FAST-LUNG Application

Please complete the questions below with information about your site.

For organizations that have multiple sites participating, please complete an application for each site as each site will get its own record on REDCap.

If you or your team have any questions regarding the application or project, please contact cancerqi@facs.org. This application is due January 31, 2027.

All questions with a red asterisk (*) are required to be answered.

Thank you!

Name

_____

Hospital/Program

_____

Role of person completing application

Select the role that most closely aligns with your position. Equivalent roles may be selected, as the role titles do not need to match (e.g., a Quality Improvement Coordinator may select "Program Coordinator").

- ☐ Oncology Data Specialist
- ☐ Clinical/Program Coordinator
- ☐ Clinical/Program Manager
- ☐ Program Director
- ☐ Accreditation Specialist/Coordinator
- ☐ Accreditation Manager
- ☐ Surgeon/Physician
- ☐ Other

Please specify role title

_____

City

_____

State

_____

E-mail Address

_____

Email listed will be noted as the primary contact and will receive automated messages from REDCap related to the project on form submissions and data collection reminders.

Phone Number

_____

Secondary Contact Name

_____

Secondary Contact E-mail Address

_____

What is you FIN (Facility ID Number)

_____

What is your CoC category designation?

- ◯ Academic Comprehensive Cancer Program
- ◯ Community Cancer Program
- ◯ Comprehensive Community Cancer Program
- ◯ Free Standing Cancer Center Program
- ◯ Integrated Network Cancer Program
- ◯ NCI-Designated Comprehensive Cancer Center Program
- ◯ NCI-Designated Network Cancer Program
- ◯ Pediatric Cancer Center
- ◯ Veterans Affairs Cancer Program

What is your program's current EHR system?

- ◯ Epic
- ◯ Oracle Center
- ◯ MEDITECH
- ◯ Other _____

About how many lung surgeries were completed at your program in the past year?

_____

Who performs pulmonary resections at your program?

- ☐ Thoracic Surgeons
- ☐ Cardiothoracic Surgeons
- ☐ General Surgeons
- ☐ Mixed/Combination Surgeons

How many thoracic surgeons perform pulmonary resections?

_____

How many cardiothoracic surgeons perform pulmonary resections?

_____

How many general surgeons perform pulmonary resections?

_____

How many mixed/combination surgeons perform pulmonary resections?

_____

Is your program a designated SafetyNet hospital?

- ◯ Yes
- ◯ No
- ◯ Unsure

Does your program participate in NSQIP and/or STS databases?

- ◯ NSQIP
- ◯ STS
- ◯ Both
- ◯ Neither

Does your program have an existing tracking time-to-surgery metric?

- ◯ Yes
- ◯ No
- ◯ Unsure

Does your program have a rural or urban designation?

- ◯ Rural
- ◯ Urban
- ◯ Unsure

Does your program receive referrals as a tertiary care center?

- ◯ Yes
- ◯ No

What is the most common type of insurance patients at your program have?

- ◯ Public Insurance (Medicare, Medicaid, etc.)
- ◯ Private Insurance
- ◯ Military Insurance
- ◯ Other
- ◯ No Insurance

This project requires a Core QI team. Please include a name for each of the following roles. We suggest at least 3 individuals for your QI team.

- Physician champion/Surgeon: serves as a conduit between leadership and frontline staff, grounds the team in the day-to-day process of the pathology team.
- Clinician project leader (RN, PA, Lung Nodule Navigator, etc.): supports the day-to-day activities of the QI project.
- Certified oncology data specialist/data analyst/data support: a dedicated person to collect, analyze, and submit data.
- Operating room staff member (Optional): supports the day-to-day processes of the operating room team.

Once enrolled in this project, we will require signatures of support from your physician champion and cancer committee chair to express support for your participation in this QI Collaborative. Will you be able to provide this?

- ◯ Yes
- ◯ No
- ◯ Unsure

Being a part of a learning collaborative requires active and meaningful participation, including sharing successes and challenges with others enrolled in this collaborative. While information about participation in this collaborative will not be shared with those outside of the collaborative, participants are encouraged to participate in webinars via chat or connect with one another in small group calls. Are you and your team willing to be active participants?

- ◯ Yes
- ◯ No
- ◯ Unsure

What is your program hoping to gain from participating in this project?

Team Structure & Letter of Support

Please complete the questions below with information about your program's lung team structure to the best of your ability. Completion of this survey is required for participation.

A section is provided at the end of this survey to upload your program's signed Letter of Support, please see the FAST-LUNG website for a LOS template. Alternatively, you may email a copy of your signed LOS to cancerqi@facs.org.

You are allowed to save any unfinished answers and return to this questionnaire later. Along with the application, this survey and the LOS are due January 31, 2026.

All questions with a red asterisk (*) are required to be answered.

Thank you!

Check all roles that make up your lung team:

Please include numbers of roles on the team.

- ☐ PCPs (providing continuity of care, coordinating with specialists) _____
- ☐ Pulmonologists _____
- ☐ Thoracic surgeons _____
- ☐ Radiologists _____
- ☐ Oncologists _____
- ☐ RNs _____
- ☐ Respiratory therapists _____
- ☐ Other roles not specified _____

What are other roles that contribute to your lung team?

_____

Check all that relates to your lung cancer team structure:

- ☐ Case review meetings (Tumor boards, cancer committees, etc.)
- ☐ Diagnostic planning meetings
- ☐ Treatment planning meetings
- ☐ Follow-up and monitoring meetings
- ☐ Quality improvement and education conferences
- ☐ Patient-centered care conferences
- ☐ Dedicated lung specific cancer committee
- ☐ General regular lung team meetings
- ☐ Other
- ☐ None of the above

What other meetings/conferences/etc. relate to your lung team?

_____

Please include any important notes or comments about your program's lung team.

Letter of Support

*This PDF is provided for reference only. To complete and submit an application, please use the REDCap application link available on the FAST-LUNG website.