During the month of April our neurosurgery department performed 315 telemedicine visits among all the different subspecialties. 172 (55%) were phone consults, 143 (45%) video consults; 101 (32%) were new consults, 195 (62%) return visits, 18 (6) post-operative follow-ups. New consults were mainly carried-out as video with audio, while return visits and post-operative follow-ups were predominantly phone calls. Only 39 (12%) of this patients required surgery.

CONCLUSION: We describe our experience with teledicine in neurosurgery as an effective tool to provide care during the COVID-19 pandemic while decreasing the risk of transmission of the virus. There are still many regulatory requirements to be addressed, but teledicine emerged from this pandemic as a valuable tool to conduct neurosurgical visits that in the future can potentially relieve the burden of travel seeking medical opinions at tertiary centers.

169 Unplanned 30-Day Readmission Rates After Spine Surgery in a Community-Based Hospital Setting

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INTRODUCTION: Unplanned readmissions after spinal surgery adversely affect not only healthcare costs but also the quality of delivered care.

METHODS: This study is a retrospective review of a single-center community-based hospital administrative and clinical records identifying unplanned readmissions. An overall readmission rate for a total of 1077 patients undergoing thoracolumbar and cervical surgeries was identified. Risk factors for readmissions due to surgical site infections, pain, medical vs. procedure-related complications, and the number of readmissions were studied using multiple logistic regression analysis.

RESULTS: A total overall readmission rate was 7.3% (79 readmissions for 1077 patients). The readmission rates for thoracolumbar and cervical surgeries were 5.5% and 1.8%, respectively. The mean duration to primary readmission was 11.4 ± 8.5 days. The most common procedure-related complication diagnosed at readmittance was wound-related complications (26 readmissions, 32.9%). The most common non-surgical complication was a drug reaction or overdose (10.1%). Multivariate logistic regression analyses revealed that longer hospitalization was a highly significant predictor of wound-related complications, followed by discharge to home or home care, and lower ASA scores (all <0.048). A younger age predicted readmissions due to pain (P = .014) and longer OR time did not reach statistical significance (P = .079). Higher ASA scores predicted readmissions due to medical vs. surgical complications (P = .028). There were no statistically significant predictors identified for more than one readmission during the 30-day post-discharge period.

CONCLUSION: The overall rate of 30-day unplanned readmissions at a community-based hospital was 7.3% for patients undergoing spinal surgeries and was similar to the rates reported by larger academic tertiary care institutions and registry-based studies. The study suggests that surgical site infections were the most common reason for readmissions, which was predictive by longer hospitalization, discharge disposition, and lower ASA scores.

170 Tracking Delays in Neurosurgical Care during the COVID-19 Pandemic

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INTRODUCTION: The COVID-19 pandemic has substantially disrupted inpatient and outpatient neurosurgical care.

METHODS: Patients who underwent a neurosurgical operation, inpatient consult, or outpatient appointment at Vanderbilt University Medical Center between March 23, 2019 and April 20, 2020 were identified. The March 23, 2020 Tennessee gubernatorial executive order was used to distinguish pre- and post-COVID cases.

RESULTS: The total number of pre- and post-COVID cases was 4,152 and 195, respectively. Overall, a 45% reduction in median weekly operative case volume was demonstrated (82/week to 45/week; P = .001) after March 23. There was an observed downtrend in case volume in the weeks leading up to March 23. There was a 47% reduction for adult procedures (68/week to 36/week; P = .001) and 29% reduction for pediatrics (14/week to 10/week; P = .017). Among adult procedures, the most significant decreases were seen for spine surgeries (P = .008) and endovascular procedures (P = .036). Total weekly inpatient consults to adult neurosurgery decreased by 30% (97/week to 68/week; P < .001) with no significant change to pediatric consults. Adult and pediatric outpatient clinic visits decreased by 28% (552/week to 400/week; P = .021), with a 54% decrease for in-person encounters (551/week to 254/week; P = .001). Weekly Telehealth encounters increased from 0/week to 130/week.

CONCLUSION: There was a significant reduction in pediatric and adult neurosurgical procedures, clinic visits, and adult inpatient consultations during COVID-19. Telemedicine was increasingly used for assessment. Identifying neurosurgical procedures most impacted by COVID-19 delays may aid in the development of effective triage strategies for elective surgeries as they are reinstated.

An Algorithm for Integration of a Pre-Anesthesia Clinic in the Community Hospital Setting with Geriatric Neurosurgical Outcomes Analysis

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INTRODUCTION: Pre-operative clinics have been utilized by academic medical centers to optimize patient outcomes and operating room (OR) utilization. There are few reports of the impact of pre-anesthesia clinics (PACs) on patient outcomes in the community hospital setting. We piloted a community hospital PAC beginning in January 2017 and permanently established it June 2017. All neurosurgical patients from a single provider were evaluated by an anesthesiologist via

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