5.8 Lung NODES Year End Reflection Survey

Record ID	_____
Name	_____
Institution	_____
Role	◯ Oncology data specialist ◯ Cancer liaison physician ◯ Cancer QI lead - clinical (*physician, nurse) ◯ Cancer QI lead - non-clinical (*practice manager, administrator) ◯ Other (please describe)
Other Role: (describe)	_____

Program Compliance Rate

What was your program's rate of compliance to meeting ACS CoC Operative Standard 5.8 from AY2024?	◯ < 60% ◯ 60-79% ◯ ≥80%
Tell us how your program has used the Lung NODES 5.8 Quality Improvement Project to impact structural measures (eg: organizational change, facility-level change) at your site.	_____
Tell us how your program has used the Lung NODES 5.8 Quality Improvement Project to impact process measures (eg: surgical or pathology workflows) at your site.	_____
Tell us how your program has used the Lung NODES 5.8 Quality Improvement Project to impact outcome measures (eg: rates of compliance to the ACS CoC Operative Standard 5.8) at your site.	_____

Tell us if these have improved or limited adherence to implementing the ACS CoC Operative Standard 5.8 at your site

	1 = Disagree: This means the item is a potential barrier	2 = Neutral	3 = Agree: This means the item is a potential facilitator
Surgeon buy-in to guideline value	◯	◯	◯
Wedge resection cases	◯	◯	◯

Anatomic resection cases (eg: segmentectomy, lobectomy, extended lobectomy, pneumonectomy)	◯	◯	◯
Robotic operative approach used	◯	◯	◯
Video-assisted thoracoscopic (VATS) approach used	◯	◯	◯
Open approach used	◯	◯	◯
Patient medical co-morbidities	◯	◯	◯
Patient preoperative staging that included endobronchial ultrasound (EBUS)	◯	◯	◯
Communication between surgeon and operating room team (eg: scrub nurse, circulating nurse) about lymph node specimens	◯	◯	◯
Proper labelling of lymph node specimens	◯	◯	◯
Standardized pathology reporting in synoptic format	◯	◯	◯

Effect on implementation

Please tell us what strategies your sites has used to improve adherence to the ACS CoC Operative Standard 5.8

- ☐ Use of pre-labelled specimen containers
- ☐ Use of sheets in operating room showing thoracic lymph node stations
- ☐ Education of surgeons
- ☐ Education of operating room nurse staff
- ☐ Education of pathology staff
- ☐ Regular audit of data between surgeons, pathologists, and/or cancer committee
- ☐ Creation or enhancement of workflows in electronic health record (EHR)
- ☐ Other (please add for each additional strategy)

Of the strategies checked above, which one (s) were most effective?

_____

CFIR Survey Items

Program Characteristics - Relative Advantage

Surgeons here see the advantage of implementing the ACS CoC Operative Standard 5.8 versus an alternative standard

- ◯ Yes
- ◯ No

Pathologists here see the advantage of implementing the ACS CoC Operative Standard 5.8 versus an alternative standard

- ◯ Yes
- ◯ No

Cancer program members here see the advantage of implementing the ACS CoC Operative Standard 5.8 versus an alternative standard

- ◯ Yes
- ◯ No

Leadership here see the advantage of implementing the ACS CoC Operative Standard 5.8 versus an alternative standard	◯ Yes ◯ No

Outer Setting - Patient Needs and Resources

Surgeons here regularly seek to understand the needs of patients and make changes to better meet those needs	◯ Yes ◯ No
Pathologists here regularly seek to understand the needs of patients and make changes to better meet those needs	◯ Yes ◯ No
Cancer program managers here regularly seek to understand the needs of patients and make changes to better meet those needs	◯ Yes ◯ No
Leadership here regularly seek to understand the needs of patients and make changes to better meet those needs	◯ Yes ◯ No

Inner Setting - Structural Characteristics

The structures and policies in place here enable surgeons to meet ACS CoC Operative Standard 5.8	◯ Yes ◯ No
The structures and policies in place here enable pathologists to meet ACS CoC Operative Standard 5.8	◯ Yes ◯ No
The structures and policies in place here enable cancer program members to meet ACS CoC Operative Standard 5.8	◯ Yes ◯ No
The structures and policies in place here enable leadership to meet ACS CoC Operative Standard 5.8	◯ Yes ◯ No

Inner Setting - Networks and Communication

Surgeons have open lines of communication with everyone needed to meet ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Pathologists have open lines of communication with everyone needed to meet ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Cancer program managers have open lines of communication with everyone needed to meet ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Leadership has open lines of communication with everyone needed to meet ACS CoC Operative Standard 5.8	◯ Yes ◯ No

Inner Setting - Tension for Change

Surgeons here see the current situation for lymph node staging and reporting as intolerable and that the ACS CoC Operative Standard 5.8 is needed	◯ Yes ◯ No
Pathologists here see the current situation for lymph node staging and reporting as intolerable and that the ACS CoC Operative Standard 5.8 is needed	◯ Yes ◯ No
Cancer program managers here see the current situation for lymph node staging and reporting as intolerable and that the ACS CoC Operative Standard 5.8 is needed	◯ Yes ◯ No
Leadership here see the current situation for lymph node staging and reporting as intolerable and that the ACS CoC Operative Standard 5.8 is needed	◯ Yes ◯ No

Inner Setting - Compatibility

The ACS CoC Operative Standard 5.8 is compatible with existing clinical processes for surgeons	◯ Yes ◯ No
The ACS CoC Operative Standard 5.8 is compatible with existing clinical processes for pathologists	◯ Yes ◯ No
The ACS CoC Operative Standard 5.8 is compatible with existing clinical processes for cancer program managers	◯ Yes ◯ No
The ACS CoC Operative Standard 5.8 is compatible with existing clinical processes for leadership	◯ Yes ◯ No
The ACS CoC Operative Standard 5.8 is aligned with surgeon values related to lymph node sampling and reporting during lung cancer resection	◯ Yes ◯ No
The ACS CoC Operative Standard 5.8 is aligned with pathologist values related to lymph node sampling and reporting during lung cancer resection	◯ Yes ◯ No
The ACS CoC Operative Standard 5.8 is aligned with cancer program member values related to lymph node sampling and reporting during lung cancer resection	◯ Yes ◯ No
The ACS CoC Operative Standard 5.8 is aligned with leadership values related to lymph node sampling and reporting during lung cancer resection	◯ Yes ◯ No

Inner Setting - Goals and Feedback

The ACS CoC Operative Standard 5.8 is aligned with surgeons' goals	◯ Yes ◯ No
The ACS CoC Operative Standard 5.8 is aligned with pathologists' goals	◯ Yes ◯ No
The ACS CoC Operative Standard 5.8 is aligned with cancer program manager goals	◯ Yes ◯ No
The ACS CoC Operative Standard 5.8 is aligned with leadership goals	◯ Yes ◯ No

Inner Setting - Leadership Engagement

Higher level surgeons are committed, involved, and accountable for the ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Higher level pathologists are committed, involved, and accountable for the ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Higher level cancer program members are committed, involved, and accountable for the ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Higher level leadership is committed, involved, and accountable for the ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Surgeon leaders I work with most closely are committed, involved, and accountable for the ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Pathologist leaders I work with most closely are committed, involved, and accountable for the ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Cancer program members I work with most closely are committed, involved, and accountable for the ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Leadership I work with most closely are committed, involved, and accountable for the ACS CoC Operative Standard 5.8	◯ Yes ◯ No

Inner Setting - Available Resources

Surgeons have sufficient time dedicated to meet the ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Pathologists have sufficient time dedicated to meet the ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Cancer program members have sufficient time dedicated to meet the ACS CoC Operative Standard 5.8	◯ Yes ◯ No

Leadership has sufficient time dedicated to meet the ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Surgeons have sufficient space to accommodate the ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Pathologists have sufficient space to accommodate the ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Cancer program members have sufficient space to accommodate the ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Leadership has sufficient space to accommodate the ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Surgeons have other needed resources to meet the ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Pathologists have other needed resources to meet the ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Cancer program members have other needed resources to meet the ACS CoC Operative Standard 5.8	◯ Yes ◯ No
Leadership has other needed resources to meet the ACS CoC Operative Standard 5.8	◯ Yes ◯ No

Process - Reflecting and Evaluating

Surgeons have access to data to help track changes in outcomes	◯ Yes ◯ No
Pathologists have access to data to help track changes in outcomes	◯ Yes ◯ No
Cancer program members have access to data to help track changes in outcomes	◯ Yes ◯ No
Leadership has access to data to help track changes in outcomes	◯ Yes ◯ No

Final Thoughts

Have your expectations been met by participating in the Lung NODES Quality Improvement Project?	◯ Yes ◯ No
No, Please explain/advise	_____
Please provide feedback on how our team can improve.	_____

What does your program hope to accomplish with the ACS CoC Operative Standard 5.8 this upcoming year?

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