Lung NODES Year 2

August 15, 2025

ACS Cancer Programs

American College of Surgeons

Logistics!

- Please mute yourself!
- Don’t put us on hold!
- This meeting is being recorded, and slides will be available on the project website approximately 5-7 days post webinar

Agenda

- Welcome
- Data Review
- Programmatic Successes and Solutions
- Sustainability
- 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 to Date

Raheem Bell

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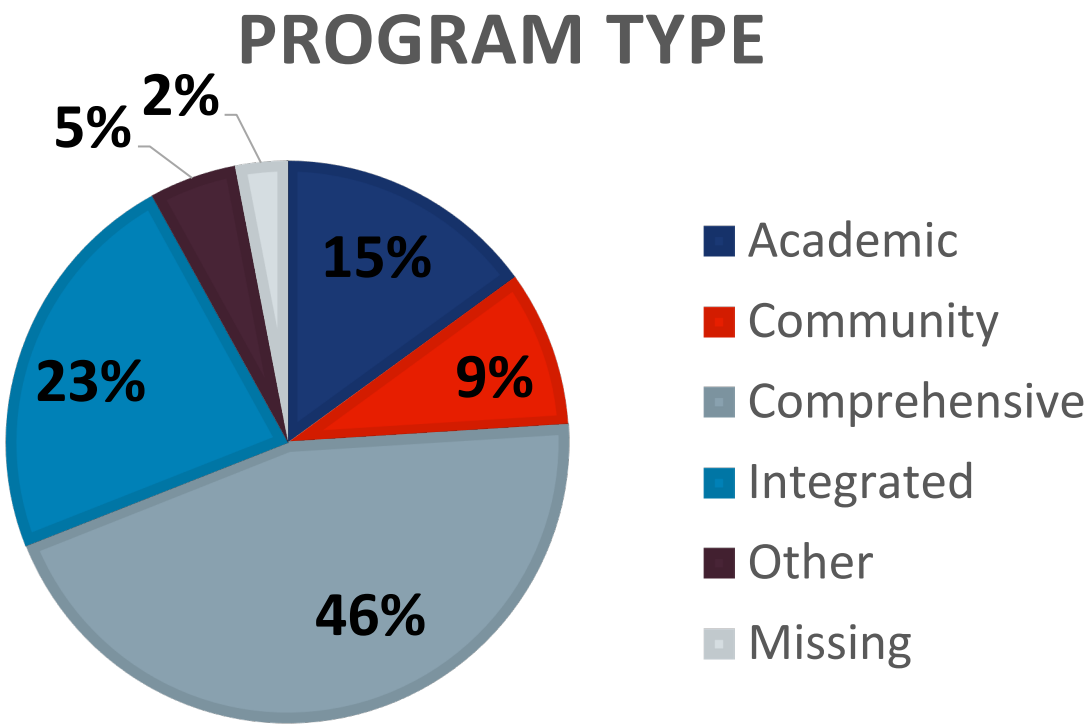
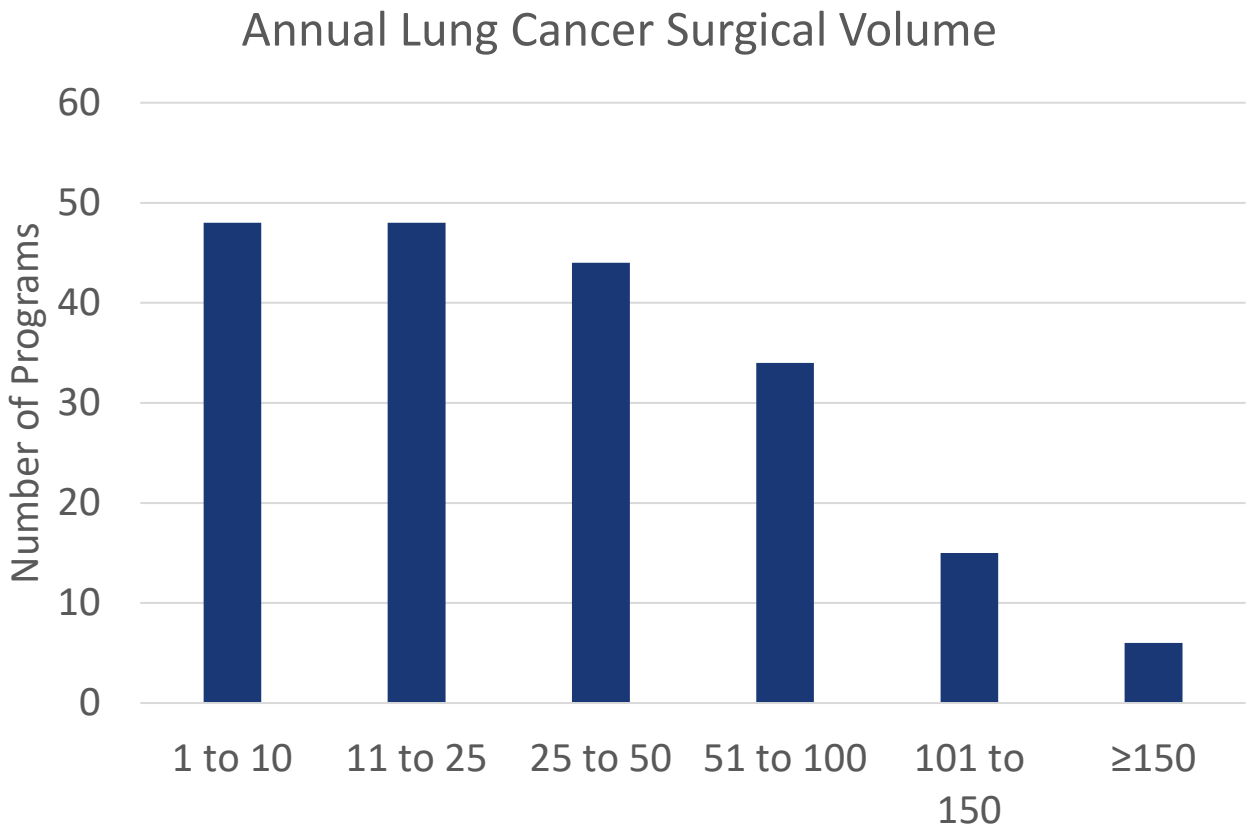
Participating Programs Characteristics

- 200 programs (15 new to Year 2)





Baseline Compliance

	Baseline Year 1	End of Year 1	Year 2
Continuing Programs (n=140)	Mean: 51% Median: 53% IQR: 25-75	Mean: 67% Median 74% IQR: 50-90	**Mean 69%** **Median: 75%** **IQR: 50-100**
New Programs (n=9)	N/A	N/A	**Mean: 58%** **Median: 70%** **IQR: 57-75**

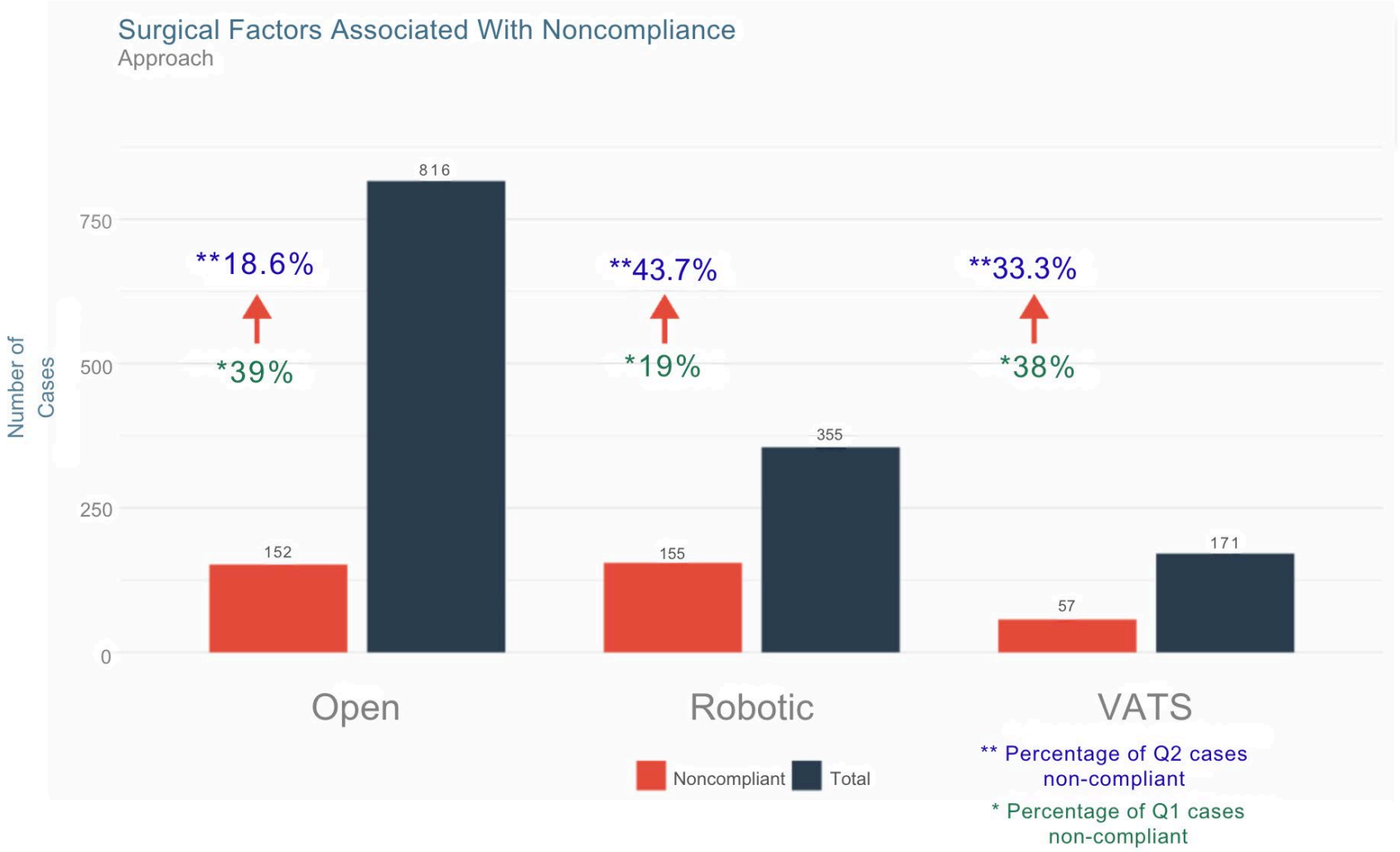
Year 2 Data

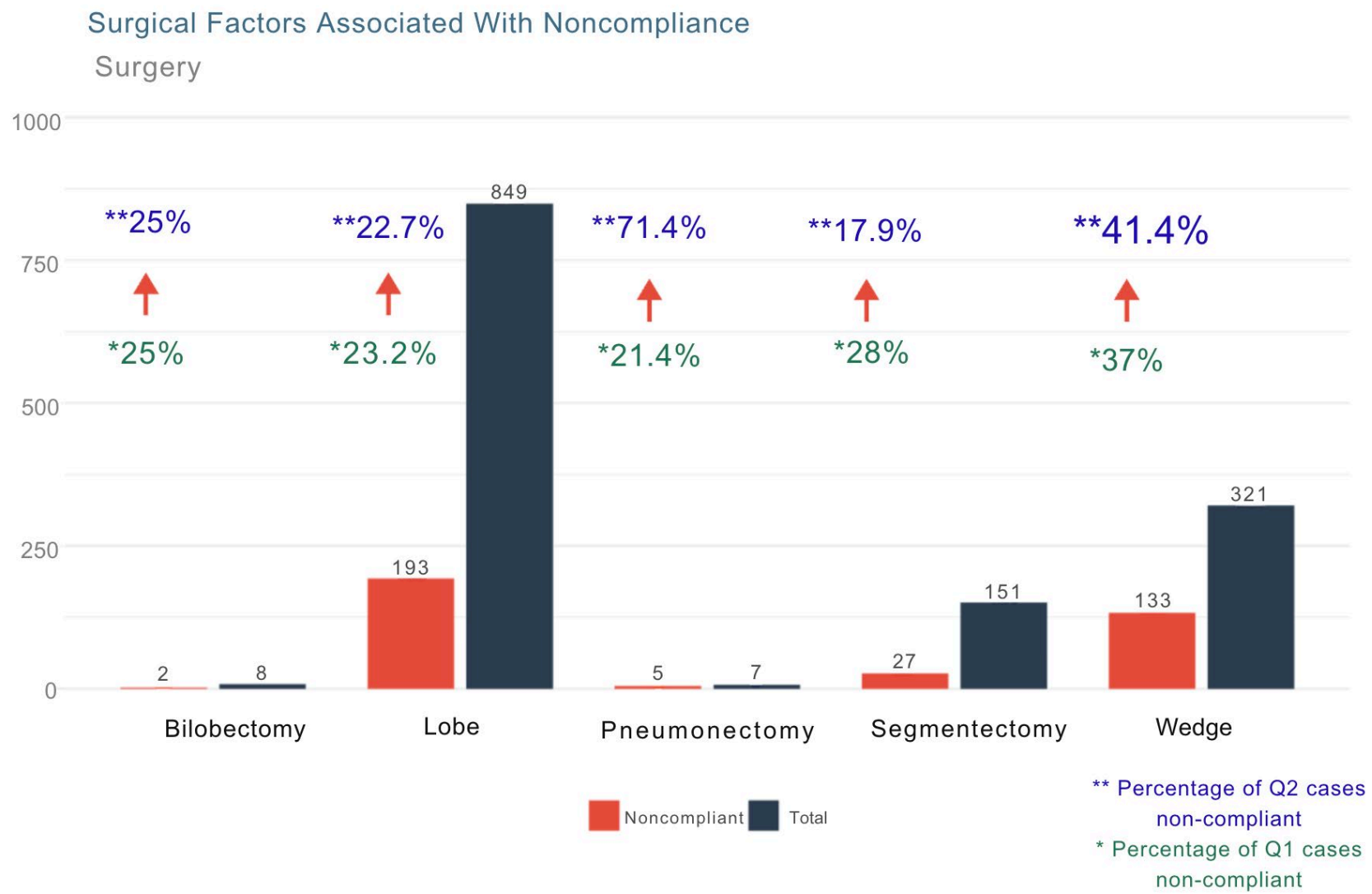
Time Period	
Programs data submission Jan-March 2025 N=140	Mean compliance: 68% Median compliance:75%
Program data submitted April-June 2025 N-138	Mean compliance: 68.5% Median compliance: 75%

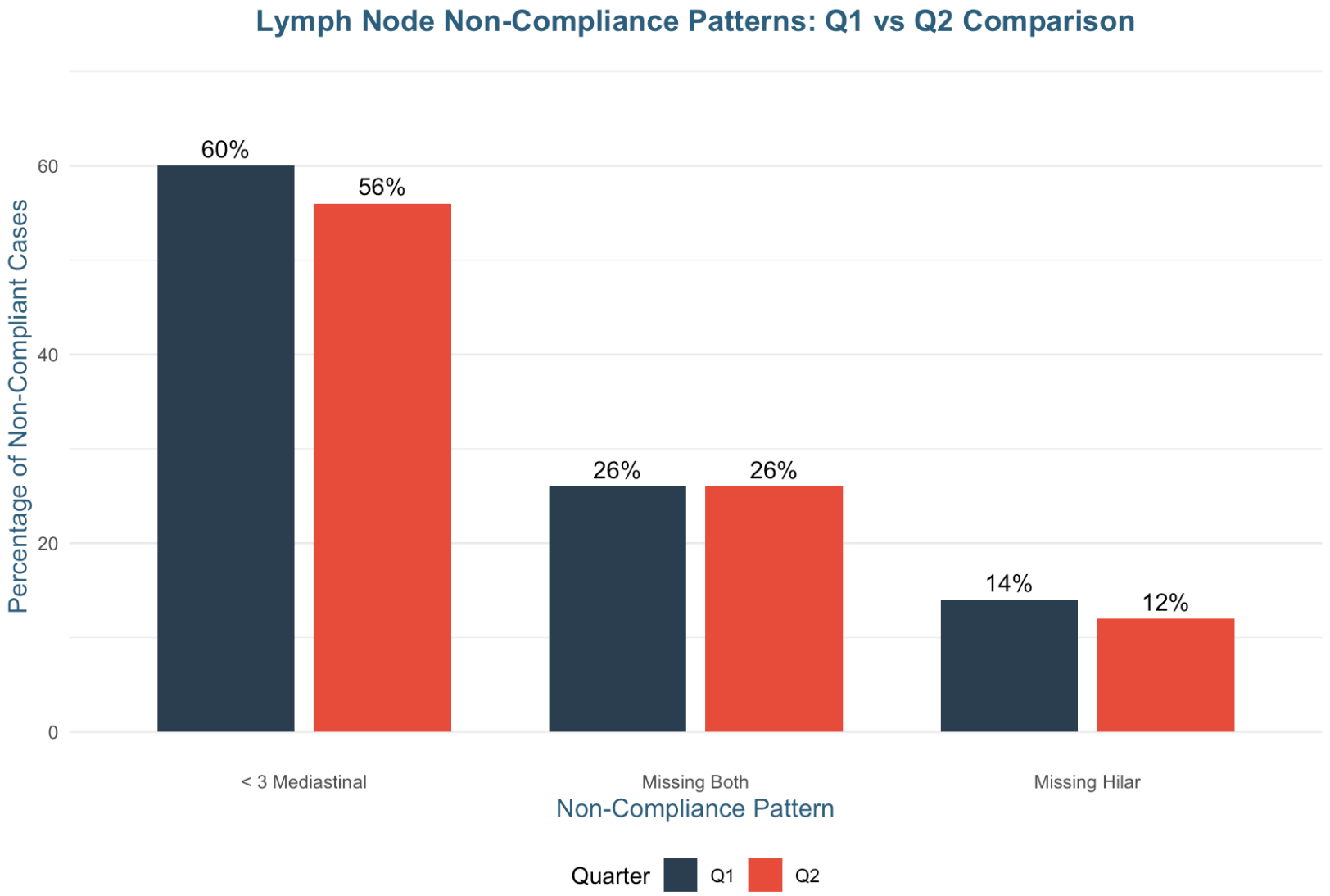
Baseline Compliance Characteristics

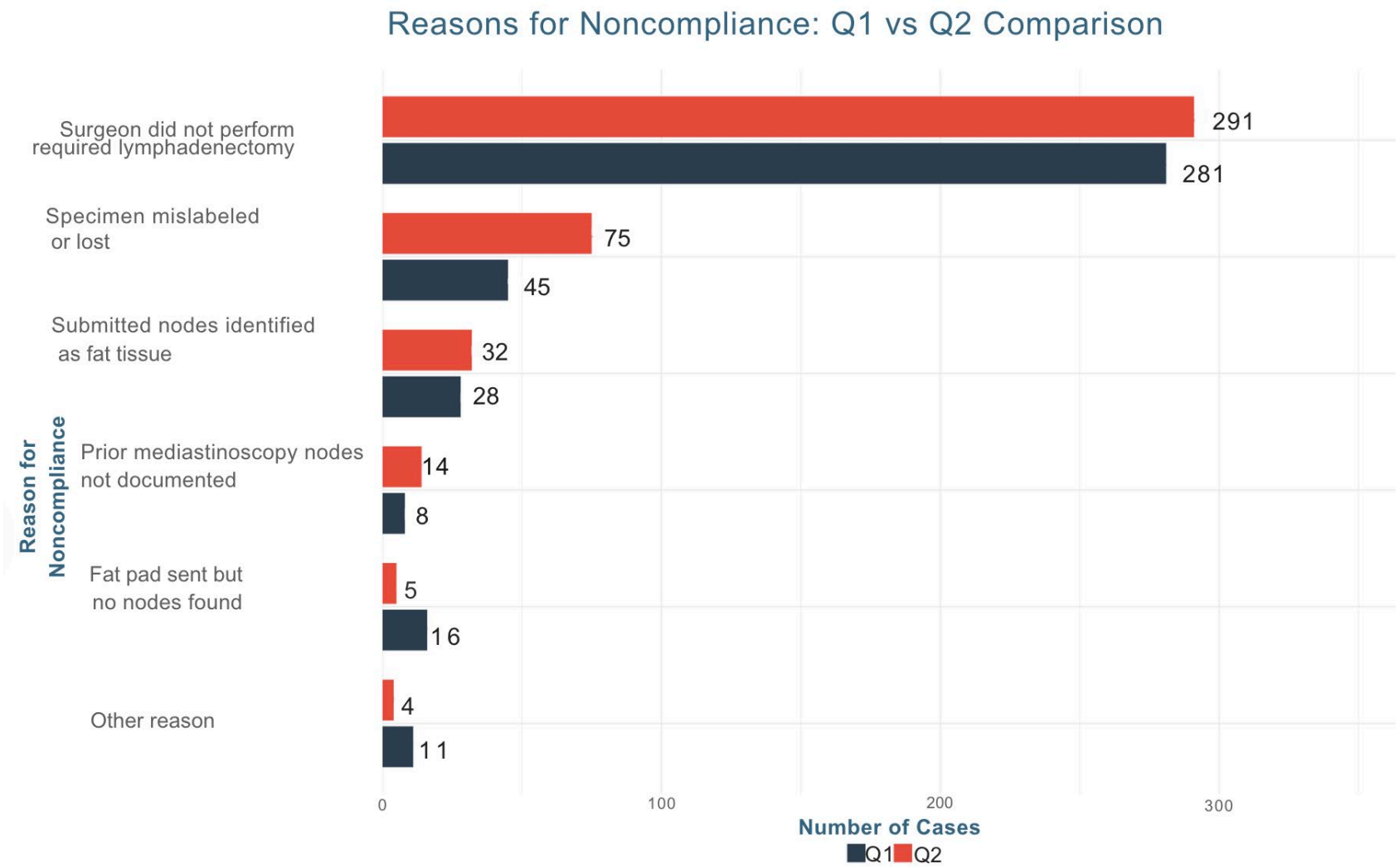
- Program-level compliance
  - Mean 68.5%
  - Median 75% (IQR 25-100%)
  - 63 (45.7%) have compliance ≥ 80%

- 1,458 total cases
  - 1,061 (72.8%) of cases compliant
  - Median cases per program- 8 (IQR: 4-15.8)









“Other” reason for non-compliance

- No cases were submitted
- Following outdates CAP protocol
- Discrepancy between surgical and pathology reports

Programs that gained compliance from Q1 to Q2

record_id	compliance_rate_q1	compliance_rate_q2	volume	volume_category
1	60.00	83.33	6	Low (< 10 resections)
18	50.00	83.33	6	Low (< 10 resections)
25	76.19	86.96	23	Medium (10-24 resections)
56	72.73	82.35	18	Medium (10-24 resections)
82	66.67	82.14	28	High (≥ 25 resections)
89	75.00	85.71	14	Medium (10-24 resections)
90	63.64	90.91	22	Medium (10-24 resections)
100	0.00	80.00	5	Low (< 10 resections)
101	42.86	85.71	7	Low (< 10 resections)
106	75.00	95.00	20	Medium (10-24 resections)
107	35.00	90.00	20	Medium (10-24 resections)
126	50.00	83.33	12	Medium (10-24 resections)
134	75.00	85.71	9	Low (< 10 resections)
141	60.00	83.33	12	Medium (10-24 resections)
147	33.33	100.00	5	Low (< 10 resections)
161	79.17	94.74	20	Medium (10-24 resections)
166	66.67	100.00	1	Low (< 10 resections)
174	71.43	83.33	18	Medium (10-24 resections)
193	62.50	90.91	10	Medium (10-24 resections)
195	75.00	100.00	6	Low (< 10 resections)
198	0.00	100.00	3	Low (< 10 resections)
205	66.67	93.33	15	Medium (10-24 resections)

Programs that lost compliance from Q1 to Q2

record_id	compliance_rate_q1	compliance_rate_q2	volume	volume_category
2	100.00	50.00	4	Low (< 10 resections)
63	100.00	68.75	16	Medium (10-24 resections)
81	90.00	75.00	4	Low (< 10 resections)
103	87.50	70.00	10	Medium (10-24 resections)
109	100.00	75.00	8	Low (< 10 resections)
120	100.00	60.00	3	Low (< 10 resections)
123	100.00	50.00	2	Low (< 10 resections)
124	96.15	78.95	19	Medium (10-24 resections)
137	88.89	72.73	11	Medium (10-24 resections)
139	82.14	70.83	26	High (≥ 25 resections)
159	81.82	62.50	8	Low (< 10 resections)
163	86.67	63.16	19	Medium (10-24 resections)
177	100.00	50.00	6	Low (< 10 resections)
179	80.00	66.67	3	Low (< 10 resections)
180	100.00	40.00	10	Medium (10-24 resections)
182	100.00	72.73	11	Medium (10-24 resections)
194	85.71	75.00	5	Low (< 10 resections)
197	100.00	50.00	4	Low (< 10 resections)
207	100.00	75.00	30	High (≥ 25 resections)
224	83.33	0.00	5	Low (< 10 resections)

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Programmatic Patterns, Successes, and Challenges

Eileen Reilly

Ana Ruiz

Nancy Normandin

Kim Rodriguez

What Factors Do You Believe Support Success- or Threaten Sustainability

- Surgeon buy-in
  - Consistent involvement and accountability
- Education and Awareness
  - Discussions, team meetings
- Communication and Multidisciplinary Collaboration
  - Surgeon participated in cancer committee meetings
  - Regular communication between path, surgeon, registrar, admins
- Audit and Feedback
  - Consist audits, building visuals to share with surgeons

What Factors Do You Believe Support Success (Cont'd)

- Workflow and Tools/Technology
  - Epic with specialty reports; Implemented Epic dot phrase, pictures in the OR with LN stations, drop downs on the OP note, Tableau
- Standardized pathology templates
  - New thoracic oncology protocol for resection
- Leadership and Champions
  - Surgeon, pathology, administrative buy in, structural changes
- Process Adaptability and Responsiveness
  - Rapid follow up on non-compliance, re-education after audits

ACS CoC
Commission on Cancer
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Sustaining Improvement Over Time

Holding on to the progress you've made

David Odell, MD MS FACS

Augus 15, 2025

Reflection

An Improvement Journey

- Defined the problem
- Gathered data
- Identified root causes
- Planned experiments of change
- Made changes
- Gathered data
- Assessed results

You Have Done a lot of Work

You should celebrate this work!

- Built teams
- Specific program resources
- ACS support
  - Data platform
  - Webinars
  - Communities

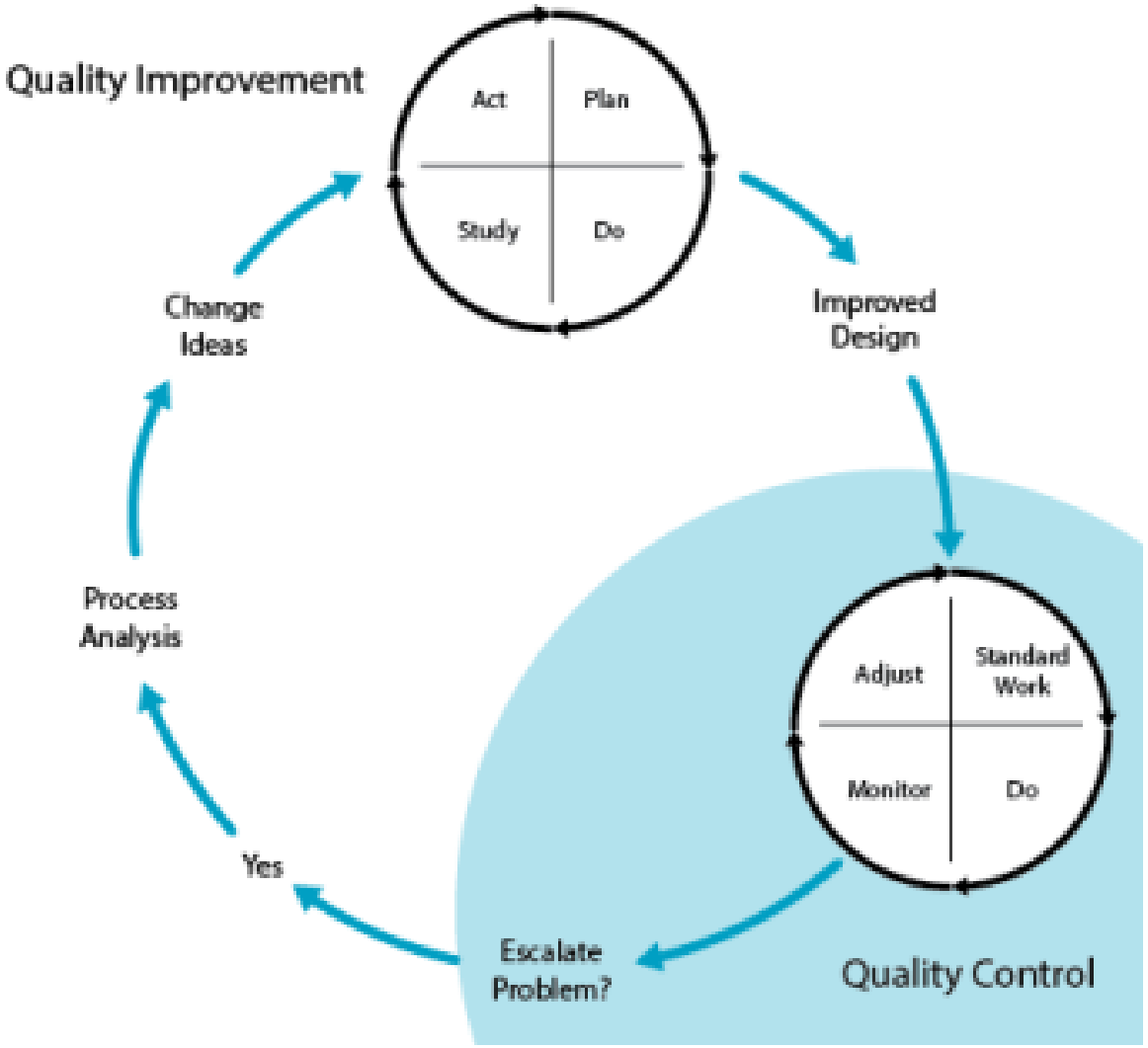
Non-Linear Process

Every QI initiative will have a period of performance regression

Sustaining Improvement

Planning for continued improvement

- Requires an active approach
- Iterative process of improvement
  - Scheduled Monitoring
  - Reinforcement Work
  - Adjustment
  - Escalation to additional improvement cycles



Committing to Sustainment

Reaffirming you mission statement

- Organizational agreement that the improvement goal remains important
  - Articulate why it still matters (program accreditation, better patient care, etc.)
  - What happens if improvement is NOT sustained?
- Availability of resources for monitoring
  - Often less intense than in improvement
  - May need to increase episodically
- Availability of resources for improvement

Engage Leadership

Articulate why sustaining the improvement is good for the organization

- Initiatives that align with organizational goals are 4x more likely to be durable
- Opportunity to showcase the value of the work you have been doing
- Assessment of impact
  - Financial
  - Reputational
  - Patient care
- Ensure resources to continue support of improvement

Identify a Process Owner

This person does not have to ‘do it all’

- How will that person maintain access to data
  - Ensure data transparency
- Ensure access to leaders and key stakeholders
  - Drive continued engagement of front-line
  - Advocate for appropriate resources
- Empower them to escalate concerns and return to formal process improvement

Agree on a Review Cadence

Allows for continued accountability

- Will ensure continued data collection and transparency
- Affords an opportunity for reengagement
- Opportunity to identify trends early
  - Potential threats to performance
  - Opportunities to systematize practices that work well
- Allowing for planned resource allocation helps to maintain program support

Continue Education

Reiterate the lessons you have learned

- During improvement cycles there is heightened focus on the problem which may be lost over time.
- Organizational changes may create need for re-education
  - Personnel changes create need for individual education
  - Leadership transitions create need for buy-in
  - New systems may influence process changes
- Factors may evolve external to the organization that influence
  - New data on effectiveness may become available
  - Regulatory requirements may change

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Resources to Help Prepare for Sustainment

IHI Whitepaper

- Describes evidence-based best practices in sustainment
- Frameworks which you can adapt
- Approaches to engaging leaders and stakeholders

Go to Resource

Tools to Help Assess Sustainability

Sustainability Resources

Developing a Sustainment Plan

- Allows stakeholders to agree on key metrics
- Encourages commitment to continued data collection & sharing
- Agreed-upon criteria for improvement work

Sample Sustainability Action Plan

We developed an example of an action plan for the Monitoring & Evaluation domain to give you some direction as you write your own plan

Monitoring & Evaluation: Assessing the practice to inform planning and document results.							
SMART Objective: By July 31 2020, complete evaluation of new hand washing practice: 1. 85% of clinical staff will complete a one-month follow-up survey evaluating their knowledge, beliefs, and compliance related to a new evidence-based hand hygiene practice. 2. Unit Champions will compile observations, questions, and issues from staff and send to Leadership/Implementation Team.							
Steps to achieve objectives: [Be very specific and include important substeps. Anyone should be able to pick up this document and understand what needs to happen in order to reach your objective.]	**Who will do the work?** [Who will ultimately ensure the work gets finished?]	**What does success look like?** [What metrics will you use to track progress on the completion of each step? How will you know it's time to move on to the next step?]	**What nonfinancial resources are needed for this step? Where will they come from?**	**Due date** [In the appropriate quarter, enter a specific date by which the activity must be completed.]			
				Q1	**Q2**	**Q3**	**Q4**
1. Determine information needed from staff, types of survey questions to include, how to administer the survey, and timeline for completion. • Independently research and brainstorm key information to collect, questions to include, and how to administer the assessment. •Identify and consult any key additional staff members for insight. • Hold Evaluation Team meeting to discuss survey content and administration.	Evaluation Team, insight/approval from Leadership	Overall survey content, administration method, and timeline are determined	Meeting space and time, survey best practices research			March 15, 2020	

Center for Public Health Systems Science
Brown School

Washington University in St. Louis

Sustainment Plan

Planning for Sustainment is Important

Including plans for future improvement activity

- You will almost certainly need to flex between ***Quality Control*** and ***Quality Monitoring*** during the sustainment phase
- Defining a plan for sustainment is key
  - Ownership of the process
  - Transparency of current-state performance
  - Triggers for future improvement work
- Planning increases likelihood of success

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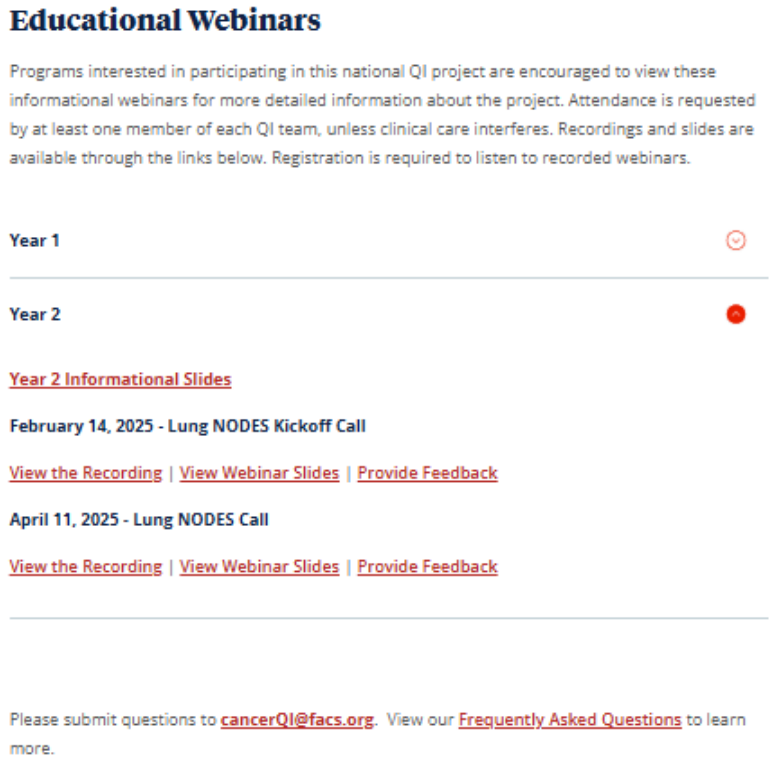
Q and A
Wrap up and Reminders

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 September 30
  - REDCap is sent to the primary contact by September 1
- Next call: October 10 at 12pm CT
  - Registration link sent to primary and secondary contacts
- Reach out to cancerqi@facs.org



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

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.