Logistics!

- <u>Please mute yourself!</u>

- <u>Don't put us on hold!</u>

- This meeting is being recorded, and slides will be available on the project website approximately 5-7 days post webinar

Agenda

- Welcome
- Data Review
- Program Engagement Strategies
- Accreditation Notes
- Q and A and Wrap up
- Adjourn

Introducing our Speakers

David Odell, MD, MS, FACS
Section Head, Thoracic
Surgery
Department of Surgery
University of Michigan

Raheem Bell, MD, MS
Postdoctoral Research Fellow
American College of Surgeons (ACS) Clinical Scholar
Northwestern Quality Improvement, Research,
and Education in Surgery (NQUIRES)
Department of General Surgery,
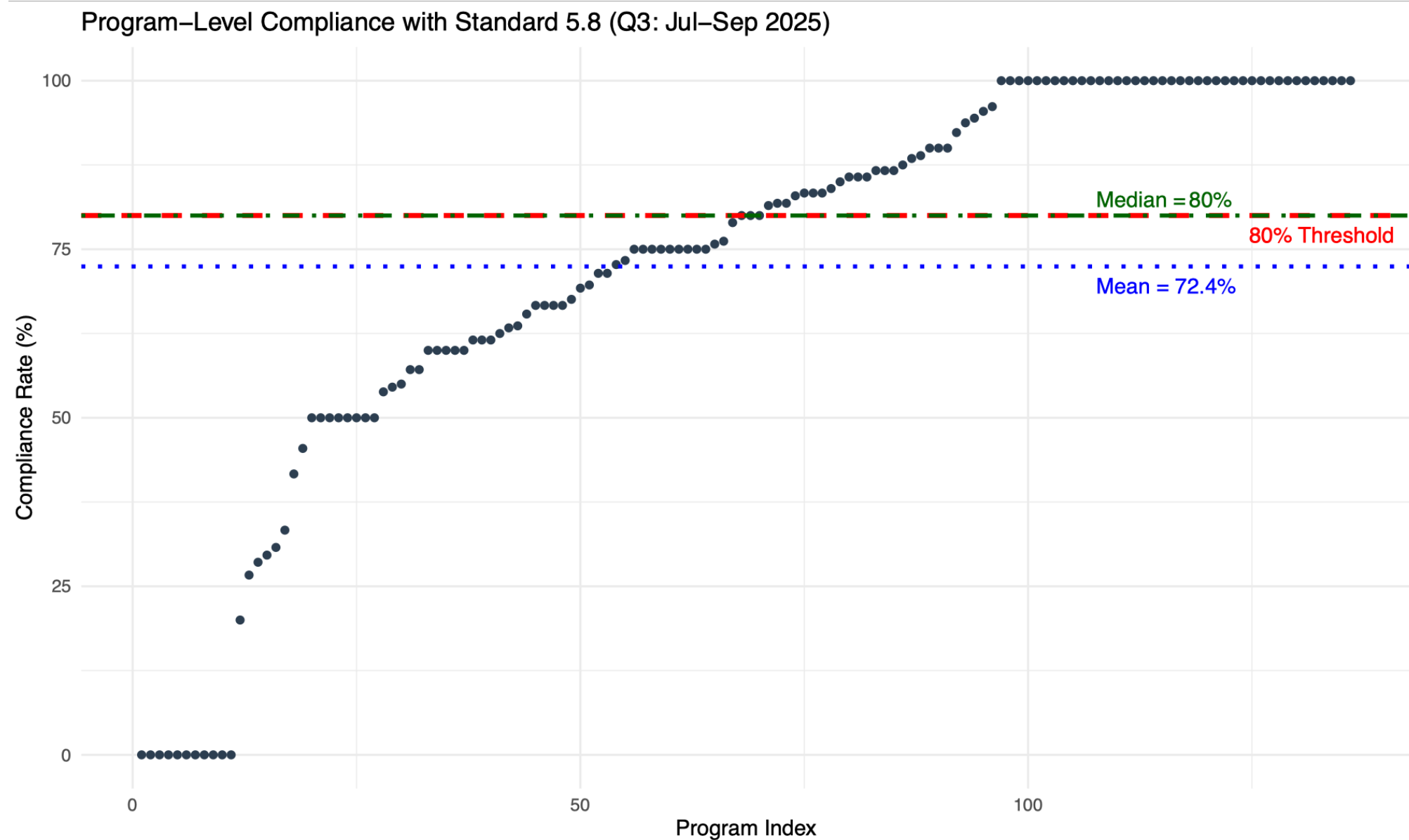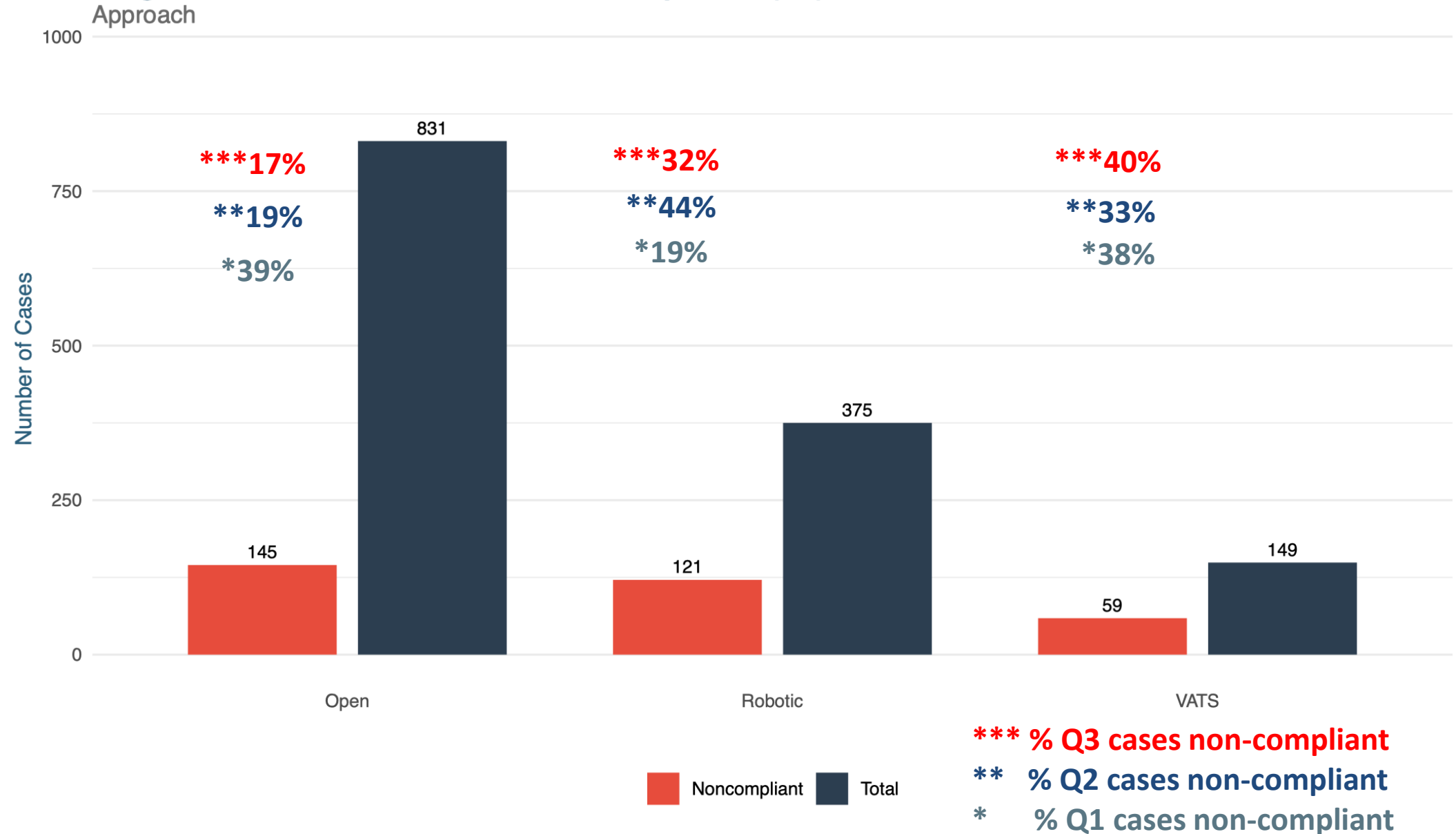McGaw Medical Center of Northwestern University

Year 2 Data

	Jan-Mar 2025	Apr-June 2025	July-Sept 2025	Oct-Dec 2025
Median	**75%**	**75%**	**80%**	**-**
Mean	**69%**	**69%**	**72.4%**	**-**

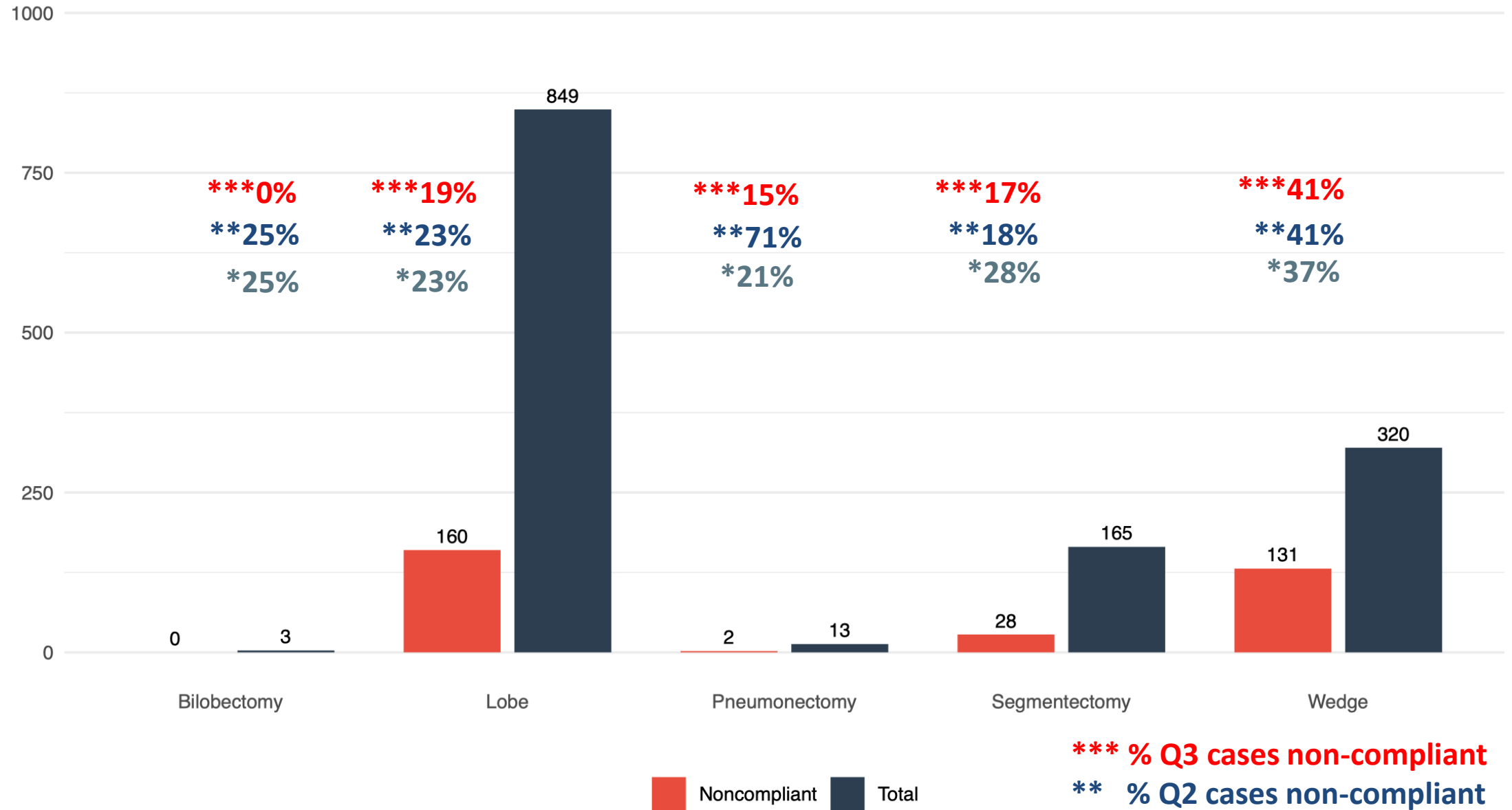| Metric	Value
Number of Participating Programs	136
Number of Cases Submitted	1487
Number of Compliant Cases	1121
Overall Case-Level Compliance (%)	75.4
Median Cases per Program	8
IQR (Cases per Program)	5 – 15
IQR (Program-Level Compliance)	60 – 100
Programs with ≥ 80% Compliance	69
Percent of Programs with ≥ 80% Compliance	50.7

Program–Level Compliance with Standard 5.8 (Q3: Jul–Sep 2025)

Surgical Factors Associated With Noncompliance (Q3)

Approach

*** % Q3 cases non-compliant
** % Q2 cases non-compliant
* % Q1 cases non-compliant

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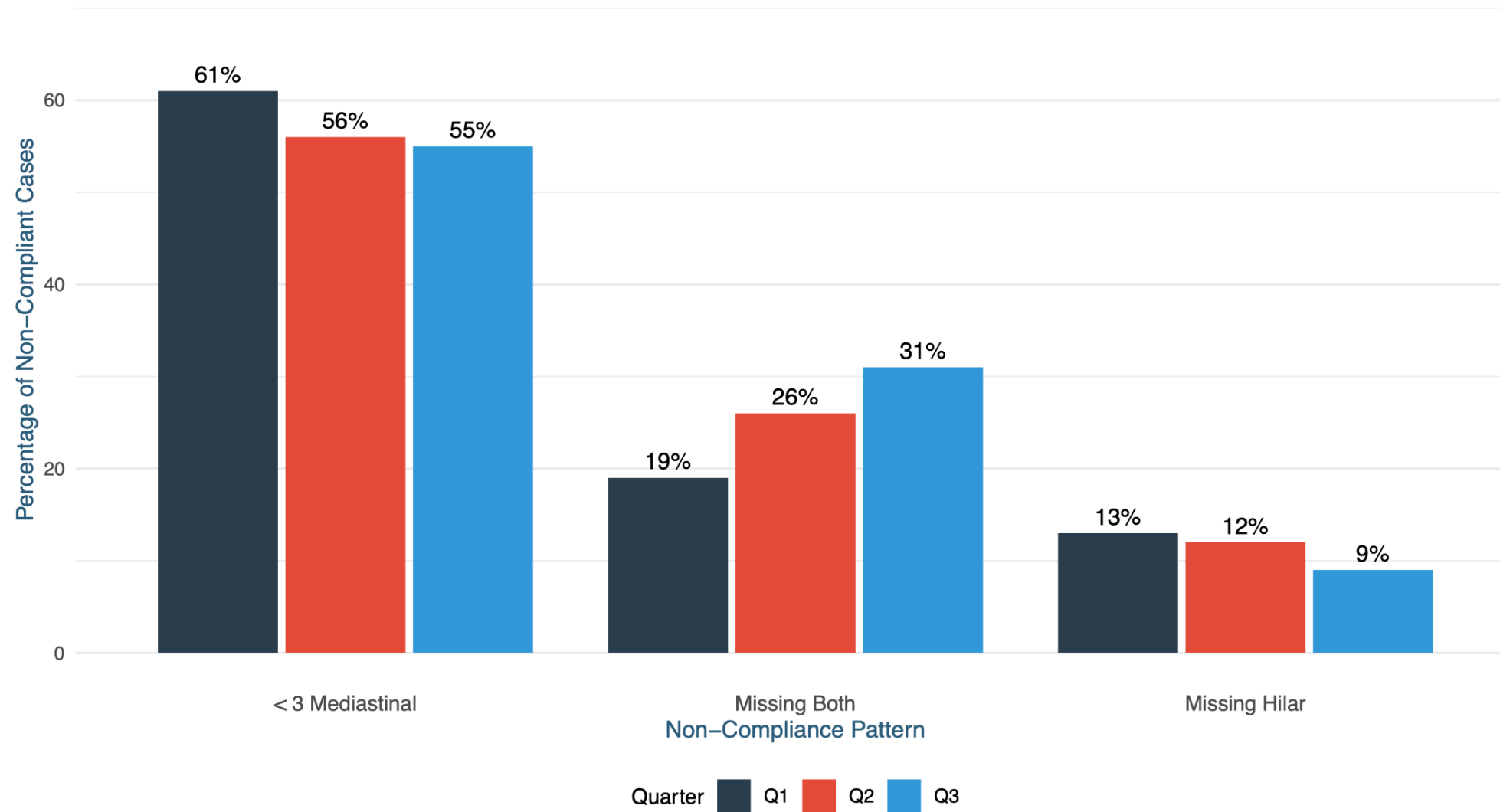
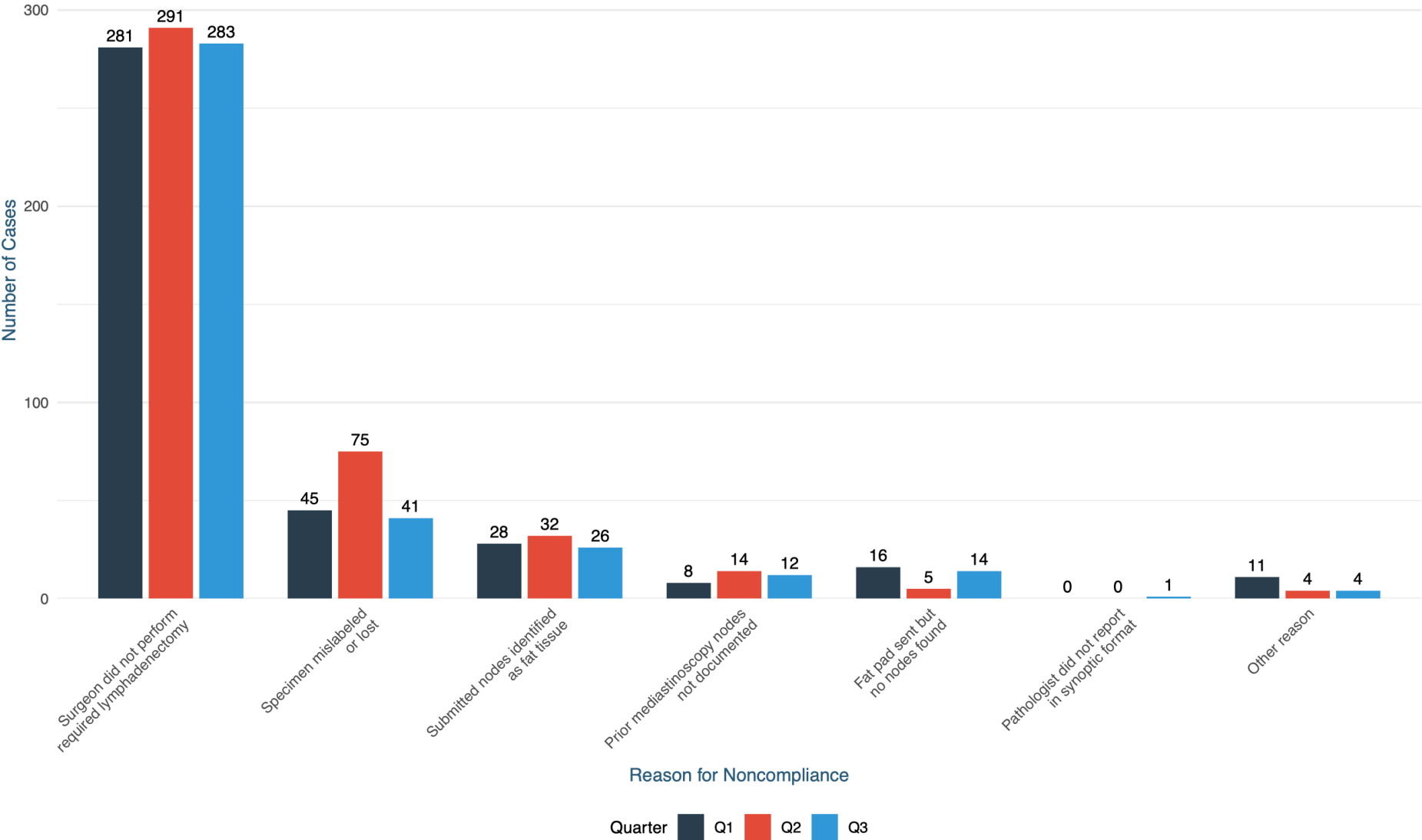Surgical Factors Associated With Noncompliance (Q3)
Surgery

Lymph Node Non–Compliance Patterns: Q1 vs Q2 vs Q3 Comparison

Reasons for Noncompliance: Q1 vs Q2 vs Q3 Comparison

Programs that gained compliance from Q2 to Q3

Record ID	Q2 Compliance rate	Q3 Compliance rate	volume	volume_category
79	66.67	100.00	3	Low (< 10 resections)
119	0.00	100.00	4	Low (< 10 resections)
123	50.00	100.00	2	Low (< 10 resections)
124	78.95	86.67	19	Medium (10-24 resections)
129	57.14	90.00	7	Low (< 10 resections)
137	72.73	81.82	11	Medium (10-24 resections)
155	50.00	100.00	2	Low (< 10 resections)
158	66.67	100.00	3	Low (< 10 resections)
169	50.00	100.00	2	Low (< 10 resections)
176	65.22	81.48	23	Medium (10-24 resections)
177	50.00	100.00	6	Low (< 10 resections)
179	66.67	100.00	3	Low (< 10 resections)
182	72.73	100.00	11	Medium (10-24 resections)
185	65.00	84.00	20	Medium (10-24 resections)
192	75.00	86.67	12	Medium (10-24 resections)
194	75.00	100.00	5	Low (< 10 resections)
217	60.00	81.82	10	Medium (10-24 resections)

Programs that lost compliance from Q1 to Q2

Record id	Q2 Compliance rate	Q3 Compliance rate	Volume	Volume category
18	83.33	75.00	6	Low (< 10 resections)
47	100.00	50.00	2	Low (< 10 resections)
51	80.00	71.43	5	Low (< 10 resections)
56	82.35	78.95	18	Medium (10-24 resections)
90	90.91	65.38	22	Medium (10-24 resections)
98	90.00	69.23	9	Low (< 10 resections)
100	80.00	33.33	5	Low (< 10 resections)
101	85.71	75.00	7	Low (< 10 resections)
132	100.00	60.00	8	Low (< 10 resections)
144	100.00	73.33	15	Medium (10-24 resections)
147	100.00	75.00	5	Low (< 10 resections)
166	100.00	66.67	1	Low (< 10 resections)
195	100.00	75.00	6	Low (< 10 resections)
206	80.00	75.00	20	Medium (10-24 resections)

Number of Publications/Abstracts/Commentaries Referencing Standard 5.8
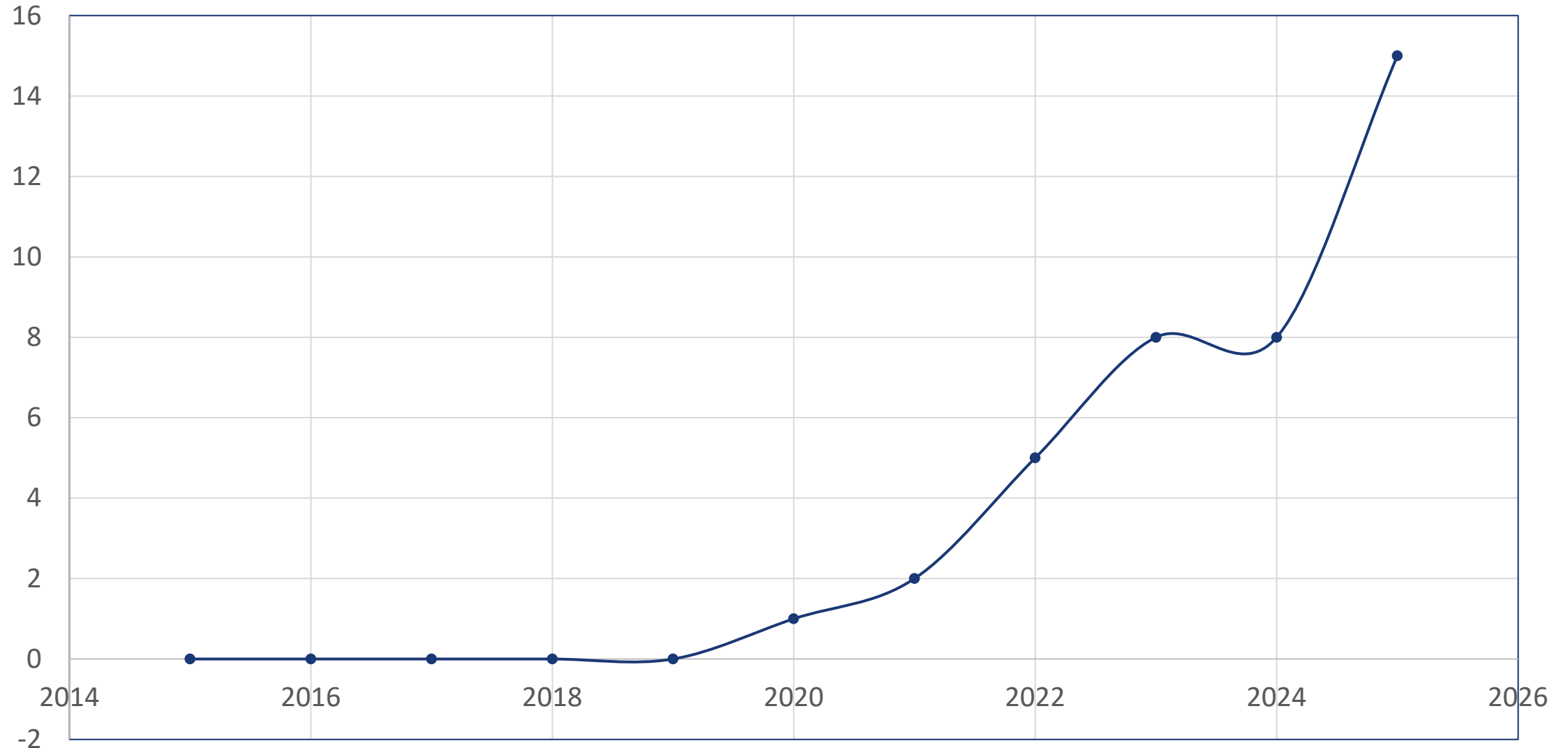
How will a site reviewer know I participated

- By January 31, a link will be sent to the primary contact to complete the attestation form
  - Please let us know if the primary contact email needs to be changed
- Complete attestation, save and print copy for your records
- Document a status update at least twice in minutes
- 7.3 template is NOT required, but good practice!
- If you need your form before January 31, email cancerqi@facs.org

What credit do I get for participating (2025)

- 7.3 Quality Improvement
- 5.8 Lung Resection

Site Visit Year	Application of Standard 5.8 QI Project Credit
2024 (Reviews years 2021, 2022, 2023)	Sites receiving a deficiency in Standard 5.8 may use successful completion of the 5.8 QI Project to resolve the deficiency.
2025 (Reviews years 2024, 2023, 2022)	If the site achieves the required compliance percentage during the medical record review, the site will receive a Compliant rating. Sites that do not achieve the required compliance percentage during the medical record review but successfully completed the QI project in 2024 will receive a Deficient but Resolved rating. (Deficient but Resolved acknowledges that the standard was deficient but does not require the program to submit corrective action).
2026 (Reviews years 2025, 2024, 2023)	Sites can choose to only provide 2025 cases in the patient list for selection by the site reviewer. Sites that do not achieve the required compliance percentage during the medical record review but successfully completed the QI project in 2025 will receive a Deficient but Resolved rating. (Deficient but Resolved acknowledges that the standard was deficient but does not require the program to submit corrective action).
2027 (reviews years 2026, 2025, 2024)	Sites can choose to only provide 2025 and 2026 cases in the patient list for selection by the site reviewer.

5.8 Toolkits and Webinars

Educational Webinars

Programs interested in participating in this national QI project are encouraged to view these informational webinars for more detailed information about the project. Attendance is requested by at least one member of each QI team, unless clinical care interferes. Recordings and slides are available through the links below. Registration is required to listen to recorded webinars.

Year 1

December 7, 2023 - Informational Webinar

View the Recording | View Webinar Slides

March 22, 2024 - Lung NODES: Next Steps

View the Recording | View Webinar Slides | Webinar FAQ

May 31, 2024 - Root Causes and Success Case

View the Recording | View Webinar Slides

August 2, 2024 - From Assessment to Action

View the Recording | View Webinar Slides

October 25, 2024 - Year End Wrap Up

View the Recording | View Webinar Slides

Year 2

CANCER PROGRAMS

Operative Standards Toolkit

⏱ 5 Min   🖨 Print   ➡ Share   🔖 Bookmark

This toolkit includes resources to assist with the implementation of the six Commission on Cancer (CoC) Operative Standards in the *Optimal Resources for Cancer Care (2020 Standards)*, Standards 5.3 through 5.8. Resources are organized by category or standard. CoC-accredited programs should share these resources with their staff to increase awareness and understanding of these accreditation standards. Please send any questions to cssp@facs.org.

Frequently Accessed Resources

Frequently Asked Questions on the CoC Operative Standards ↗	**Quick Reference Guide – Standards 5.3-5.6 Synoptic Operative Reporting Requirements** ↗
Letter to Surgeons with Documentation Requirements for the CoC Operative Standards ↗	**Overview of Compliance Requirements & Site Visit Process for CoC Operative Standards**
Visual Abstract of Synoptic Operative Reporting Information for Standards 5.3-5.6 ↗	**CoC Standard 5.8: Requirements & Best Practices (Video)** ↗

Timeline

Date	Event
Jan 30	~~"Intent to participate" due~~
Feb 14	~~Group call at 12pm CT (Registration link to come)~~
February 28	~~NEW PROGRAMS ONLY- Submit baseline data~~
March 31	~~All programs- Dec 2024-Feb 2025 data due~~
April 11	~~Group call 12pm CST~~
May	
June 30	~~March 1-May 31 data due~~
July	
August 15	~~Group call 12pm CST~~
September 30	~~June-August data due~~
October 10	~~Group Call 12pm CST~~
November	
December 31	Sept-Nov data due

Reminders:

- Surgeon engagement is REQUIRED

- Data due December 31
  - REDCap is sent to the primary contact by December 1

- Reach out to cancerqi@facs.org

- Save the date: November 14, 11am CT
  - New QI project centered on QM BLCT1

Educational Webinars

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Year 1

Year 2

Year 2 Informational Slides

February 14, 2025 - Lung NODES Kickoff Call

View the Recording | View Webinar Slides | Provide Feedback

April 11, 2025 - Lung NODES Call

View the Recording | View Webinar Slides | Provide Feedback

Please submit questions to **cancerQI@facs.org**. View our **Frequently Asked Questions** to learn more.

Thank you

ACS Cancer Programs
American College of Surgeons