



Gretchen Edwards, M.D.

M.P.H. Candidate, Epidemiology Track
gretchen.c.edwards.1@vanderbilt.edu

Practicum Site:
U.S. Department of Veterans Affairs
Tennessee Valley Healthcare System
Nashville, TN

Practicum Site Supervisor:
Colleen Kiernan, M.D., M.P.H.

Development of a Dedicated Surgical Oncology Clinic at VA - Tennessee Valley Healthcare System (VA-TVHS)

Introduction: The Veterans Affairs (VA) healthcare system is the largest integrated provider of cancer care in the United States. Navigating a new cancer diagnosis is complex and requires coordinated delivery of care across specialties. While many VA facilities provide Surgical Oncology care within General Surgery clinics, such clinics pose challenges to timely cancer care due to high levels of trainee turnover and lack of specialty-trained supervision. This practicum was designed to improve the quality of surgical cancer care provided within a resident-run clinic through a multidisciplinary quality improvement project.

Methods: The intervention included the following changes: creating dedicated Surgical Oncology block time within the VA General Surgery clinic, designating a specialty-trained surgeon to attend the clinic, creating a structured pre-visit review form to facilitate advanced review and determine the need for additional studies, and formulating clinical algorithms for the most common cancers to serve as a checklist for guideline-concordant care and surveillance. The primary outcome was mean time from evaluation to resection. Overall surgical volume and referral for care in the community was also measured, as these factors could impact timeliness of resection. A combination of statistical process control (SPC) charts and descriptive statistics was used to track multiple metrics for clinic progress.

Results: The intervention was implemented in September 2019 and included 57 patients in the pre-intervention period and 57 patients

post-intervention. After initiation of the clinic, the mean time from surgical consultation to operation decreased from 23.8 days to 13.9 days ($P=0.015$). However, the percentage of patients scheduled for operation from clinic did not significantly change over the time period (61.4% pre- versus 65.1% post-intervention, $P=0.90$), nor did rates of referral for surgical care outside the VA (3.9% pre- versus 5.0% post-intervention, $P=0.77$).

Conclusions: A multidisciplinary quality improvement project can improve coordination and timeliness of surgical cancer care provided to Veterans. Further directions include determining the impact upon patient and trainee satisfaction.

