

ACS Cancer Conference 2024
 February 22-24, 2024 | Austin, TX

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Best Practices for Self Audits

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Disclosures
 Faculty Lead for the 5.8 Quality Improvement Project

PLEASE SIGN UP!

CANCER PROGRAMS

Standard 5.8 Lung NODES National Quality Improvement Project



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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
 - Surgeons
 - Medical 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



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Take action



Interventions may be necessary to improve compliance

- 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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Summary

Operation	Pathology Documentation	When?
<p>For any primary pulmonary resection performed with curative intent (including non-anastomotic bronchovascular-sparing resections)</p> <p>Resect nodal stations from:</p>  <p>Mediastinum (Stations 2-9) ≥ 3 distinct stations</p> <p>Hilum (Stations 10-14) ≥ 1 station</p>	<p>Synoptic report documents lymph nodes from:</p>  <p>≥ 1 hilar station ≥ 3 mediastinal stations</p> <p>with names and/or numbers of stations</p>	<p>2021: Implementation</p> <p>2022 site visits: 70% Compliance</p>

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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!


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- Standard 5.8 was most problematic!
 - Embarrassing to be flagged
 - Opportunity provide better care
 - Contribute to scientific community



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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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Understand barriers to adherence



- Developed a **process map** to describe staging
 - Understand current practice
- **Categorize common failure** points and their importance
 - Guide development of interventions

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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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Thank you!

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