Preoperative Comprehensive Care Clinic (PCCC) for Patients with Advanced Cancer

K. Barry Platnick, MD

UNIVERSITY OF COLORADO iPallCARE preparing palliative care professionals

www.cuanschutz.edu/MSPC

Statement of the Problem

- Patients undergoing major surgery for advanced thoracoabdominal cancer often do so without a comprehensive assessment of their social, psychological, and spiritual domains.
- Additionally, an identified surrogate decision-maker (MDPOA), clear goals of care, or a discussion regarding how these intersect with the proposed surgery and the potential sequelae are frequently not documented in the electronic health record (EHR).

Purpose/Aims

The goal of this quality improvement (QI) project was to develop a preoperative comprehensive palliative care consultation clinic (PCCC) for patients undergoing major thoracoabdominal surgery for advanced cancer.

Specific Aims:

1. Increase documentation of MDPOA in the EHR.
2. Demonstrate feasibility and benefits of this program.
3. Evaluate impact on hospital length of stay, 30-day readmission rates, and palliative care referral rates.

PCCC Structure

- A PCCC appointment template was created.
- 90-minute appointments; virtual and in-person.
- Palliative care (PC) consultation domains addressed: values-based goals of care, goal concordant care, unacceptable states, and extensive psychosocial and spiritual histories.
- Patients considered for PCCC referral include those undergoing lung resection, esophagectomy, Whipple procedure, gastrectomy, partial pancreatectomy, low anterior resection, or abdominal peritoneal resection.

Methods

- A matched pre-implementation cohort (N=59) was gathered from the 5 years pre-implementation and compared to the PCCC group (N=20, 13 completed consult) collected between 6/1/21-5/31/22. Patients were matched for demographics and comorbidities.
- Referring surgeons, clinic nursing staff, and patients were surveyed for feasibility and perceived benefit using a 5-point Likert scale.
- Referring surgeons were surveyed regarding willingness to refer future patients to PCCC.
- Data Entry and Analysis: SAS software (Enterprise Guide, Version 7); T-tests and Chi-square.

Findings

- Patient ethnicity: Hispanic versus non-Hispanic was significantly different (pre 59% versus PCCC 25%).
- Patient comorbidities: COPD, CHF, heart disease, diabetes, kidney disease.
  - ✓ PCCC group had higher CHF and DM rates (P=0.083 and 0.03, respectively).
- Despite a sicker cohort than the pre-implementation group, the PCCC cohort demonstrated:

> ➢ **Trended decrease in hospital length of stay by 2 days (P=0.27)**
> ➢ **Decrease in 30-day readmission rate (P=0.03)**
> ➢ **Increase in MDPOA documentation in EHR prior to surgery (P=0.10).**
> ➢ **Increase in both inpatient and outpatient palliative care consultation and referral (P= 0.02 and 0.001, respectively).**

The PCCC was stated to be beneficial by patients, referring surgeons, and clinic nursing staff.

Surgeon Survey Results

All surgeons believed that the PCCC "greatly benefited" patients, were "extremely satisfied" with the referral experience, and "will absolutely" continue to refer patients to the PCCC. (Ratings were all 5 on a 1-5 scale)

- ***"Beyond valuable."***
- ***"Fantastic that it is staffed by a surgeon with palliative interests… …you understand the best of both worlds."***
- ***"Revolutionized how we manage complex cancer patients."***
- ***"I refer all of my preoperative cancer patients to this clinic."***
- ***"(PCCC) has provided me with additional insight into my patients' preferences and who they are as a person."***

Conclusion

- This QI project demonstrated that PCCC creation run by a PC trained surgeon is feasible, beneficial and decreases hospital length of stay and 30-day readmission rates.
- These are surrogates for improved patient outcomes and are indices of cost savings for the hospital.
- Demonstrated increases in MDPOA and PC referrals may improve patient care and quality of experience.
- The PCCC should be expanded, extended, and funded by the current institution.

Limitations

- Virtual platform and patient technology literacy
- Non-English speaking patients
- Clinic staff turnover
- Surgeon turnover
- Inconsistent referral process
- Consult completion rate

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