

28<sup>th</sup> International Conference on  
**CANCER RESEARCH AND ANTICANCER THERAPIES**  
International Conference on &  
**ONCOGENESIS & ONCOLOGIC EMERGENCY MEDICINE**  
3<sup>rd</sup> International Conference on &  
**TUMOR & CANCER IMMUNOLOGY AND IMMUNOTHERAPY**  
September 17-18, 2018 | San Diego, USA

---

**Advance preoperative assessment of cancer patient's leads to a lower percentage of same day cancellations, increasing positive perioperative patient experience**

**Katy E French**

University of Texas, USA

In 2017, an estimated 1,688,780 new cancer cases will be diagnosed. Many patients with a cancer diagnosis will need surgery as part of their treatment. The University of Texas MD Anderson Cancer Center saw 38,888 new patients in 2017 and performed over 20,000 operating room anesthetics. Advanced assessment of patients scheduled for operating room procedures helps reduce the percentage of cancellations that occur on the same day of the scheduled procedure. Same day surgery cancellations cause stress and frustration to all involved but most crucially for the patient and their family. The stress of the cancellation of a planned procedure has a negative impact on the perioperative patient experience. Our perioperative care process assesses all patients with planned OR procedures. All patients are screened using a 40 question triaging tool, embedded into our electronic health record and sent to our patients with the OR case is requested. All answers are validated with the patient by a clinical provider. Patients are then either seen in the clinic or called by phone prior to their planned procedure. 47% of our patients have a complex medical history as indicated by their triage questionnaires and seen in the clinic. Subspecialty consults are arranged as needed. The remaining 53% had less complex medical history and are assessed by phone. Our institution maintains a same day cancellation rate of 2.07%, assessing patients before their procedure date through direct contact with each patient by our providers. This contributes to positive patient experience in the perioperative period.

**Biography**

Katy French MD, BA University of Kansas 1996, MD Tulane University School of Medicine 2003, Anesthesia Residency Tulane University 2007, Cardiovascular Anesthesia Fellowship Texas Heart Institute 2008. Associate Professor of Anesthesiology and the Perioperative Medicine University of Texas MD Anderson Cancer Center 2008-current. Research and interests-maximizing efficiency in patient-driven perioperative anesthesia assessment, application of information technology to streamline clinical operations, and time-driven activity-based costing (TDABC) applied to the healthcare setting. Published and/or presented over 50 abstracts and peer-reviewed publications.

KEFrench@mdanderson.org

**Notes:**