**Standard 5.8 Lung NODES Quality Improvement Project**

**Year 1 Project At A Glance**

Standard 5.8 Lung Nodal, Operative, Dissection, Evaluation, and Staging (NODES) National Quality Improvement Project is a 2-year long (1+1) national quality improvement (QI) project sponsored by ACS Cancer Programs beginning February 2024. The project seeks to aid and assist programs in identifying areas for improvement in compliance for Standard 5.8, which is intended to improve the quality of care and outcomes for patients with lung cancer.

**The goal of this project is to:**

* 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 successful and sustainable solutions
* Support participating programs to achieve > 80% overall adherence and/or improve adherence to Standard 5.8 by an absolute value of >20%

**Year 1** will focus on data collection and considering root causes. Programs will be assigned a smaller group in which they collaboratively discuss challenges and successes when addressing 5.8. Programs that have been successful with 5.8 will share their strategies and best practices and act as coaches for other programs.

**Year 2** will focus on iterative implementation to mitigate root causes of non-compliance and focus on sustainability of efforts.

You may participate in either or both years and participation in year 1 is not contingent upon participation in year 2. **The remainder of this document outlines the activities and requirements for year 1 only.**

# Why is this important?

Growing evidence suggests that adherence to specific operative techniques leads to longer survival, better surgical outcomes, and improved quality of life. Standards for invasive nodal staging in lung cancer surgery are important because: o Accurate pathologic staging (1) depends upon surgeons performing adequate N1 & N2 lymph node harvesting and (2) more precisely determines prognosis and guides further treatment. Malignant lymph node involvement is detected more reliably with systematic node harvesting as opposed to selective (limited) node harvesting. Although data suggests that gathering MORE lymph nodes leads to more accurate staging and even increased survival, relying upon a simple number count is fraught with inconsistencies and has remained a controversial means of quality measurement in the thoracic oncology community. Clearly defined “minimum thresholds” for meeting what expert consensus considers to be quality invasive lymph node staging allows for more meaningful measurement of care delivery. Optimizing documentation and standards of node gathering processes improves concordance of reporting between surgeons, pathologists, and registrars which ultimately leads to higher quality research that will serve as the evidence base for even higher quality future standards

# Who should participate?

Programs interested in improving systems and workflows and want to implement innovative solutions in addressing standard 5.8 or have success in overcoming barriers to standard 5.8 and would like to share best practices may be interested in participating.

We strongly recommend you form a core QI team that fulfills the following roles:

Physician champion: serves as a conduit between leadership and frontline staff

Clinician project leader: supports the day to day activities of the QI project

Surgeon: grounds the team in the day-to-day processes of the surgical team

Pathologist: grounds the team in the day-to-day processes of the pathology team

Certified Oncology Data Specialist/Data analyst/data support: a dedicated person to collect, analyze, and submit data

Operating room staff member: supports the day-to-day processes of the operating room team

\*Note: one person may serve in more than one role, but a minimum of 3 people on the core QI team is required.

# What will you do?

Step 1: Present project to cancer committee. Receive signature of support from Cancer Liaison Physician (template available on project [webpage](https://www.facs.org/quality-programs/cancer-programs/cancer-qi-programs/standard-58-lung-nodes/#:~:text=Standard%205.8%20Lung%20NODES%20National%20Quality%20Improvement%20Project&text=Standard%205.8%20Lung%20Nodal%2C%20Operative,Cancer%20Programs%20beginning%20February%202024)). Form a core QI team and discuss participation with cancer committee.

Step 2: For baseline data, review all cases beginning in December 2023 and working backwards (November, October, September…) until 20 lung resections are identified. Tools and tracking sheets will be provided to support data collection.

Step 3: Assess current strategies and systems for sampling and reporting. Through a root cause analysis, identify barriers and consider building new or enhancing existing follow up systems. Resources for completing a root cause analysis will be given to all programs.

Step 4: Join small group calls to share innovations, challenges, and learn from peers.

Step 5: Annotate where/when interventions were implemented and how that impacted your program’s compliance

Step 6: Meaningfully participate and engage in the QI project. Over the course of the yearlong QI project, you will be submitting data (see below) and it is strongly recommended you participate in webinars and small group calls, as needed.

# What data will be collected?

Pre/post survey:

* Collected via REDCap due April 5th and December 10th.

Measures: Collected Quarterly (Baseline, June, September, and December)

Include:

This standard applies to all primary pulmonary resections performed with curative intent for non-small cell lung cancer (NSCLC), small cell lung cancer (SCLC), or carcinoid tumors of the lung. This standard applies to all operative approaches.

* Pulmonary resections for primary lung malignancy include lymph nodes from at least one (named and/or numbered) hilar station and at least three distinct (named and/or numbered) mediastinal stations.
* Pathology reports for curative pulmonary resection document the nodal stations examined by the pathologist documented in synoptic format.

Exclude:

* Patients undergoing lung resections for non-cancer diagnoses
* Patients undergoing lung resection without curative intent (e.g., biopsy)
* Patients undergoing lung resection for metastatic cancer to the lung

Guidelines for identifying eligible cases can be found [here](https://www.facs.org/media/w0rfy13q/guidelines-for-registrars-to-identify-eligible-cases-for-standard-58_updated-2023.pdf).

**Note: No patient identifying information will be collected.**

**Note: Please view the FAQ on the project website for questions related to inclusion and exclusion.**

# What is the benefit of participating?

Access to asynchronous learning materials, toolkits, didactic webinars, and one on one coaching and technical assistance, as needed.

Quarterly data submissions to aggregate and benchmark program progress against aggregate project benchmark

Collaborate and network with peer programs and national leaders

Earn credit for CoC standards 7.3 and 5.8

Opportunity to showcase innovations and learnings at future ACS conferences

# What is the time commitment?

Your team will submit baseline data and 3 rounds of data [metrics]. A pre/post survey, collected via an online survey tool, will also be collected in April of 2024 and December of 2024.

Didactic webinars and smaller cohort calls will be offered. One person from each team is strongly encouraged to be in attendance on each call, unless clinical care interferes.

We estimate approximately 12-14 hours of time dedicated to data entry and webinar/cohort call participation over the course of one year. This is dependent on eligible cases available for reviews and this does not include time spent on team meetings or huddles to discuss data and iterative tests of change cycles.

# Documentation Questions

**What documentation do we need to keep for our Pre-Review Questionnaire (PRQ)?**

You will download a final attestation form via REDCap at the end of the project. This will need to be uploaded to demonstrate your compliance in your Pre-Review Questionnaire (PRQ) during the year of your next site visit.

It is recommended that you also keep any additional documentation related to your selected intervention(s) and data tracking methods such as run charts or PDSA worksheets.  Additionally, discussion must be included in the minutes from your Cancer Committee or Breast Program Leadership Committee (BPLC) meetings.

While not required, it is encouraged that you complete the 7.3 QI template.

# Timeline and Important date



Optional and as needed “office hours” will be offered