interventions may be necessary to reduce last-minute cancellations in elective orthopaedic surgery; however, given that this is preliminary data, this study may require a longer period of time to conclude whether this intervention is successful.