Logistics- We’re on Zoom!

• Please mute yourself!
• Don’t put us on hold!
• This meeting is being recorded and slides will be available on the project website ~5 days after this call BUT breakout room discussion is NOT recorded
• Please complete the post-webinar evaluation you will receive via email
Introducing our Speakers

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

Kelley Chan, MD, MS
General Surgery Resident, Loyola
Clinical Scholar, ACS Cancer Programs
Agenda for today

- Welcome
- Baseline Data Review
- Programmatic Reminders
- Accreditation Reminders
- Logistics of Breakout Rooms
- Break
- Small Breakout Rooms
- Report Out Rooms
- Adjourn
Participating Programs

- Total programs with baseline data submitted: 418
- Total cases submitted: 8634
- Median # cases per program: 20 (IQR 17 - 22)
  - 39 programs 1-5 cases
  - 29 programs 6-10 cases
  - 173 programs 11-20 cases
  - 177 programs >20 cases
Patient and Program Characteristics

- Median age 69 years (IQR 63 - 75)
- Sex: 57.5% female, 42.5% male
- Overall compliance: 62.5%
- Median compliance at program-level 62.5% (IQR 41.2 - 87.2)
- 131 programs >80% complaint

<table>
<thead>
<tr>
<th>Program Type</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
<td>55 (13.2)</td>
</tr>
<tr>
<td>Community</td>
<td>47 (11.2)</td>
</tr>
<tr>
<td>Comprehensive Community</td>
<td>167 (40.0)</td>
</tr>
<tr>
<td>Integrated</td>
<td>125 (29.9)</td>
</tr>
<tr>
<td>NCI</td>
<td>13 (3.1)</td>
</tr>
<tr>
<td>Other (Hospital associate, VA)</td>
<td>11 (2.6)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Geographic Region</th>
<th>n (%)</th>
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</thead>
<tbody>
<tr>
<td>Midwest</td>
<td>77 (18.4)</td>
</tr>
<tr>
<td>North</td>
<td>71 (17.0)</td>
</tr>
<tr>
<td>Northeast</td>
<td>80 (19.1)</td>
</tr>
<tr>
<td>South</td>
<td>66 (15.8)</td>
</tr>
<tr>
<td>Southeast</td>
<td>61 (14.6)</td>
</tr>
<tr>
<td>West</td>
<td>63 (15.1)</td>
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### Surgical Factors Associated With Noncompliance

#### SURGERY

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Total</th>
<th>Noncompliant</th>
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<tbody>
<tr>
<td>BILOBE</td>
<td>102</td>
<td>36</td>
</tr>
<tr>
<td>Lobe</td>
<td>5656</td>
<td>1816</td>
</tr>
<tr>
<td>Pneumonectomy</td>
<td>69</td>
<td>24</td>
</tr>
<tr>
<td>Segment surgery</td>
<td>694</td>
<td>226</td>
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<tr>
<td>Pneumonectomy segment wedge</td>
<td>1926</td>
<td>930</td>
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#### APPROACH

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<thead>
<tr>
<th>Approach</th>
<th>Total</th>
<th>Noncompliant</th>
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<tbody>
<tr>
<td>Open</td>
<td>1099</td>
<td>578</td>
</tr>
<tr>
<td>Robotic</td>
<td>3451</td>
<td>876</td>
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<tr>
<td>VATS</td>
<td>1991</td>
<td>821</td>
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Surgical Factors Associated With Noncompliance

LYMPH NODE STATIONS

- **HILAR**
  - Total: 8634
  - Noncompliant: 309

- **MEDIASTINAL**
  - Total: 8634
  - Noncompliant: 2127

- **ALL STATIONS**
  - Total: 8634
  - Noncompliant: 886
Reasons for Noncompliance

- Surgeon did not perform the required lymphadenectomy: 74%
- Specimen was mislabeled or lost: 1%
- Nodes obtained from prior mediastinoscopy were not documented in pathology note: 1%
- Pathologist did not report the findings in synoptic format: 8%
- A fat pad from a station was sent but no nodes were found: 2%
- Submitted nodes were identified by the pathologist to be fat tissue: 3%
- Other: 11%
Other Listed Reasons for Noncompliance

• Exploration performed but could not identify lymph nodes
• Patient factors: advanced age, prior surgery, chronic lung disease
• EBUS FNA with negative cytology
• ION bronchoscopy was completed prior to surgery
• Path report states multiple nodes but nodal stations not labeled
Goals of this QI Initiative

• Project Aim:
  • Achieve > 80% overall adherence and/or improve adherence to Standard 5.8 by an absolute value of >20%

• Project Goals:
  • Improve the quality of cancer care and patient outcomes by accomplishing assessment of hilar and mediastinal lymph nodes for all patients undergoing lung cancer surgery
  • Assist programs to identify root cause challenges in achieving compliance
  • Develop a standardized way for programs to assess and monitor their compliance with Standard 5.8
  • Identify and implement sustainable solutions
Helpful Reminders

• Next Data **Due June 30**
  • Primary Contact received a link this morning

• Meet as a QI team monthly

• Save the Date:
  • August 2, 1:30-3pm
  • October 25, 1:30-3pm
For compliance:

• Status update on the progress of this project must be documented in committee meeting minutes at least 2x over the year (per the standard)

• QI template does NOT need to be completed for this project (although it could be a useful exercise)

• In December you will be send a final survey; once completed, you will receive a link to the “attestation”. Sign virtually, print, and upload to PRQ

• It may be helpful to save other copies of your data submitted
  • We cannot provide that, so please save a copy yourself before submitting

• See FAQ on project website for more accreditation questions
Breakout Rooms

David Odell
Reminders for Breakout Rooms

• Choose your own Breakout Room
• Be respectful of others
• Be open to sharing
• Turn on your cameras, if possible
• Share what you are comfortable with
• Breakout rooms are not being recorded
• This is an opportunity for peer-to-peer learning and sharing
• We will let you know when you have 5 minutes left in the breakout
• Will come back to the main room and go back to “topical” rooms for sharing
What Breakout Room Should I Join?

By average cases per year

- Communication
- Documentation
- Surgeon and Stakeholder buy in
- Operative Technique
- Other
- MENTOR ONLY
Final Thoughts