

Disclosures

Faculty Lead for the 5.8 Quality Improvement Project

PLEASE SIGN UP!

/ Standard 5.8 Lung NODES National Quality Improvement Project



Why do the extra work?

Intrinsic benefits of self audits

- Learn about yourself
 - Avoid surprises
 - Understand gaps
 Identify QI targets (7.3)
- Enhance engagement
- Be proactive
- Translate benefit to patients



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Build the team

Audit team should reflect the stakeholders

• Work with the cancer committee

 Consider including: Relevant Clinicians

SurgeonsMedical oncologists

Radiation oncologists

 Pathologists Oncology Data Specialists

QI/PI professionals

- Nurses
- Residents/Medical Students

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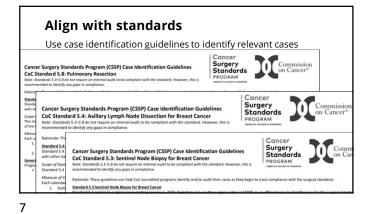
Identify relevant cases

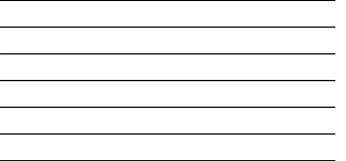
Leverage systematic resources

Internal cancer registry data

- ODS can be helpful
- Often best data source for external validity
- Surgical scheduling system Surgical teams Allows for flexibility
- Alternate data sources
 - e.g. STS registry for standard 5.8









Data analysis

Learn what is really going on at your hospital CANCER PRI

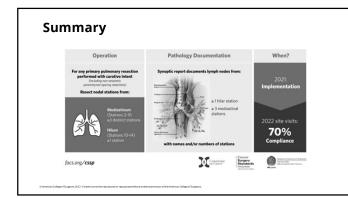
- Calculate measure compliance ACS materials can guide this calcualtion
- Try to understand patterns of non-compliance
 - Surgeon performance •
 - Systematic documentation issue
 - Unavailability of data
- **Timeline and Compliance** 1 Information / Compliance Requirements and Site Visit Process for the CoC Operative Standards
 - Standards 5.3, 5.4, 5.5, and Standards 5.7 and 5.8 5.6 Year



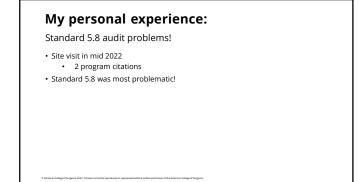
- Engage stakeholders early
 Use division/department leaders, chancer committee chairs to help disseminate findings
 - Identify clinician champions
- Build a plan for education

 - Leverage tumor boards/cancer committee meetings to inform members about the standards
- Develop site-specific solutions
 - Specimen collection protocols (e.g. prelabelled collection cups) Standardize documentation (e.g. template dot phrases)

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My personal experience: Standard 5.8 audit problems! • Site visit in mid 2022 • 2 program citations • Standard 5.8 was most problematic! • Embarrassing to be flagged

My personal experience:

Standard 5.8 audit problems!

• Site visit in mid 2022 – 2 citations

Standard 5.8 was most problematic!

Embarrassing to be flaggedOpportunity provide better care



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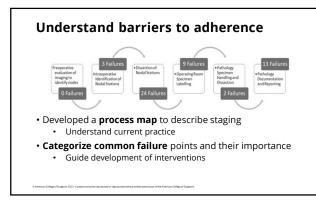
My personal experience: Standard 5.8 audit problems! Standard 5.8 was most problematic! Embarrassing to be flagged Opportunity provide better care Contribute to scientific community

Decided to self audit

Standard 5.8 audit problems!

- Worked with our Cancer Registrars to identify cases
 Identified all non-compliant cases
- 2 Auditors did chart-level reviews to identify reasons for non-compliance
- Built data into a process-based QI framework
- Engaged surgeon and pathology quality leaders

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Target resources for improvement

Standard 5.8 audit problems!

- Education
- Station locations, value of node staging, etc.
- Technical Skills
- Video review, coaching
 Systems and Processes
- OR to pathology handoffs, specimen labelling, team communication, etc.
- Pathology
- Specimen node dissection, general/specialty pathologist training
- Reporting
 - Synoptic documentation, ease of interpretation

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Sustainment

Equally important to plan

- How will you sustain the improvements after the audit and initial change management are complete?
 - Name a process owner Periodic data review (transparency)
 - Onboard new faculty/staff
- Allows for a shift in focus and resources · Ensures that gains are realized long-term
- Creates a positive culture



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What have we covered?

Demystifying self audits

- Why self audits can be a valuable exercise
- Necessary components
 - Audit team
 - How to get data .
 - Analytic strategies Improvement tools
 - Sustainment
- Tools available to help you
 - Case ID guidelines
 - Compliance standards
 - ACS toolkits



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