

Pre-operative Comprehensive Care Clinic (PCCC) for Patients with Advanced Cancer

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Statement of the Problem: Patients undergoing major surgery for cancer often do so without a comprehensive assessment of their social, psychological, spiritual domains. Additionally, an identified surrogate decision-maker, and discussion around goal concordant care are frequently not documented.

Purpose: This quality improvement project aimed to develop a preoperative comprehensive palliative care consultation clinic (PCCC).

Methods: A matched pre-implementation cohort (N=59) was gathered from the 5 years pre-implementation. PCCC patients (N=20) were collected between 6/1/21 and 6/1/22 (N=20). 5 years was selected for the preimplementation group to account for decreased volumes during COVID-19 pandemic. Outcomes included identification of surrogate decision-maker, 30-day readmission, hospital Length of Stay (LOS), and PC referral during the index hospitalization. Referring surgeons, clinic nursing staff, and patients were surveyed regarding feasibility and perceived benefit. Surgeons were surveyed regarding willingness to refer future patients. Data were analyzed using SAS software.

Results: Hospital LOS for PCCC cohort trended toward a decrease of 2 days (P=0.27), 30-day readmission rate decreased (P=0.03), and MDPOA documentation increased (P=0.10). Inpatient and outpatient palliative care referrals were increased in the PCCC group (P= 0.02 and 0.001, respectively). PCCC group had higher CHF and DM rates (P=0.083 and 0.03, respectively). Hispanic versus non-Hispanic patients differed significantly. Patients preferred in-person consultation, felt "heard", and were "extremely satisfied" with their experience. Referring physicians universally believed patients "benefited greatly", were "extremely satisfied", and would "absolutely refer" in the future, providing supportive comments for program continuation. PCCC was felt to be beneficial by patients, surgeons, and clinic nursing staff.

Conclusions: PCCC is feasible and beneficial. Demonstrated decreases in hospital LOS and 30-day readmission rate and increases in documented MDPOA and PC referrals are indicators of improved patient care, improved patient experience, and cost savings. Further development of clinics such as this should be supported and studied for additional benefits.