



Quality Improvement Toolkit : Lung Cancer Care

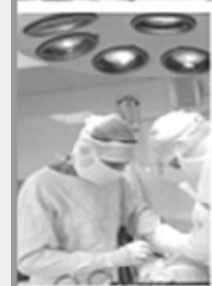
January 6, 2011



QUALITY IMPROVEMENT TOOLKIT Series



in-no-VA-tion
—noun
change in thinking, processes, products, or organization



Tools you can use to improve performance on VA quality metrics



Logistics

- **Questions during the LiveMeeting?**
 - Questions will be answered at the end of the session
 - Send questions via LiveMeeting or to cyberseminar@va.gov



Agenda

- Welcome
- Recap: OQP Special Study on the Quality of VA Lung Cancer Care
- Overview to the Quality Improvement Toolkit project
- Lung Cancer Care Toolkit Website Tour
- Quality Improvement/Tool case studies:
 - Lung nodule reminder dialog template
 - Multi-disciplinary tumor board
- Q&A



Presenters

- **Dede Ordin, MD, MPH**, Director, Special Studies, VA Office of Quality and Performance
- **Jennifer Malin, MD, PhD** - Division of Hematology Oncology, VA Greater Los Angeles Healthcare System
- **Steven Asch, MD, MPH**, Associate Chief of Staff, HSR&D, VA Greater Los Angeles Healthcare System
- **Dexter T. Estrada, MD**, Chief, Hematology and Medical Oncology, VA Central California Health Care System
- **Mark Fuster, MD**, Pulmonary & Critical Care Service, VA San Diego Healthcare System
- **Philippe Montgrain, MD**, Pulmonary & Critical Care Service, VA San Diego Healthcare System



Welcome

Dede Ordin, MD, MPH
Director, Special Studies
VA Office of Quality and Performance



Recap: OQP Special Study

Jennifer Malin, MD, PhD
Division of Hematology Oncology
VA Greater Los Angeles Healthcare System



OQP Special Study of Lung Cancer Care

- **Purpose: quality improvement**
- **25 evidence and/or guideline-based quality indicators and timeliness measures validated by VA expert panels**
 - address continuum of lung cancer care: diagnosis, treatment, supportive care, end of life care
- **Lung cancer cases newly diagnosed in 2007 identified from VA Central Cancer Registry (VACCR)**
- **Data abstraction by WVMI using EPRP process**
- **Analysis by WVMI (algorithms validated by GLA VA team)**

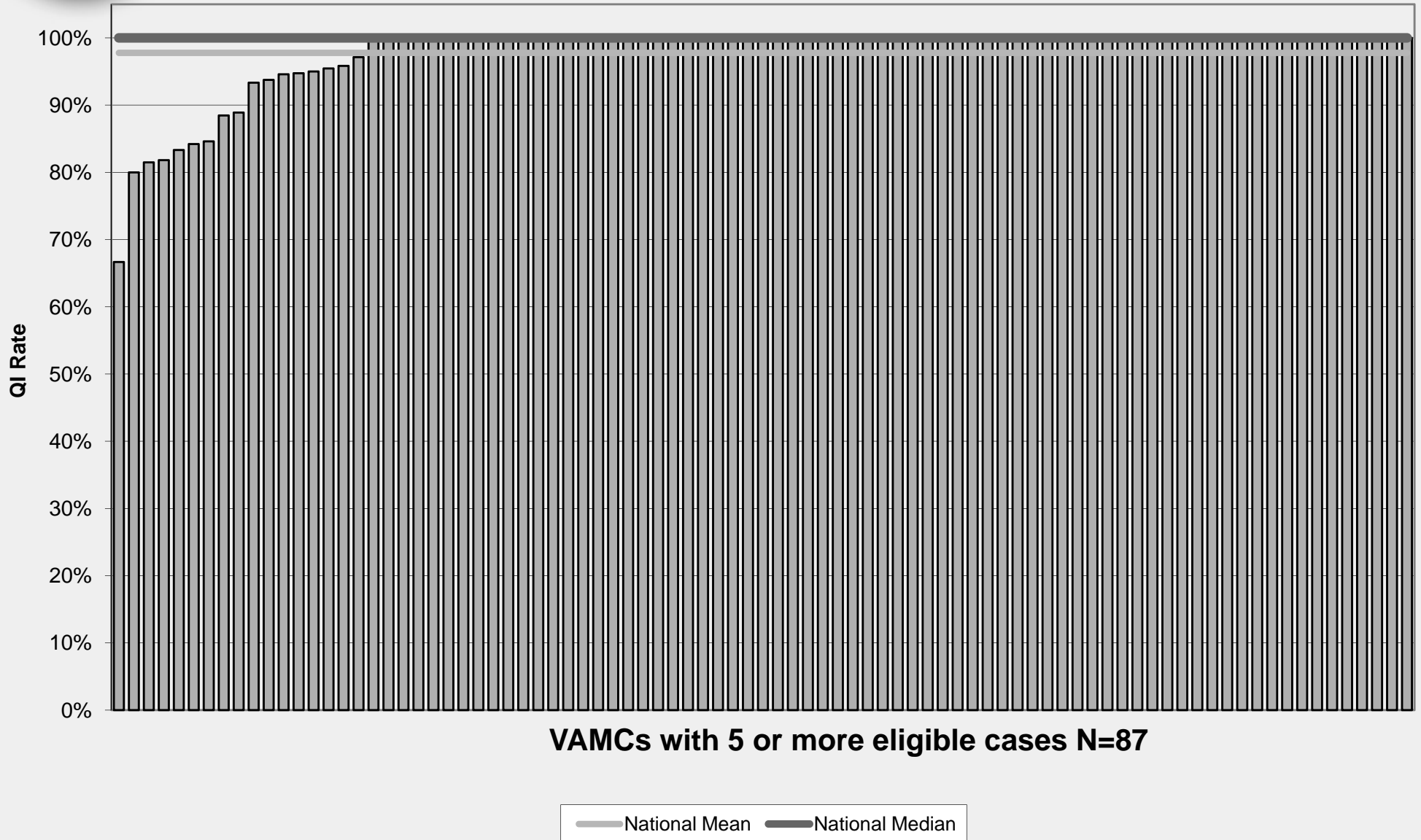


Treatment

Quality Indicators	Number Cases	# Cases Per VAMC (Range)	National Rates
DTM5: Resection for stage I or II NSCLC	1575	0 – 48	99%
DTM6: No adjuvant chemotherapy for stage IA NSCLC	435	0 – 16	99%
DTM7: No radiation therapy for resected stage I or II NSCLC	973	0 – 35	100%
DTM8: Adjuvant chemotherapy for resected stage II or IIIA NSCLC	279	0 – 14	80%
DTM9: Combined chemotherapy-radiation therapy for stage III NSCLC	922	0 – 34	88%
DTM10: Platinum-based doublet chemotherapy for stage IV NSCLC	891	0 – 23	96%
DTM11: Platinum-based doublet chemotherapy for SCLC	444	0 – 19	97%

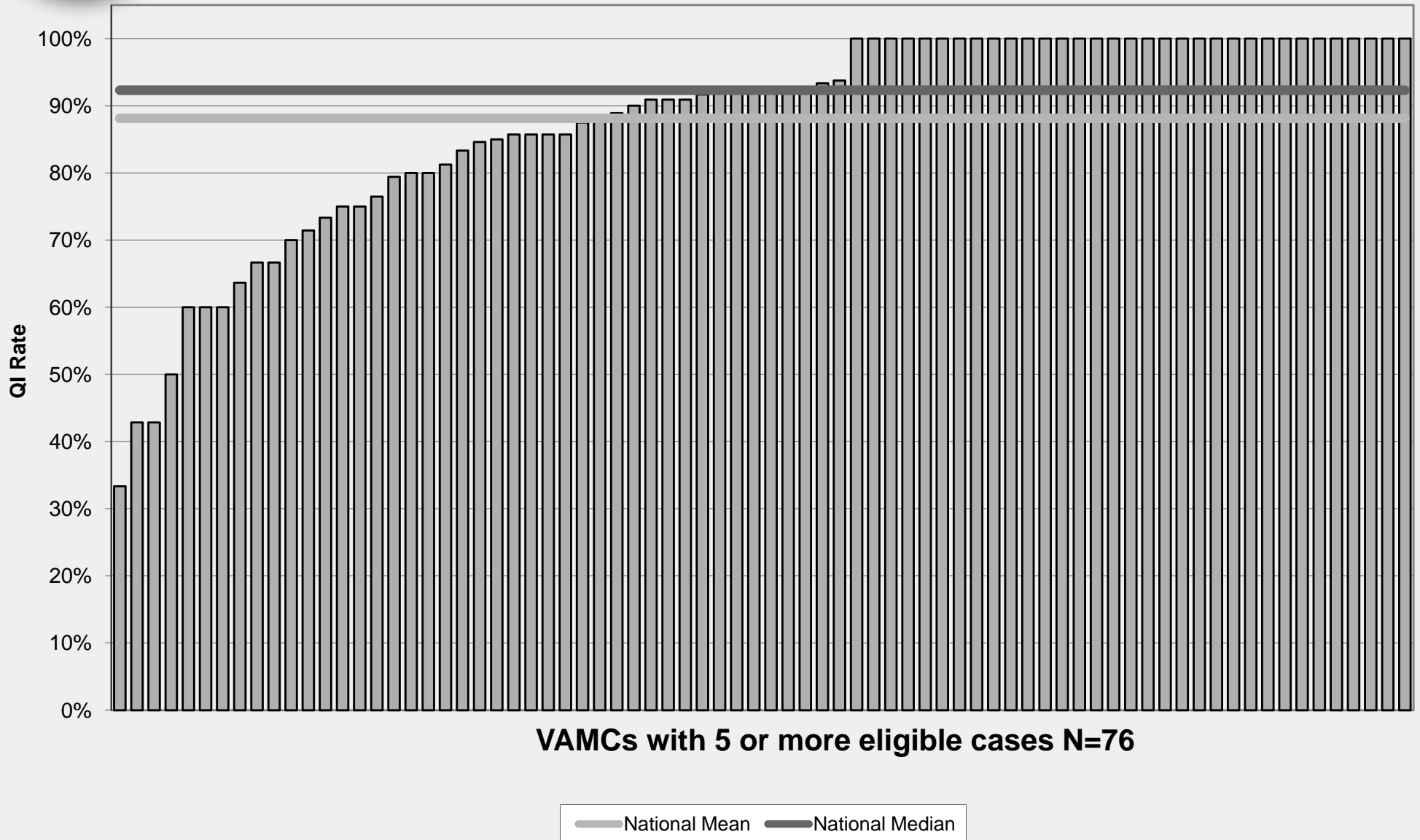


DTM5 – Resection for Stages I and II NSCLC





DTM9 – Combined chemotherapy-radiation therapy for stage III NSCLC



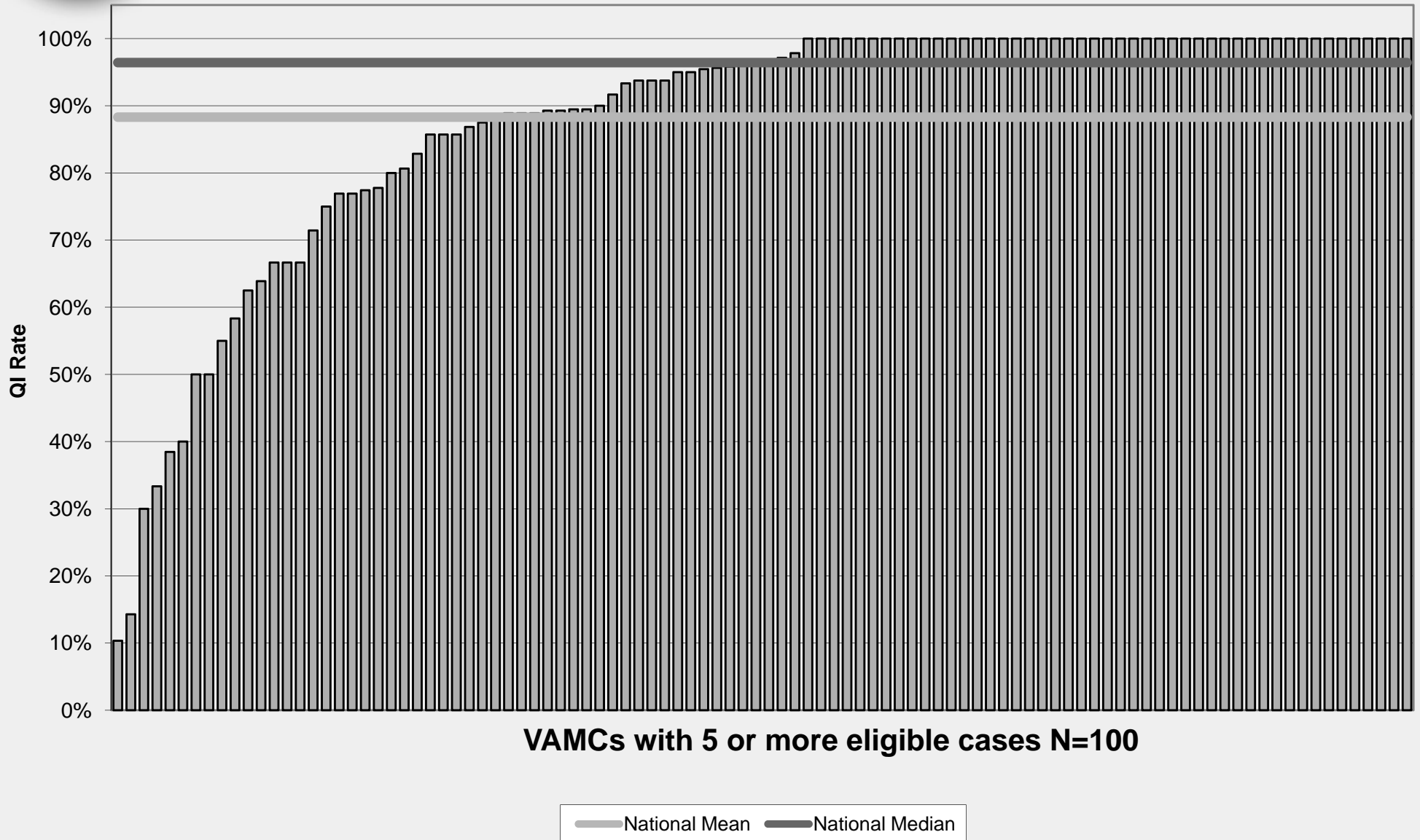


Supportive Care

Quality Indicators	Number Cases	# Cases Per VAMC (Range)	National Rates
DTM13: Prevention of chemotherapy-related nausea/vomiting	2029	0 – 58	88%
DTM14: Outpatient screening for pain in advanced cancer	1707 9485 visits	0 – 586 visits	70% of visits
DTM15: Reassessment after change in opioid treatment in advanced cancer	113	0 – 9	92%
DTM16: Short-acting opioids for breakthrough pain in advanced cancer	113	0 – 9	92%
DTM17: Radiation therapy for brain mets	372	0– 14	89%
DTM18: Steroids for suspected spinal cord compression	34	0 – 3	74%
DTM19: Spine MRI or myelography for suspected spinal cord compression	50	0 – 4	60%
DTM20: Treatment for confirmed spinal cord compression	20	0 – 2	90%

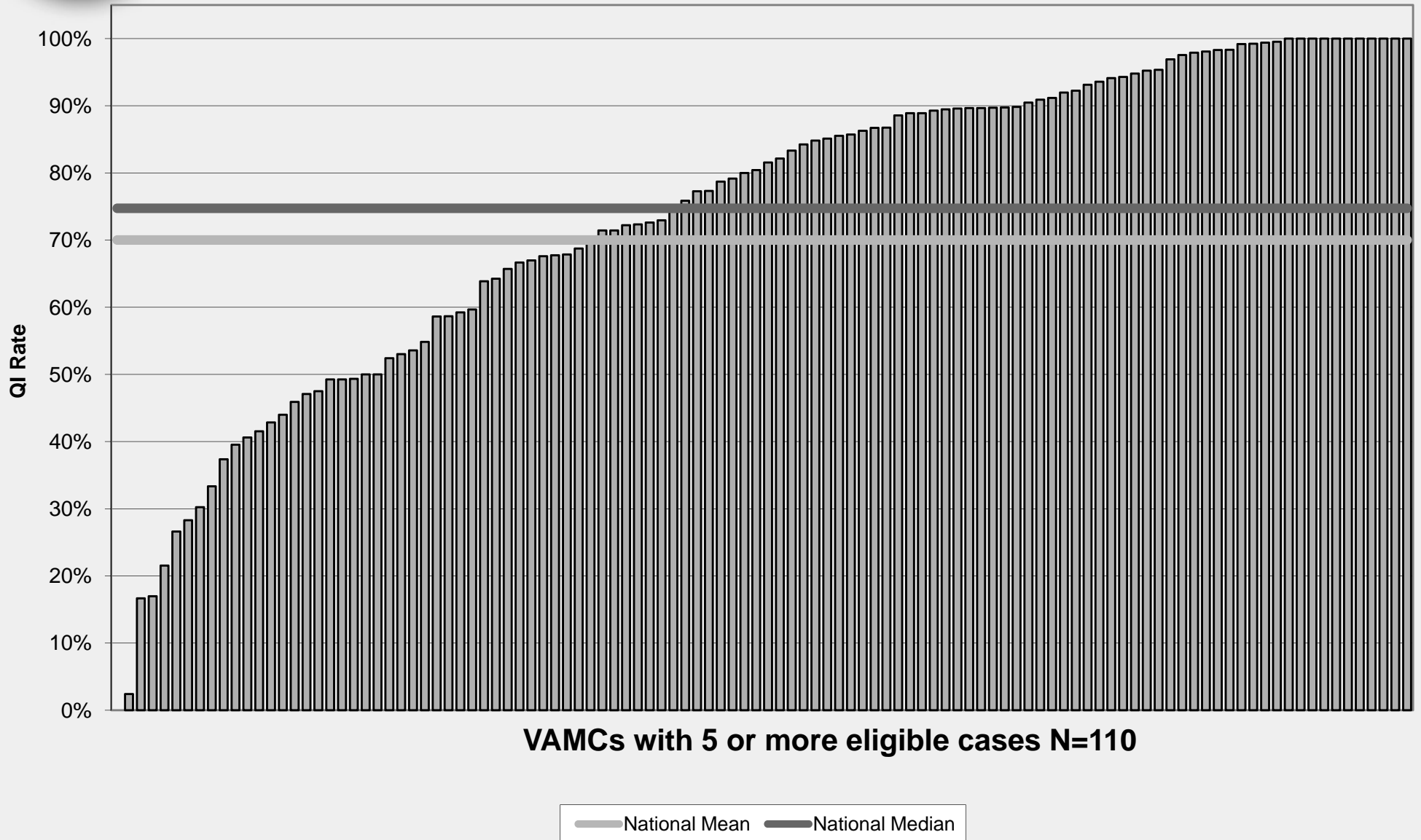


DTM13 – Prevention of chemotherapy-related nausea/vomiting





DTM14 – Outpatient screening for pain for patients with advanced cancer



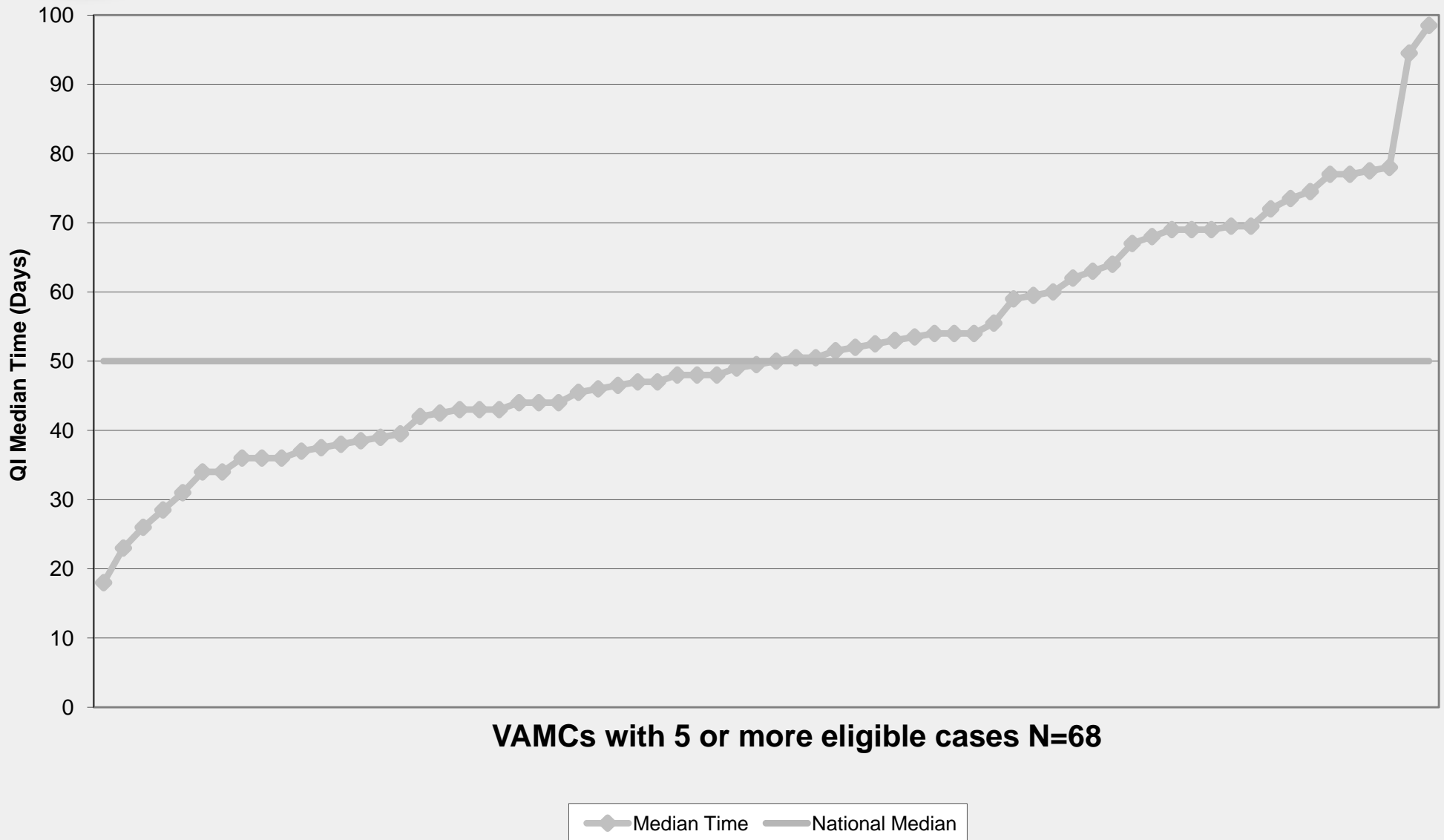


Timeliness Measures

	Number Cases	Median	Interquartile Range
Time from suspicion to diagnosis	4048	32 days	11-75 days
• Solitary nodule or mass <10 mm	523	47 days	17-133 days
• Solitary nodule or mass 10 to 30 mm	1356	48 days	21-100 days
• Solitary nodule or mass >30 mm	1682	25 days	8-57 days
Time from diagnosis to initial treatment	3649	35 days	19-48 days
• Initial treatment: surgical resection	877	50 days	31-77 days
• Time from diagnosis to PET scan*	243	17 days	8-28 days
• Time from diagnosis to consult with thoracic surgeon*	852	27 days	13-54 days



Time from diagnosis to first treatment: surgical resection





Summary

- Overall performance encouraging
- Substantial variation across facilities on virtually all measures → considerable opportunity for improvement
- More information available on OQP website, **Special Studies section**
<http://vaww.oqp.med.va.gov/programs/qi/qualityImprov.aspx>



Overview of the Toolkit project

Steven Asch, MD, MPH
Associate Chief of Staff, HSR&D
VA Greater Los Angeles Healthcare System



Imagine a school where performance was graded, but little else was provided to guide performance improvement...

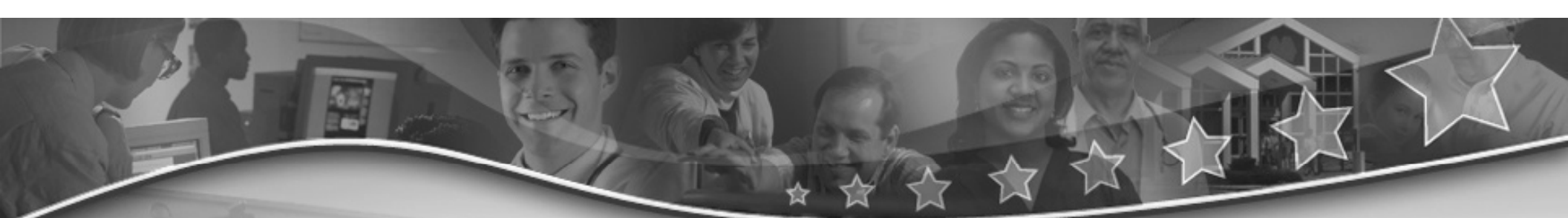


Without the proper tools, performance improvement cannot be evaluated, measured, or improved upon.



Lung Cancer Care Toolkit to the rescue!

- **Lung Cancer Care Toolkit website was launched November 2010.**
- **Toolkit has been designed to help create a feasible QI plan by recommending specific tools as linked to specific indicators.**



Lung Cancer Care Toolkit Website Tour

Joya Golden

QUALITY IMPROVEMENT TOOLKIT Series



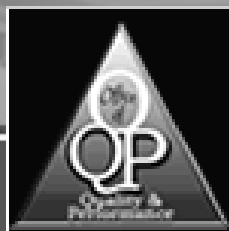
in-no-VA-tion

—noun

change in thinking, processes, products, or organization



Tools you can use to improve performance on VA quality metrics





Lung Cancer Toolkit Tour

- User's Guide to Quality Improvement



Lung Cancer Toolkit Tour

- User's Guide to Quality Improvement
- How to find tools for possible adoption



Lung Cancer Toolkit Tour

- User's Guide to Quality Improvement
- How to find tools for possible adoption
- How to share your experiences and innovations with other Toolkit users



Toolkit Series Homepage



QUALITY IMPROVEMENT TOOLKIT SERIES

This uniquely interactive site is designed to help your facility improve its performance measures and quality improvement efforts across a variety of high-priority care conditions. It features different Toolkits - each targeting a different clinical condition - that offer ready-to-use, concrete innovations you can implement in your department or facility that may help you improve facility performance on a different quality indicator.

WHERE SHOULD YOU BEGIN?

New visitors should start by reviewing the [TOOLKIT USERS GUIDE](#) to Quality Improvement. It explains how you can use the [TAMMCS](#) framework to improve quality of care in your own department or facility. Then take a look at the Toolkits themselves. Each Toolkit covers a different clinical condition, giving helpful overviews of the continuum of care, as well as a broad collection of specific clinical innovations and ideas you can use to improve your performance on specific quality indicators and performance measures. Return visitors, and users familiar with quality improvement processes, will probably be more interested in the toolkits themselves.

This site is a work-in-progress! Toolkits for additional conditions will be added in the coming months.

[ABOUT THE QUALITY IMPROVEMENT TOOLKIT SERIES](#)

[TOOLKIT FAQ's](#)



Toolkit Series Homepage

ABOUT THE QUALITY IMPROVEMENT TOOLKIT SERIES

TOOLKIT FAQ's

USERS GUIDE

This guide is a brief, helpful tutorial for Toolkit users who are new to conducting a QI project (team building, setting aims, measuring impact, etc.) using TAMMCS, with examples from each Toolkit topic.

TOOLKIT USERS GUIDE

TOOLKITS

LUNG CANCER

COLORECTAL CANCER - *COMING SOON!*

PROSTATE CANCER - *COMING SOON!*

MORE TO COME!

THIS IS YOUR WEBSITE!

As a virtual community of practice, we encourage your visitation, interaction and collaboration. Please bookmark and contribute to the tools offered, and share your thoughts and questions in our DISCUSSION FORUM.

QUESTIONS?

For questions about this or any other toolkit, CLICK HERE.



Homepage (cont.)

ABOUT THE QUALITY IMPROVEMENT TOOLKIT SERIES

TOOLKIT FAQ's

USERS GUIDE

This guide is a brief, helpful tutorial for Toolkit users who are new to conducting a QI project (team building, setting goals, measuring impact, etc.) using TAMMCS, with examples from...

TOOLKIT USERS GUIDE

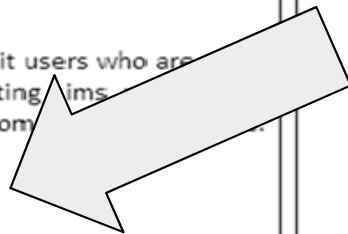
TOOLKITS

LUNG CANCER

COLORECTAL CANCER - *COMING SOON!*

PROSTATE CANCER - *COMING SOON!*

MORE TO COME!



THIS IS YOUR WEBSITE!

As a virtual community of practice, we encourage your visitation, interaction and collaboration. Please bookmark and contribute to the tools offered, and share your thoughts and questions in our **DISCUSSION FORUM.**

QUESTIONS?

For questions about this or any other toolkit, **CLICK HERE.**



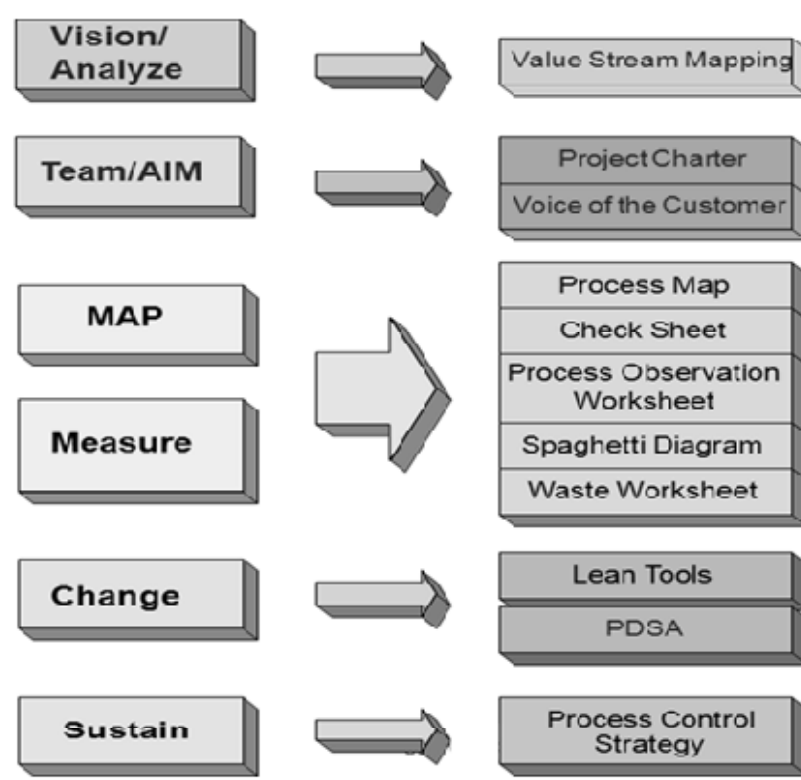
User's Guide to Quality Improvement

What is VA-TAMMCS?

VA-TAMMCS is the Systems Redesign organizational framework developed by the VA Office of Systems Redesign to improve the care provided to US veterans at VA facilities nationwide. VA-TAMMCS is easy to understand and put into practice. The QI Toolkit Series was developed to share VA-TAMMCS with you, so that your team can design and implement projects that will improve the quality of the care you provide. Once an area for improvement has been identified and leadership support has been established, your team can use the VA-TAMMCS framework for any quality improvement initiative, whether long-term or short-term, large-scale or small-scale. While no framework for improvement is perfect, we do know that adopting and using a consistent framework to organize the improvement process will clarify and facilitate the team's work.

Click on items in the diagram below for further explanation:

Systems Redesign TAMMCS Framework



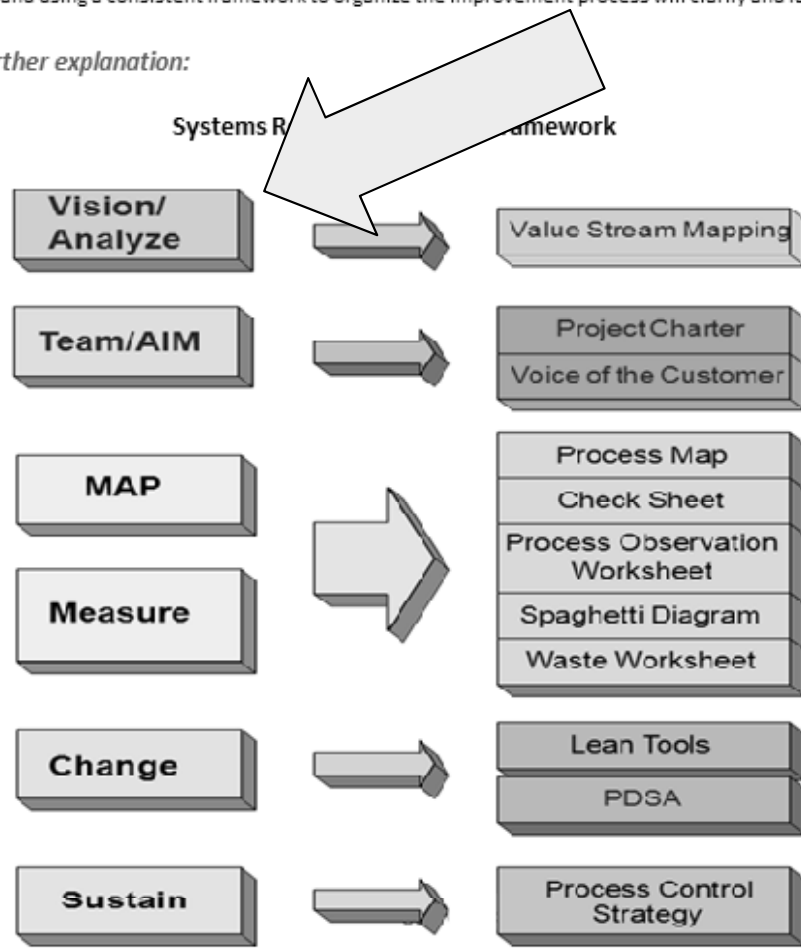


User's Guide to Quality Improvement

What is VA-TAMMCS?

VA-TAMMCS is the Systems Redesign organizational framework developed by the VA Office of Systems Redesign to improve the care provided to US veterans at VA facilities nationwide. VA-TAMMCS is easy to understand and put into practice. The QI Toolkit Series was developed to share VA-TAMMCS with you, so that your team can design and implement projects that will improve the quality of the care you provide. Once an area for improvement has been identified and leadership support has been established, your team can use the VA-TAMMCS framework for any quality improvement initiative, whether long-term or short-term, large-scale or small-scale. While no framework for improvement is perfect, we do know that adopting and using a consistent framework to organize the improvement process will clarify and facilitate the team's work.

Click on items in the diagram below for further explanation:





User's Guide to Quality Improvement

STEP #1: VISION/ANALYZE

The "Vision-Analyze" steps involve mapping how your processes are currently working at a very high ("50,000-foot") level. Continuum of care mapping and the more detailed value stream mapping are done to draw a picture of how care is delivered. You and your staff know what is *supposed* to happen, step by step, from the time a patient receives a certain diagnosis through treatment and support. The "Vision-Analyze" steps show you what *actually* happens.

In VA-TAMMCS steps 3-4 (Map & Measure), you'll go even deeper into individual processes and sub-processes. For now, focus on the big picture!

Continuum of Care Mapping

Understanding the continuum of care is critical to determining what changes are needed to improve care. The medical evaluations that are required to diagnose a disease, its particular characteristics in a given patient as well as the assessment of a patient's overall medical condition are complex. There are many necessary steps that encompass the continuum of care leading to the determination of appropriate treatment.

In order to analyze how well your facility is performing in meeting a quality indicator for a particular condition, you should consider not only the specific element of that indicator but also determine if the processes of care up to that point have been performed in an optimal manner. This assessment includes identifying barriers to reaching a stated goal, which may be categorized as organizational, structural, process, knowledge, etc. During the analysis, opportunities for improving a quality goal may become evident in the form of streamlining processes, assigning responsibility for certain functions, facilitating tasks, and increasing the knowledge base.

Continuum of care mapping is one of the most important Lean and Systems Redesign tools and strategies described in this toolkit that can help you focus your efforts. Other Lean tools can then be used with the continuum of care map to identify operational barriers and sources of variation.

Continuum of care mapping uses a Lean technique called value stream mapping to identify improvement strategies based on the



User's Guide to Quality Improvement

1 **Colorectal Cancer Data Collection Tool**

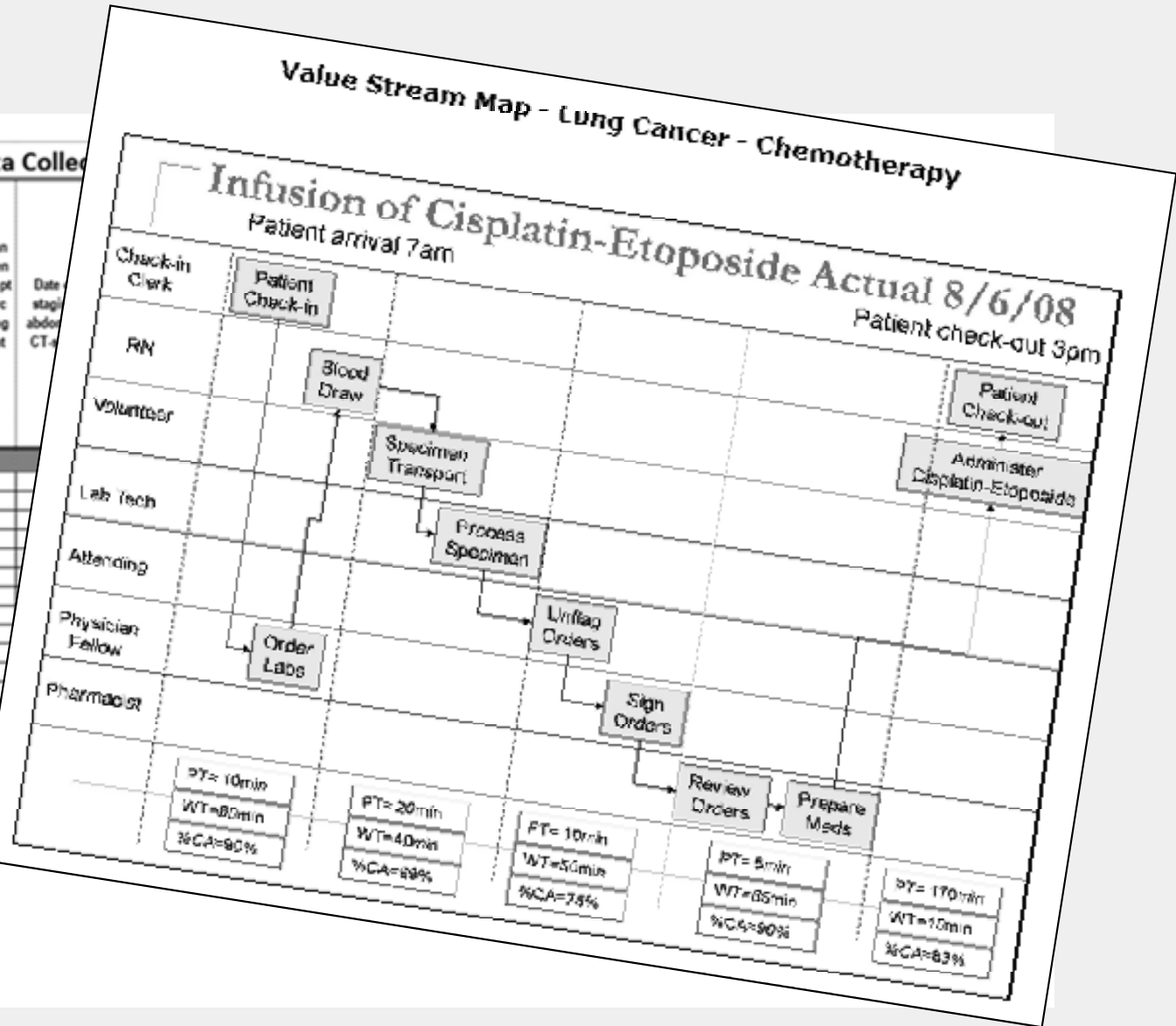
2	Cancer Type 1a Colon 2a Rectal	Date of Diagnosis (when pathology report is signed by a pathologist)	Preop CT scan of the abdomen and pelvis (or pt refusal) for crc pts undergoing curative-intent surgical resection	Date of staging abdomen CT-scan	Preop CEA determination for stage I/II/III crc pts undergoing curative-intent surgical resection	Pts with preop obstructive lesion	Date of surgical resection	12 or more lymph nodes resected for crc pts underwent curative-intent surgical resection	Clear margins for crc pts underwent curative-intent surgical resection	TNM Staging
3	TYPE	Q.1	Q.2	Q.3	Q.4	Q.5	Q.6	Q.7	Q.8	Q.9
6	1	1/7/08	N/A	8/12/09	N/A	No	2/13/08	N/A	N/A	Stage I with T2N0M0
7	1	2/27/08	Unknown	7/20/09	No	Yes		No	Yes	Stage I with T2N0M0
8	1	2/6/08	Yes	2/28/08	No	No	3/14/08	Yes	Yes	Stage IIIA:T1-T2N1M0
9	1	2/15/08	Unknown	2/2/09	Yes	No	2/17/08	Unknown	Yes	Stage IIA:T3N0M0
10	1	4/15/08	Pending		Pending	No	4/16/08	N/A	N/A	Stage IIIB:T3-T4N1M0
11	1	3/18/08	N/A		N/A	No		N/A	N/A	Stage I with T2N0M0
12	1	2/28/08	Unknown		Yes	No	7/2/08	Unknown	No	Stage IIIA:T1-T2N1M0
13	1	2/21/08	N/A		N/A	No		N/A	Yes	Stage I with T2N0M0
14	2	3/5/08	N/A		N/A	No	5/20/09	No		Stage IIA:T3N0M0
15	1	3/17/08	N/A		N/A	No		N/A		Stage IIIA:T1-T2N1M0
16	1	3/25/08	N/A		N/A	No		Yes	Yes	Stage documented
17	2	4/24/08			No					
18	1	12/10/08	Yes	12/23/08	Yes	Unknown	2/4/09	N/A	Yes	
19	2	1/9/09	N/A		N/A	No		N/A	N/A	
20	2	12/15/08	No		N/A	No		N/A	N/A	
21	2	11/19/08	No		Yes	No	1/14/09	No	Yes	
22	1	11/3/08			No			N/A	N/A	
23	1	10/21/08	No		Yes	Yes		N/A	N/A	
24	1	8/18/08						N/A	N/A	

The Conditional Formatting is used here. The cell will turn RED when the surgical resection date is before the diagnosis date, otherwise the date will show up.



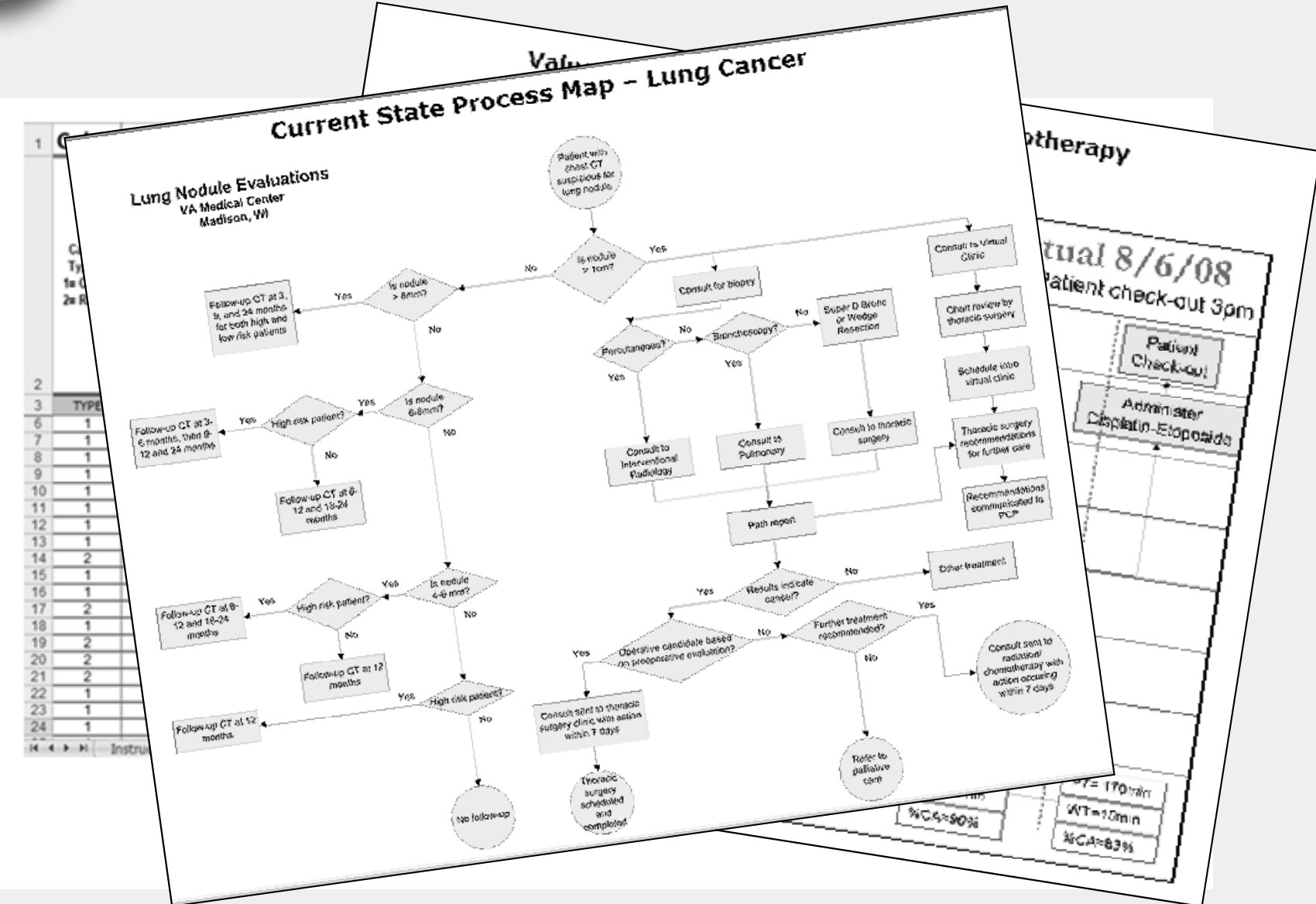
User's Guide to Quality Improvement

1 Colorectal Cancer Data Collection				
	Cancer Type 1a Colon 2a Rectal	Date of Diagnosis (when pathology report is signed by a pathologist)	Preop CT scan of the abdomen and pelvis (or pt refusal) for crc pts undergoing curative-intent surgical resection	Date stage abdom CT scan
2				
3	TYPE	Q.1	Q.2	
6	1	1/7/08	N/A	
7	1	2/27/08	Unknown	
8	1	2/6/08	Yes	
9	1	2/15/08	Unknown	
10	1	4/15/08	Pending	
11	1	3/18/08	N/A	
12	1	2/28/08	Unknown	
13	1	2/21/08	N/A	
14	2	3/5/08	N/A	
15	1	3/17/08	N/A	
16	1	3/25/08	N/A	
17	2	4/24/08	N/A	
18	1	12/10/08	Yes	
19	2	1/9/09	N/A	
20	2	12/15/08	No	
21	2	11/19/08	No	
22	1	11/3/08		
23	1	10/21/08	No	
24	1	8/18/08		





User's Guide to Quality Improvement

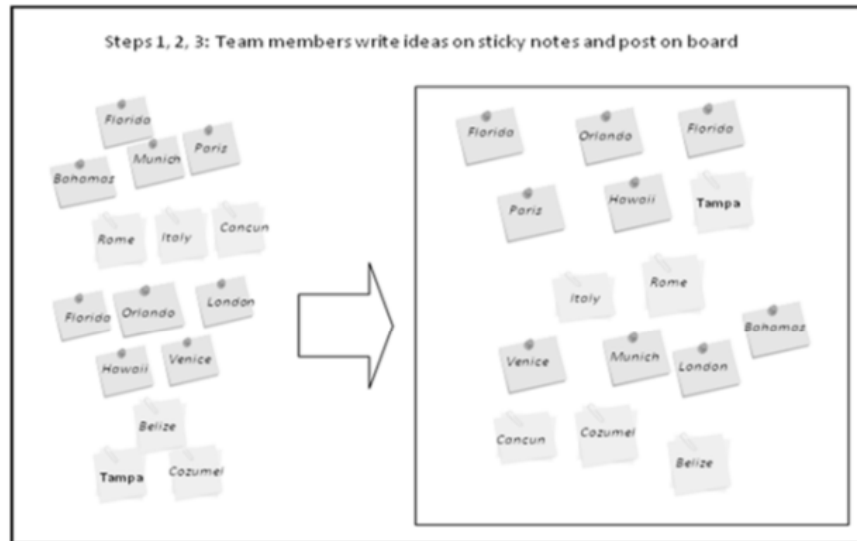




User's Guide to Quality Improvement

Value Stream Map Cancer

Example of Affinity Diagram:



Steps 4, 5: Group and determine categories



Step 6: Determine preferred categories

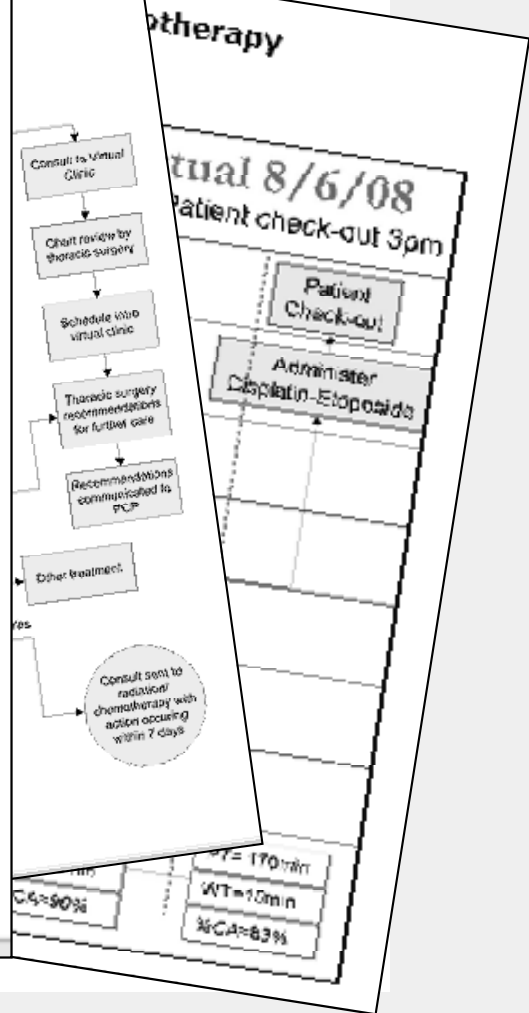


1	C
2	
3	TYPE
6	1
7	1
8	1
9	1
10	1
11	1
12	1
13	1
14	2
15	1
16	1
17	2
18	1
19	2
20	2
21	2
22	1
23	1
24	1

Lung

Follow-up 6 months 12 and 24

Fol





Homepage (cont.)

This site is a work-in-progress! Toolkits for additional conditions will be added in the coming months.

ABOUT THE QUALITY IMPROVEMENT TOOLKIT SERIES

TOOLKIT FAQ's

USERS GUIDE

This guide is a brief, helpful tutorial for Toolkit users who are new to conducting a QI project (team building, setting aims, measuring impact, etc.) using TAMMCS, with examples from each Toolkit topic.

TOOLKIT USERS GUIDE

TOOLKITS

LUNG CANCER

COLORECTAL CANCER - *COMING SOON!*

PROSTATE CANCER - *COMING SOON!*

MORE TO COME!

THIS IS YOUR WEBSITE!

As a virtual community of practice, we encourage your visitation, interaction and collaboration. Please bookmark and contribute to the tools offered, and share your thoughts and questions in our [DISCUSSION FORUM](#).

QUESTIONS?

For questions about this or any other toolkit, [CLICK HERE](#).



Homepage (cont.)

This site is a work-in-progress! Toolkits for additional conditions will be added in the coming months.

ABOUT THE QUALITY IMPROVEMENT TOOLKIT SERIES

TOOLKIT FAQ's

USERS GUIDE

This guide is a brief, helpful tutorial for Toolkit users who are new to conducting a QI project (team building, setting aims, measuring impact, etc.) using TAMMCS, with examples from each Toolkit topic.

TOOLKIT USERS GUIDE

TOOLKIT TOPICS

LUNG CANCER

COLORECTAL CANCER - COMING SOON!

PROSTATE CANCER - COMING SOON!

MORE TO COME!

THIS IS YOUR WEBSITE!

As a virtual community of practice, we encourage your visitation, interaction and collaboration. Please bookmark and contribute to the tools offered, and share your thoughts and questions in our [DISCUSSION FORUM](#).

QUESTIONS?

For questions about this or any other toolkit, [CLICK HERE](#).



Lung Cancer Care Toolkit

Lung Cancer Care



[HOW CAN THE LUNG CANCER QUALITY INDICATORS HELP ME](#)

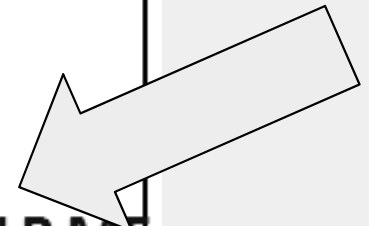
[LUNG CANCER CARE TOOLS LIST](#)

[LUNG CANCER TOOL QUALITY INDICATOR TABLE](#)



Lung Cancer Care Toolkit

Lung Cancer Care



HOW CAN THE LUNG CANCER QUALITY INDICATORS HELP ME

LUNG CANCER CARE TOOLS LIST

LUNG CANCER TOOL QUALITY INDICATOR TABLE



Lung Cancer Care Toolkit (cont.)

WHAT ARE THE LUNG CANCER QUALITY INDICATORS?

The VA Lung Cancer Quality Indicators, a set of 25 process measures, were developed for a special study by the **Office of Quality and Performance (OQP)** to inform quality improvement activities within VA. These indicators (20 focused on initial management and supportive care, and five on end-of-life care) were developed with input from a panel of VA clinical and measurement experts. The indicators in most cases are adapted from existing quality indicators developed by other clinical professional societies and are based on existing evidence-based clinical guideline recommendations. For some measures, quality of care for patients with non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC) is evaluated separately due to the unique biology and care pathways for these tumor types.

In addition, several measures of timeliness of care are included. These differ from the quality indicators in two important ways. First, the timeliness measures are not evidence-based, because data regarding the effect of timely care on patient outcomes is conflicting, as are widely accepted benchmarks for acceptable timeliness of care. Second, the measures will describe timeliness of care, but do not attempt to calculate the proportion of patients meeting a particular criterion for quality care.

The results of each VA facility's performance, as measured against the lung cancer Quality Indicators, will be disseminated to each facility in June 2010. The facilities will be expected to review their performance and formulate quality improvement plans that will address sub-optimal measurements.

HOW CAN THE LUNG CANCER QUALITY IMPROVEMENT TOOLKIT HELP ME?

This toolkit has been designed to help you create a feasible quality improvement plan by recommending specific tools and resources already available that you can adopt in order to better support clinical decision-making and optimize delivery across the continuum of care. The tools (see Part 2) are presented in a format that relates each tool to specific quality indicators.

LUNG CANCER CARE QUALITY INDICATOR TOOL TABLE

However, in order to determine which of the tools might help you to improve your facility's performance on a specific indicator, you will need to understand how care is currently being delivered, what barriers exist to providing optimum care, and where the greatest opportunities for improvement exist. The next section presents a set of tools that you can use to delve into the detailed set of processes that are required to deliver the care specified by a quality indicator.

WHO SHOULD REVIEW THE OQP SPECIAL STUDY PERFORMANCE DATA?

The first step in self-evaluation of lung cancer quality is for a facility to review its performance on the quality indicators reported by OQP. These results can be reviewed by several different groups, each with different but complementary purposes:



Lung Cancer Care Toolkit (cont.)

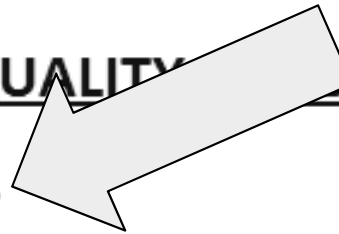
Lung Cancer Care



HOW CAN THE LUNG CANCER QUALITY INDICATORS HELP ME?

LUNG CANCER CARE TOOLS LIST

LUNG CANCER TOOL QUALITY INDICATOR TABLE





Lung Cancer Care Toolkit (cont.)

Lung Cancer Tools



- Tool 1 - CPRS template for documentation of AJCC stage**
- Tool 2 - CPRS link to NCCN NSCLC Clinical Practice Guidelines**
- Tool 3 - Thoracic Surgery Consult**
- Tool 4 - CPRS PET scan fee-based consult template**
- Tool 5 - Multi-disciplinary tumor board**
- Tool 6 - Virtual tumor board**
- Tool 7 - Lung nodule tracking database**
- Tool 8 - Cancer care coordinator**
- Tool 9 - Direct referral from Radiology to Thoracic Clinic**
- Tool 10 - Cooperative arrangements and service agreements**
- Tool 11 - Lung nodule clinic**
- Tool 12 - Organizational process changes**
- Tool 13 - Patient education material for diagnosis and work-up**
- Tool 14 - Lung Cancer Flowchart**
- Tool 15 - Self-assessment tools**



Lung Cancer Care Toolkit (cont.)

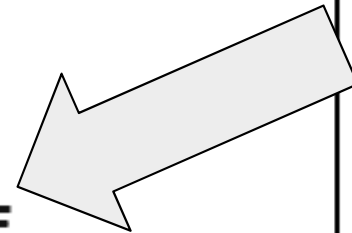
Lung Cancer Care



[HOW CAN THE LUNG CANCER QUALITY INDICATORS HELP ME](#)

[LUNG CANCER CARE TOOLS LIST](#)

[LUNG CANCER TOOL QUALITY INDICATOR TABLE](#)





Lung Cancer Indicator/Tool Table

LUNG CANCER CARE QUALITY INDICATOR TOOL TABLE

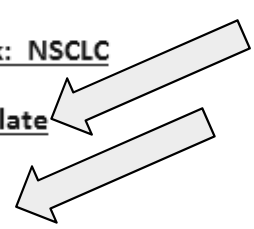
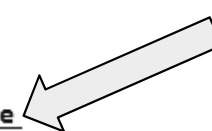
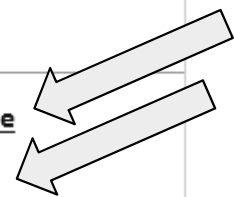
OQP Lung Cancer Quality Indicator	Recommended Tool(s) to Improve Performance
Diagnosis, Treatment, and Management Indicators	
DTM 1 Staging documented for NSCLC	<u>Tool 1 - Stage documentation template</u> <u>Tool 2 - Practice guideline link: NSCLC</u> <u>Tool 5 - Tumor board</u> <u>Tool 6 - Virtual tumor board</u> <u>Tool 14 - Lung cancer flowchart</u> <u>Tool 36 - Pathology report template</u> <u>Tool 37 - Pathologist Work Aid</u>
DTM 2 Staging of mediastinum in Stage I,II,III NSCLC	<u>Tool 1 - Stage documentation template</u> <u>Tool 2 - Practice guideline link: NSCLC</u> <u>Tool 3 - Surgical consult template</u> <u>Tool 4 - PET consult template</u> <u>Tool 5 - Tumor board</u> <u>Tool 6 - Virtual tumor board</u>



Lung Cancer Indicator/Tool Table

LUNG CANCER CARE QUALITY INDICATOR TOOL TABLE

OQP Lung Cancer Quality Indicator	Recommended Tool(s) to Improve Performance
Diagnosis, Treatment, and Management Indicators	
DTM 1 Staging documented for NSCLC	<u>Tool 1 - Stage documentation template</u> <u>Tool 2 - Practice guideline link: NSCLC</u> <u>Tool 5 - Tumor board</u> <u>Tool 6 - Virtual tumor board</u> <u>Tool 14 - Lung cancer flowchart</u> <u>Tool 36 - Pathology report template</u> <u>Tool 37 - Pathologist Work Aid</u>
DTM 2 Staging of mediastinum in Stage I,II,III NSCLC	<u>Tool 1 - Stage documentation template</u> <u>Tool 2 - Practice guideline link: NSCLC</u> <u>Tool 3 - Surgical consult template</u> <u>Tool 4 - PET consult template</u> <u>Tool 5 - Tumor board</u> <u>Tool 6 - Virtual tumor board</u>

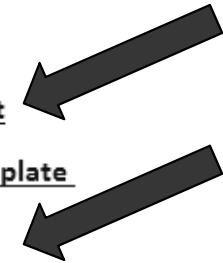




Lung Cancer Indicator/Tool Table

LUNG CANCER CARE QUALITY INDICATOR TOOL TABLE

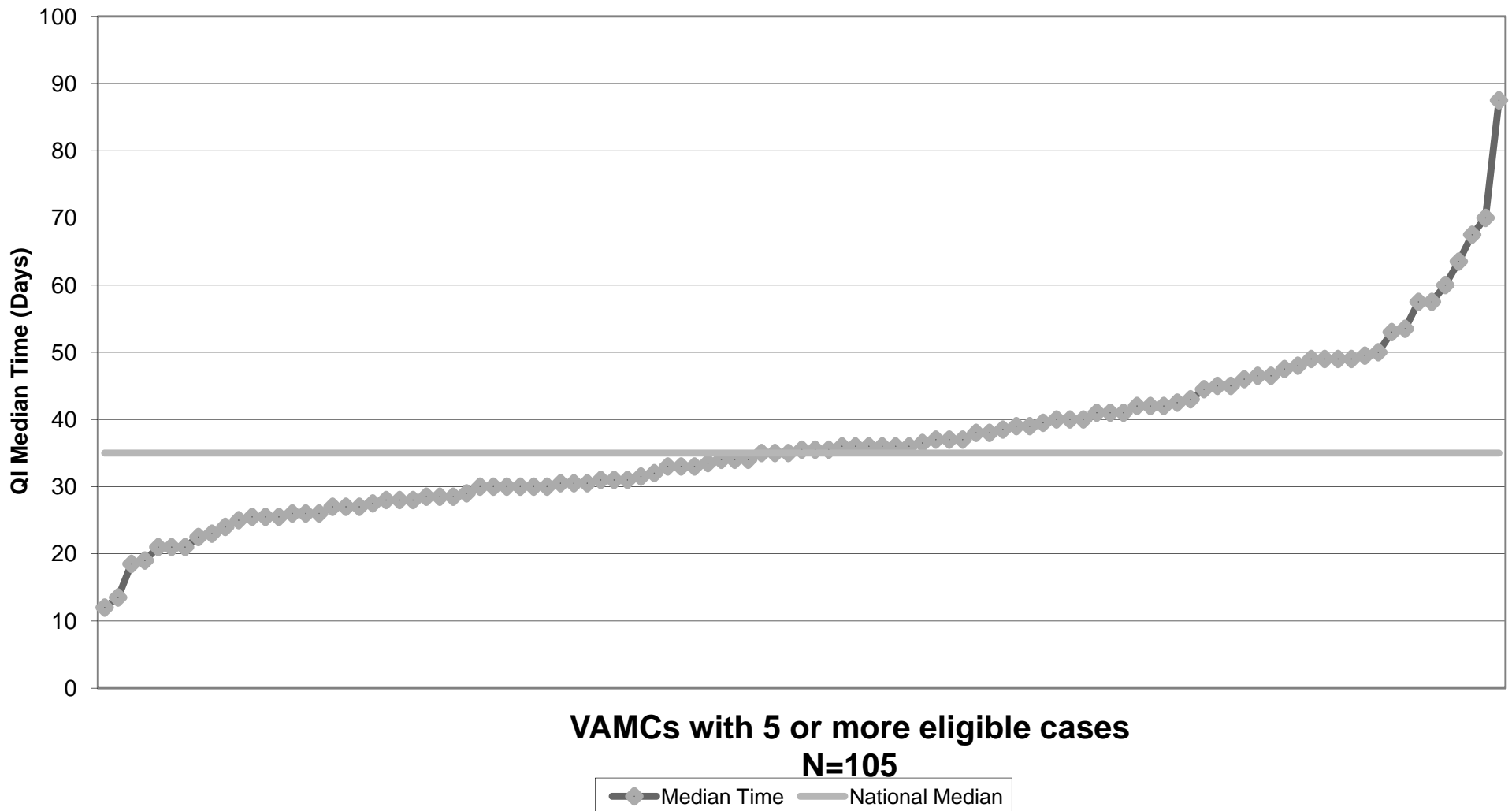
OQP Lung Cancer Quality Indicator	Recommended Tool(s) to Improve Performance
Diagnosis, Treatment, and Management Indicators	
DTM 1 Staging documented for NSCLC	<u>Tool 1 - Stage documentation template</u> <u>Tool 2 - Practice guideline link: NSCLC</u> <u>Tool 5 - Tumor board</u> <u>Tool 6 - Virtual tumor board</u> <u>Tool 14 - Lung cancer flowchart</u> <u>Tool 36 - Pathology report template</u> <u>Tool 37 - Pathologist Work Aid</u>
DTM 2 Staging of mediastinum in Stage I,II,III NSCLC	<u>Tool 1 - Stage documentation template</u> <u>Tool 2 - Practice guideline link: NSCLC</u> <u>Tool 3 - Surgical consult template</u> <u>Tool 4 - PET consult template</u> <u>Tool 5 - Tumor board</u> <u>Tool 6 - Virtual tumor board</u>





Tool 4: CPRS PET scan template

T2 - Time from diagnosis to first treatment





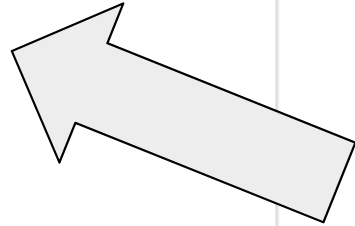
Lung Cancer Indicator/Tool Table

	<u>Tool 35 - Reminder: nodule tracking</u>	
T 2 Time from diagnosis to treatment	<u>Tool 2 - Practice guideline link: NSCLC</u> <u>Tool 4 - PET consult template</u> <u>Tool 5 - Tumor board</u> <u>Tool 6 - Virtual tumor board</u> <u>Tool 7 - Nodule tracking database</u> <u>Tool 8 - Cancer coordinator description</u> <u>Tool 9 - Radiology/surgery direct referral</u> <u>Tool 10 - Service agreements:diagnosis/workup</u> <u>Tool 11 - Lung nodule clinic</u> <u>Tool 12 - Organizational process changes</u> <u>Tool 13 - Patient brochures: diagnosis/workup</u> <u>Tool 14 - Lung cancer flowchart</u> <u>Tool 15 - Self assessment tools</u> <u>Tool 17 - Practice guideline link: SCLC</u> <u>Tool 35 - Reminder: nodule tracking</u> <u>Tool 36 - Pathology report template</u> <u>Tool 37 - Pathologist Work Aid</u>	



Lung Cancer Indicator/Tool Table

	<u>Tool 35 - Reminder: nodule tracking</u>
<p>T 2 Time from diagnosis to treatment</p>	<u>Tool 2 - Practice guideline link: NSCLC</u>
	<u>Tool 4 - PET consult template</u>
	<u>Tool 5 - Tumor board</u>
	<u>Tool 6 - Virtual tumor board</u>
	<u>Tool 7 - Nodule tracking database</u>
	<u>Tool 8 - Cancer coordinator description</u>
	<u>Tool 9 - Radiology/surgery direct referral</u>
	<u>Tool 10 - Service agreements:diagnosis/workup</u>
	<u>Tool 11 - Lung nodule clinic</u>
	<u>Tool 12 - Organizational process changes</u>
	<u>Tool 13 - Patient brochures: diagnosis/workup</u>
	<u>Tool 14 - Lung cancer flowchart</u>
	<u>Tool 15 - Self assessment tools</u>
	<u>Tool 17 - Practice guideline link: SCLC</u>
	<u>Tool 35 - Reminder: nodule tracking</u>
<u>Tool 36 - Pathology report template</u>	
<u>Tool 37 - Pathologist Work Aid</u>	





Tool 4: CPRS PET scan template

Tool 4 Description - CPRS PET scan fee-based consult template

Relevant Indicator(s):

DTM-2 - Staging of mediastinum in Stage I, II, III NSCLC T-1 - Time from suspicion to diagnosis
DTM-4 - Surgical lymph node sampling for NSCLC T-2 - Time from diagnosis to treatment
DTM-5 - Resection for Stages I & II NSCLC

Issue:

Obtaining a PET scan can often be a barrier to obtaining a timely evaluation for patients who may be surgical candidates. Although there are a variety of reasons that there may be barriers to ordering PET scans (many intentional to decrease inappropriate overuse of this technology), clinicians at VA facilities that do not have a PET scanner often experience delays due to the approval process required when requesting a PET scan at a community facility be performed on a fee basis.

Solution:

A PET scan order template was developed at the John D. Dingell VAMC, Detroit, to help ensure that all of the necessary information was available to the CMO or other individual regarding approval of the request for a fee-basis PET scan.

What You Should Know:

This template could be adapted for use as an order template for PET scans at facilities that have on-site PET scan capability in order to assure the transmittal of pertinent clinical data and avoid delays in testing.



View This Tool:

[CPRS PET scan fee-based consult template](#)

[Join the discussion for this tool](#)

[Suggest a tool](#)



[Return to Lung Cancer Quality Indicator Tool Table](#)



[Return to Lung Cancer Care Tool List](#)

For questions about this tool, please click [here](#)



Tool 4: CPRS PET scan template

Tool 4 Description - CPRS PET scan fee-based consult template

Relevant Indicator(s):

DTM-2 - Staging of mediastinum in Stage I, II, III NSCLC

DTM-4 - Surgical lymph node sampling for NSCLC

DTM-5 - Resection for Stages I & II NSCLC

T-1 - Time from suspicion to diagnosis

T-2 - Time from diagnosis to treatment



Tool 4: CPRS PET scan template

Issue:

Obtaining a PET scan can often be a barrier to obtaining a timely evaluation for patients who may be surgical candidates. Although there are a variety of reasons that there may be barriers to ordering PET scans (many intentional to decrease inappropriate overuse of this technology), clinicians at VA facilities that do not have a PET scanner often experience delays due to the approval process required when requesting a PET scan at a community facility be performed on a fee basis.

Solution:

A PET scan order template was developed at the John D. Dingell VAMC, Detroit, to help ensure that all of the necessary information was available to the CMO or other individual regarding approval of the request for a fee-basis PET scan.

What You Should Know:

This template could be adapted for use as an order template for PET scans at facilities that have on-site PET scan capability in order to assure the transmittal of pertinent clinical data and avoid delays in testing.



Tool 4: CPRS PET scan template

This template could be adapted for use as an order template for PET scans at facilities that have on-site PET scan capability in order to assure the transmittal of pertinent clinical data and avoid delays in testing.



View This Tool:

[CPRS PET scan fee-based consult template](#)



[Join the discussion for this tool](#)



[Suggest a tool](#)



Tool 4: CPRS PET scan template

This template could be adapted for use as an order template for PET scans at facilities that have on-site PET scan capability in order to assure the transmittal of pertinent clinical data and avoid delays in testing.



View This Tool:

[CPRS PET scan fee-based consult template](#)

 [Join the discussion for this tool](#)

 [Suggest a tool](#)



Tool 4: CPRS PET scan template

?:

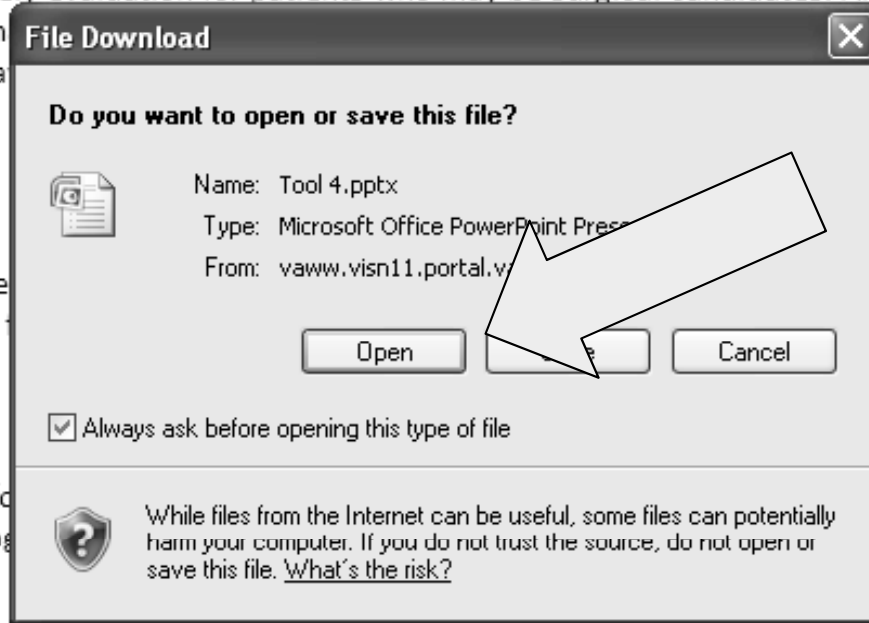
ining a PET scan can often be a barrier to obtaining a timely evaluation for patients who may be surgical candidates. Although there are a
asons that there may be barriers to ordering PET scans (m technology), clinicians
ties that do not have a PET scanner often experience dela scan at a commu
ty be performed on a fee basis.

tion:

scan order template was developed at the John D. Dingel
MO or other individual regarding approval of the request

What You Should Know:

template could be adapted for use as an order template for
mittal of pertinent clinical data and avoid delays in testing



View This Tool:

[View PET scan fee-based consult template](#)



[Join the discussion for this tool](#)



[Suggest a tool](#)



Tool 4: CPRS PET scan template

Tool 4 Description - CPRS PET scan fee-based consult template

Relevant Indicator(s):

DTM-2 - Staging of mediastinum in Stage I, II, III NSCLC T-1 - Time from suspicion to diagnosis
DTM-4 - Surgical lymph node sampling for NSCLC T-2 - Time from diagnosis to treatment
DTM-5 - Resection for Stages I & II NSCLC

Issue:

Obtaining a PET scan can often be a barrier to obtaining a timely evaluation for patients who may be surgical candidates. Although there are a variety of reasons that there may be barriers to ordering PET scans (many intentional to decrease inappropriate overuse of this technology), clinicians at VA facilities that do not have a PET scanner often experience delays due to the approval process required when requesting a PET scan at a community facility be performed on a fee basis.

Solution:

A PET scan order template was developed at the John D. Dingell VAMC, Detroit, to help ensure that all of the necessary information was available to the CMO or other individual regarding approval of the request for a fee-basis PET scan.

What You Should Know:

This template could be adapted for use as an order template for PET scans at facilities that have on-site PET scan capability in order to assure the transmittal of pertinent clinical data and avoid delays in testing.



View This Tool:

[CPRS PET scan fee-based consult template](#)

 [Join the discussion for this tool](#)

 [Suggest a tool](#)



[Return to Lung Cancer Quality Indicator Tool Table](#)



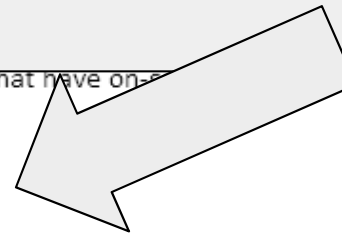
[Return to Lung Cancer Care Tool List](#)

For questions about this tool, please click [here](#)



Tool 4: Request Tool option

This template could be adapted for use as an order template for PET scans at facilities that have on-site availability in order to assure the transmittal of pertinent clinical data and avoid delays in testing.



View This Tool:

[CPRS PET scan fee-based consult template](#)

 [Join the discussion for this tool](#)

 [Suggest a tool](#)



Tool 4: Request Tool form

Cancer Care Community > Request a tool >

Request a tool: New Item

OK Cancel

Attach File | **Spelling...**

* indicates a required field

Title/Position *

Name *

Email *

Facility *

Contact # *

Date

Which tool are you requesting *

OK Cancel



Tool 4: CPRS PET scan template

Tool 4 Description - CPRS PET scan fee-based consult template

Relevant Indicator(s):

DTM-2 - Staging of mediastinum in Stage I, II, III NSCLC T-1 - Time from suspicion to diagnosis
DTM-4 - Surgical lymph node sampling for NSCLC T-2 - Time from diagnosis to treatment
DTM-5 - Resection for Stages I & II NSCLC

Issue:

Obtaining a PET scan can often be a barrier to obtaining a timely evaluation for patients who may be surgical candidates. Although there are a variety of reasons that there may be barriers to ordering PET scans (many intentional to decrease inappropriate overuse of this technology), clinicians at VA facilities that do not have a PET scanner often experience delays due to the approval process required when requesting a PET scan at a community facility be performed on a fee basis.

Solution:

A PET scan order template was developed at the John D. Dingell VAMC, Detroit, to help ensure that all of the necessary information was available to the CMO or other individual regarding approval of the request for a fee-basis PET scan.

What You Should Know:

This template could be adapted for use as an order template for PET scans at facilities that have on-site PET scan capability in order to assure the transmittal of pertinent clinical data and avoid delays in testing.



View This Tool:

[CPRS PET scan fee-based consult template](#)

 [Join the discussion for this tool](#)

 [Suggest a tool](#)



[Return to Lung Cancer Quality Indicator Tool Table](#)



[Return to Lung Cancer Care Tool List](#)

For questions about this tool, please click [here](#)



Tool 4: CPRS PET scan template

This template could be adapted for use as an order template for PET scans at facilities that have on-site PET scan capability in order to assure transmittal of pertinent clinical data and avoid delays in testing.

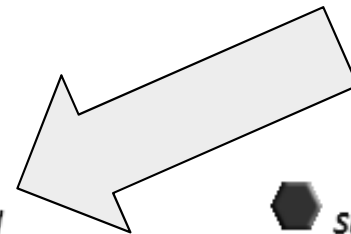


View This Tool:

CPRS PET scan fee-based consult template



Join the discussion for this tool












Suggest a tool



Tool 4: “Join the Discussion”

To view a comment listed below click the  button next to the comment.

Join this Discussion










Edit	Which tool is this comment associated with	Date	<input type="radio"/> Point of Contact
	Which tool is this comment associated with : Tool 12 - Organizational process changes (1)		
	Which tool is this comment associated with : Tool 13 - Patient education material for diagnosis and work-up (1)		
	Which tool is this comment associated with : Tool 14 - Lung Cancer Flowchart (1)		
	Which tool is this comment associated with : Tool 18 - Patient education material for chemotherapy (1)		
	Which tool is this comment associated with : Tool 23 - CPRS nursing template for symptom documentation (1)		
	Which tool is this comment associated with : Tool 25 - Patient pain assessment tools (1)		
	Which tool is this comment associated with : Tool 26 - Clinical reminder for patient education for pain (1)		
	Which tool is this comment associated with : Tool 6 - Virtual tumor board (1)		
	Which tool is this comment associated with : Tool 9 - Direct referral from Radiology to Thoracic Clinic (1)		

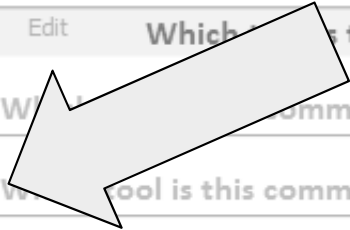


Tool 4: “Join the Discussion”

To view a comment listed below click the  button next to the comment.

Join this Discussion

Edit	Which tool is this comment associated with	Date	<input type="radio"/> Point of Contact
	Which tool is this comment associated with : Tool 12 - Organizational process changes (1)		
	Which tool is this comment associated with : Tool 13 - Patient education material for diagnosis and work-up (1)		
	Which tool is this comment associated with : Tool 14 - Lung Cancer Flowchart (1)		
	Which tool is this comment associated with : Tool 18 - Patient education material for chemotherapy (1)		
	Which tool is this comment associated with : Tool 23 - CPRS nursing template for symptom documentation (1)		
	Which tool is this comment associated with : Tool 25 - Patient pain assessment tools (1)		
	Which tool is this comment associated with : Tool 26 - Clinical reminder for patient education for pain (1)		
	Which tool is this comment associated with : Tool 6 - Virtual tumor board (1)		
	Which tool is this comment associated with : Tool 9 - Direct referral from Radiology to Thoracic Clinic (1)		





Tool 4: “Join the Discussion”

OK Cancel

Attach File | Delete Item | Spelling... * indicates a required field

Comments

I appreciate the information on pamphlets for the patients. However, is it suggested that we request these documents in advance and have them available on hand? Or would we direct our patients to the website and allow them to request the materials? What has worked best? Have patients been comfortable obtaining this informatin themselves or are they

Which tool is this comment associated with * Tool 13 - Patient education material for diagnosis and work-up

Point of Contact Doe, Jane

Title or Position * Research

Date 11/15/2010

Butler, Jaimi N.
Butler, Jaimi N.










OK Cancel



Tool 4: “Join the Discussion”

To view a comment listed below click the  button next to the comment.

Join this Discussion

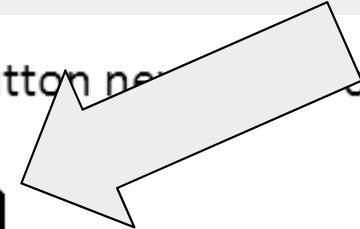
Edit	Which tool is this comment associated with	Date	<input type="radio"/> Point of Contact
	Which tool is this comment associated with : Tool 12 - Organizational process changes (1)		
	Which tool is this comment associated with : Tool 13 - Patient education material for diagnosis and work-up (1)		
	Which tool is this comment associated with : Tool 14 - Lung Cancer Flowchart (1)		
	Which tool is this comment associated with : Tool 18 - Patient education material for chemotherapy (1)		
	Which tool is this comment associated with : Tool 23 - CPRS nursing template for symptom documentation (1)		
	Which tool is this comment associated with : Tool 25 - Patient pain assessment tools (1)		
	Which tool is this comment associated with : Tool 26 - Clinical reminder for patient education for pain (1)		
	Which tool is this comment associated with : Tool 6 - Virtual tumor board (1)		
	Which tool is this comment associated with : Tool 9 - Direct referral from Radiology to Thoracic Clinic (1)		












Tool 4: “Join the Discussion”

To view a comment listed below click the  button next to the comment.

Join this Discussion



Edit	Which tool is this comment associated with	Date	<input type="radio"/> Point of Contact
	Which tool is this comment associated with : Tool 12 - Organizational process changes (1)		
	Which tool is this comment associated with : Tool 13 - Patient education material for diagnosis and work-up (1)		
	Which tool is this comment associated with : Tool 14 - Lung Cancer Flowchart (1)		
	Which tool is this comment associated with : Tool 18 - Patient education material for chemotherapy (1)		
	Which tool is this comment associated with : Tool 23 - CPRS nursing template for symptom documentation (1)		
	Which tool is this comment associated with : Tool 25 - Patient pain assessment tools (1)		
	Which tool is this comment associated with : Tool 26 - Clinical reminder for patient education for pain (1)		
	Which tool is this comment associated with : Tool 6 - Virtual tumor board (1)		
	Which tool is this comment associated with : Tool 9 - Direct referral from Radiology to Thoracic Clinic (1)		



Tool 4: “Join the Discussion”

OK Cancel

Attach File | Spelling... * indicates a required field

Comments

A A | B I U | [List Icons] [Text Icons] [Color Icon] [Link Icon] [Undo] [Redo]

Which tool is this comment associated with *

Point of Contact [User Icon] [Book Icon]

Title or Position *

Date 12/14/2010 [Calendar Icon]

OK Cancel



Tool 4: CPRS PET scan template

Tool 4 Description - CPRS PET scan fee-based consult template

Relevant Indicator(s):

DTM-2 - Staging of mediastinum in Stage I, II, III NSCLC T-1 - Time from suspicion to diagnosis
DTM-4 - Surgical lymph node sampling for NSCLC T-2 - Time from diagnosis to treatment
DTM-5 - Resection for Stages I & II NSCLC

Issue:

Obtaining a PET scan can often be a barrier to obtaining a timely evaluation for patients who may be surgical candidates. Although there are a variety of reasons that there may be barriers to ordering PET scans (many intentional to decrease inappropriate overuse of this technology), clinicians at VA facilities that do not have a PET scanner often experience delays due to the approval process required when requesting a PET scan at a community facility be performed on a fee basis.

Solution:

A PET scan order template was developed at the John D. Dingell VAMC, Detroit, to help ensure that all of the necessary information was available to the CMO or other individual regarding approval of the request for a fee-basis PET scan.

What You Should Know:

This template could be adapted for use as an order template for PET scans at facilities that have on-site PET scan capability in order to assure the transmittal of pertinent clinical data and avoid delays in testing.



View This Tool:

[CPRS PET scan fee-based consult template](#)

 [Join the discussion for this tool](#)

 [Suggest a tool](#)



[Return to Lung Cancer Quality Indicator Tool Table](#)



[Return to Lung Cancer Care Tool List](#)

For questions about this tool, please click [here](#)



“Suggest a Tool”

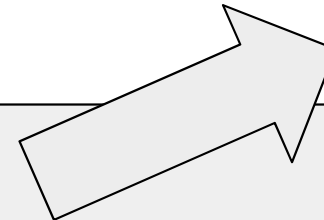
ould be adapted for use as an order template for PET scans at facilities that have on-site PET scan capability in order to assure pertinent clinical data and avoid delays in testing.



ol:
fee-based consult template

 [Join the discussion for this tool](#)

 [Suggest a tool](#)





“Suggest a Tool”

Please remember to attach your document before submitting.

⚠ Items on this list require content approval. Your submission will not appear in public views until approved by someone with proper rights. [More information on content approval.](#)

OK

Cancel

Attach File | **Spelling...**

* indicates a required field

Name of Tool *

Tool Type *

Point of Contact *



Title or Position *

Which Indicator is Tool Associated With *

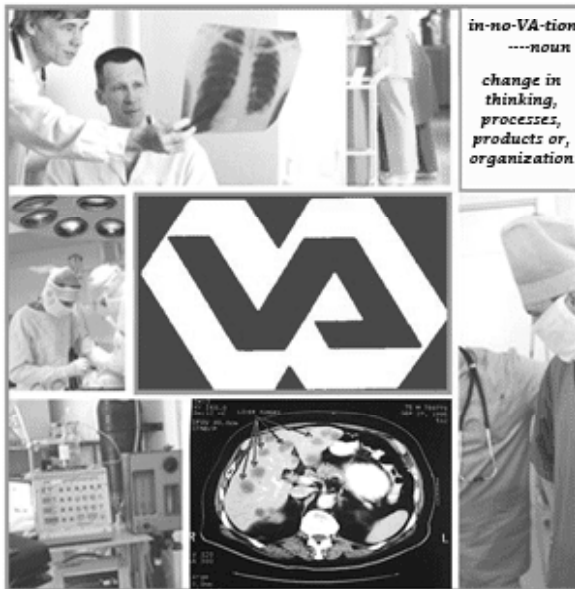
Information/Comments About this Tool

OK

Cancel



Toolkit Series Homepage



QUALITY IMPROVEMENT TOOLKIT SERIES

This uniquely interactive site is designed to help your facility improve its performance measures and quality improvement efforts across a variety of high-priority care conditions. It features different Toolkits - each targeting a different clinical condition - that offer ready-to-use, concrete innovations you can implement in your department or facility that may help you improve facility performance on a different quality indicator.

WHERE SHOULD YOU BEGIN?

New visitors should start by reviewing the **TOOLKIT USERS GUIDE** to Quality Improvement. It explains how you can use the **TAMMCS** framework to improve quality of care in your own department or facility. Then take a look at the Toolkits themselves. Each Toolkit covers a different clinical condition, giving helpful overviews of the continuum of care, as well as a broad collection of specific clinical innovations and ideas you can use to improve your performance on specific quality indicators and performance measures. Return visitors, and users familiar with quality improvement processes, will probably be more interested in the toolkits themselves.

This site is a work-in-progress! Toolkits for additional conditions will be added in the coming months.

ABOUT THE QUALITY IMPROVEMENT TOOLKIT SERIES



Tool Development: Case Study

Dexter T. Estrada, MD
Chief, Hematology and Medical Oncology
VA Central California HCS

discussing

Tool 35: Lung Nodule Reminder Dialog Template



Tool 35

Lung nodule reminder dialog template

Issues/Challenges

- *Wait time from an abnormal image to a diagnosis of lung cancer was unacceptably high at 23 days on 1/2009.*
- *No integrated process in place at that time for facilitating the workup of suspicious lung nodules found on routine imaging.*
- *Many cases were being lost to follow-up or unnecessarily delayed due to fragmented care.*



Tool 35

Lung nodule reminder dialog template

Solution

- *VA CCHCS was selected as a participant in the FY 09 Cancer Care Collaborative.*
- *A reminder dialog template was developed patterned after the recommendations of the American College of Chest Physicians and the Fleischner Society for the evaluation of suspicious lung nodules.*
- *The template augmented the implementation of a new multidisciplinary lung nodule clinic on 7/2009.*



Tool 35

Lung nodule reminder dialog template

Vista CPRS in use by: Estrada,Dexter T (vista.fresno.med.va.gov)

File Edit View Action Options Tools Help

ZZSCAN.TEST HEMAUNS Dec 07,10 14:00 Primary Care Team Unassigned
000-00-0020 Jul 01,1939 (71) Provider: ESTRADA,DEXTER T

Flag VistaWeb Remote Data ? Postings WAD

Last 75 Signed Notes

New Note in Progress

All signed notes

Jan 03,11 Lu
Nov 15,10 PC
Oct 26,10 Pha
Oct 21,10 Imm
Oct 06,10 Me
Aug 12,10 Me
Aug 12,10 Me
Aug 03,10 Nu
Jul 15,10 Med
Jun 25,10 Adv
Jun 11,10 Pod
Jun 11,10 HC
Jun 08,10 HB
Jan 29,10 GI
Nov 05,09 ER
Nov 05,09 ER
Sep 29,09 Infl
Sep 28,09 Infl
Sep 21,09 MH
Sep 16,09 Lu
Sep 16,09 Psy
Sep 15,09 PC
Aug 05,09 MH
Aug 05,09 MH
Aug 04,09 MH
Aug 04,09 MH
Jul 01,09 PC

Reminder Dialog Template: LUNG NODULE EVALUATION (T)

Lung Nodule Evaluation

Is nodule greater than 1 cm?

Yes

No

Is nodule greater than 8 mm?

Is nodule between 6 and 8 mm?

Patient is considered low risk.
Low Risk as defined by no or minimal smoking history and no exposure to asbestos, radon or uranium.

Patient is considered high risk.
High Risk as defined by significant smoking history or exposure to asbestos, radon or uranium.

Follow-up CT at 3-6 months; then 9-12 and 24 months

Order CT Chest to be taken at 3, 9, and 24 months

Order CT Chest to be taken in 3 months

Order CT Chest to be taken in 9 months

Visit Info Finish Cancel

Lung Nodule Evaluations

Patient's lung nodule between 6 and 8 mm

Patient is considered high risk.

High Risk as defined by significant smoking history or exposure to asbestos, radon or uranium.

Orders: CT chest 3 9 24 mo

* Indicates a Required Field

New Note

Cover Sheet Problems Meds Orders Notes Consults Surgery D/C Summ Labs Reports

start Inbox - Microsoft O... Microsoft PowerPoi... PowerPoint Slide Sh... CPRS - Patient Chart 3:32 PM



Tool 35

Lung nodule reminder dialog template

The screenshot displays a medical software interface with a patient chart on the left and an 'Order an Imaging Procedure' dialog box in the center. The patient chart shows a list of notes, with 'Jan 03,11 Lung Nodule Evaluation' selected. The dialog box is titled 'Order an Imaging Procedure' and contains the following fields and options:

- Imaging Type:** CT SCAN
- Reason for Study (REQUIRED - 64 characters maximum):** Lung Nodule >1cm
- Clinical History (Optional):** (Empty text area)
- Imaging Procedure:** A list of procedures with 'CT CHEST (ROUTINE) W/CONT*' selected.
- Date Desired:** T+720
- Urgency:** ROUTINE
- Transport:** AMBULATORY
- Available Modifiers:** Includes a warning: 'BUN AND CREATINE NOT OLDER THAN 30 DAYS REQUIRED. IF PATIENT ON METFORMIN/GLUCOPHAGE PLEASE FOLLOW GUIDELINES AS OUTLINED ON THE IMAGING WEB PAGE'. Other modifiers include 'LEFT', 'RIGHT', 'STRETCHER', and 'WHEEL CHAIR'.
- Submit To:** (Dropdown menu)
- Buttons:** 'Remove', 'Accept Order', and 'Quit'.

The background interface shows a patient named 'ZZSCAN,TEST' with a birth date of 'Jul 01,1939 (71)'. The 'Order an Imaging Procedure' dialog box is overlaid on the patient chart, which lists various notes and a 'Stop Order Set' button.



Tool 35

Lung nodule reminder dialog template

Vista CPRS in use by: Estrada,Dexter T (vista.fresno.med.va.gov)

File Edit View Action Options Tools Help

ZZSCAN.TEST HEMAUNS Dec 07,10 14:00 Primary Care Team Unassigned
000-00-0020 Jul 01,1939 (71) Provider: ESTRADA,DEXTER T

Flag VistaWeb ? Postings
Remote Data WAD

Last 75 Signed Notes

- New Note in Progress
 - Jan 03,11 Lung Nodule Evaluation (T) , FRE-HEMA/DNC UNSC
- All signed notes
 - Nov 15,10 PC Team Sequoia 20745, FRE-ID WEDNESDAY, JE.
 - Oct 26,10 Pharmacy Medication Renewal Request (T) 25670, FF
 - Oct 21,10 Immunizations and Injections (T) 23616, INFLUENZA
 - Oct 06,10 Mental Health Diagnostic Study 13069, 5 EAST DISCI
 - Aug 12,10 Mental Health Recovery Plan (T) 26349 , CD/DD, HC
 - Aug 12,10 Mental Health Recovery Plan (T) 26349 , CD/DD, HC
 - Aug 03,10 Nursing Specialty Intake, FRE-HEMA/DNC ESTRADA
 - Jul 15,10 Medical Student Supervision - Psychiatry (BP) 25689,
 - Jun 25,10 Adverse React/Allergy 10525, ** No Location **, GWY
 - Jun 11,10 Podiatry Brief Operative 21086, X-FRE-MAS TEST, S1
 - Jun 11,10 HCV Treatment Evaluation (BP) 90157, X-FRE-MAS T
 - Jun 08,10 HBPC Nurse 90147, HBHC 109, JUDY D. WILES, RN
 - Jan 29,10 GI Note 90139, GI PHONE INTERVENTION X, SHAL
 - Nov 05,09 ER 1010 RN (C) 90091, ED UNIT EVENING X, JOYC
 - Nov 05,09 ER 1010 RN (C) 90091, ED UNIT EVENING X, JOYC
 - Sep 29,09 Influenza Immunization Group Note (BP), INFLUENZA
 - Sep 28,09 Influenza Immunization Group Note (BP), INFLUENZA
 - Sep 21,09 MHC Staff 90186, MH DEP MANAGEMENT, TRACY
 - Sep 16,09 Lung Nodule Consult, FRE-HEM/DNC LUNG NODUL
 - Sep 16,09 Psychology Service - Neuropsychology 90286, MH DI
 - Sep 15,09 PC Team South Valley 60387, ED UNIT DAYS X, AR.
 - Aug 05,09 MHC Interdisciplinary Treatment Plan, MH BUPR INDV
 - Aug 05,09 MHC Interdisciplinary Treatment Plan, MH BUPR INDV
 - Aug 04,09 MHC Interdisciplinary Treatment Plan, CD ASAM SCRE
 - Aug 04,09 MHC Interdisciplinary Treatment Plan, CD ASAM SCRE
 - Jul 01,09 PC Resident Sequoia (T) 23987, FRE-PCSR WALWICK

Lung Nodule Evaluation (T) Jan 03,2011@15:30 Estrada,Dexter T Change...

Vst: 12/07/10 FRE-HEMA/DNC UNSCHEDULED

Lung Nodule Evaluations
Patient's lung nodule between 6 and 8 mm
Patient is considered high risk.
High Risk as defined by significant smoking history or exposure to asbestos, radon or uranium.
Chest CT ordered at 3, 9, and 24 months.

<No encounter information entered>

Cover Sheet Problems Meds Orders Notes Consults Surgery D/C Summ Labs Reports

start Inbox - Microsoft Out... Microsoft PowerPoint ... CPRS - Patient Chart 3:35 PM



Tool 35

Lung nodule reminder dialog template

Vista CPRS in use by: Estrada,Dexter T (vista.fresno.med.va.gov)

File Edit View Action Options Tools Help

ZZSCAN
000-00-002

Last 75 Signed Notes

- New Note in
- All signed notes
- Jan
- Nov
- Oct
- Oct
- Oct
- Aug
- Aug
- Aug
- Jul
- Jun
- Jun
- Jun
- Jun
- Jun
- Jan
- Nov
- Nov
- Sep
- Sep
- Sep
- Sep
- Sep
- Sep
- Aug
- Aug
- Aug
- Aug
- Jul

Reminder Dialog Template: LUNG NODULE EVALUATION (T)

Lung Nodule Evaluation

Is nodule greater than 1 cm?

Yes

-Develop evaluation plan, (PFT, ECG, EKG, and laboratory evaluation as needed). Yes No

-Review CT and other test results and develop evaluation plan, including biopsy procedure, with multidisciplinary lung nodule conference. Yes No

-CRNP calls patient to plan treatment and assist with arrangements. Yes No

Does patient agree to the plan of care?

Yes

Do the results indicate cancer?

Yes

Is the patient an operative candidate based on preoperative evaluation?

Yes

Consult sent to surgery with action within 14 days

No

No

Visit Info Finish Cancel

Lung Nodule Evaluations

Patient's lung nodule is greater than 1 cm

-Develop evaluation plan, (PFT, ECG, EKG, and laboratory evaluation as needed). Yes

Orders: Surgical

* Indicates a Required Field

start | Inbox - Microsoft Out... | Microsoft PowerPoint ... | CPRS - Patient Chart | 3:37 PM



Tool 35

Lung nodule reminder dialog template

The screenshot displays the VistA CPRS interface for patient ZZSCAN,TEST (000-00-0020, born Jul 01, 1939). The patient's primary care team is unassigned. A note titled "Lung Nodule Evaluation (T)" dated Jan 03, 2011, at 15:36 by Estrada, Dexter T is open. The note content includes: "Lung Nodule Evaluations Patient's lung nodule is greater than 1 cm -Develop evaluation plan, (PFT, ECG, EKG, and laboratory evaluation...".

An "Order a Consult" dialog box is overlaid on the chart. It contains the following fields and options:

- Consult to Service/Specialty:** Two dropdown menus, both currently set to "SURGICAL".
- Urgency:** A dropdown menu set to "ROUTINE".
- Attention:** A dropdown menu.
- Patient will be seen as an:** Radio buttons for "Inpatient" and "Outpatient", with "Outpatient" selected.
- Place of Consultation:** A dropdown menu set to "CONSULTANT'S CHOICE".
- Provisional Diagnosis:** A text input field with a "Lexicon" button.
- Reason for Request:** A large text area.
- Order Summary:** "SURGICAL Cons CONSULTANT'S CHOICE".
- Buttons:** "Accept Order" and "Quit".

The background interface shows a list of "Last 75 Signed Notes" on the left, including notes from Jan 03, 11 to Jul 01, 09. At the bottom, the Windows taskbar shows the Start button and open applications: "Inbox - Microsoft Out...", "Microsoft PowerPoint ...", and "CPRS - Patient Chart". The system clock shows 3:38 PM.



Tool 35

Lung nodule reminder dialog template

Vista CPRS in use by: Estrada,Dexter T (vista.fresno.med.va.gov)

File Edit View Action Options Tools Help

ZZSCAN.TEST HEMAUNS Dec 07,10 14:00 Primary Care Team Unassigned
000-00-0020 Jul 01,1939 (71) Provider: ESTRADA,DEXTER T

Flag VistaWeb ? Postings
Remote Data WAD

Last 75 Signed Notes

- New Note in Progress
 - Jan 03,11 Lung Nodule Evaluation (T) , FRE-HEMA/DNC UNSC
- All signed notes
 - Nov 15,10 PC Team Sequoia 20745, FRE-ID WEDNESDAY, JE.
 - Oct 26,10 Pharmacy Medication Renewal Request (T) 25670, FF
 - Oct 21,10 Immunizations and Injections (T) 23616, INFLUENZA
 - Oct 06,10 Mental Health Diagnostic Study 13069, 5 EAST DISCI
 - Aug 12,10 Mental Health Recovery Plan (T) 26349 , CD/DD, HC
 - Aug 12,10 Mental Health Recovery Plan (T) 26349 , CD/DD, HC
 - Aug 03,10 Nursing Specialty Intake, FRE-HEMA/DNC ESTRADA
 - Jul 15,10 Medical Student Supervision - Psychiatry (BP) 25689,
 - Jun 25,10 Adverse React/Allergy 10525, ** No Location **, GW
 - Jun 11,10 Podiatry Brief Operative 21086, X-FRE-MAS TEST, S1
 - Jun 11,10 HCV Treatment Evaluation (BP) 90157, X-FRE-MAS T
 - Jun 08,10 HBPC Nurse 90147, HBHC 109, JUDY D. WILES, RN
 - Jan 29,10 GI Note 90139, GI PHONE INTERVENTION X, SHAL
 - Nov 05,09 ER 1010 RN (C) 90091, ED UNIT EVENING X, JOYC
 - Nov 05,09 ER 1010 RN (C) 90091, ED UNIT EVENING X, JOYC
 - Sep 29,09 Influenza Immunization Group Note (BP), INFLUENZA
 - Sep 28,09 Influenza Immunization Group Note (BP), INFLUENZA
 - Sep 21,09 MHC Staff 90186, MH DEP MANAGEMENT, TRACY
 - Sep 16,09 Lung Nodule Consult, FRE-HEM/DNC LUNG NODUL
 - Sep 16,09 Psychology Service - Neuropsychology 90286, MH DI
 - Sep 15,09 PC Team South Valley 60387, ED UNIT DAYS X, AR.
 - Aug 05,09 MHC Interdisciplinary Treatment Plan, MH BUPR IND
 - Aug 05,09 MHC Interdisciplinary Treatment Plan, MH BUPR IND
 - Aug 04,09 MHC Interdisciplinary Treatment Plan, CD ASAM SCRE
 - Aug 04,09 MHC Interdisciplinary Treatment Plan, CD ASAM SCRE
 - Jul 01,09 PC Resident Sequoia (T) 23987, FRE-PCSR WALWICK

Lung Nodule Evaluation (T) Jan 03,2011@15:36 Estrada,Dexter T Change...

Vst: 12/07/10 FRE-HEMA/DNC UNSCHEDULED

Lung Nodule Evaluations

Patient's lung nodule is greater than 1 cm

- Develop evaluation plan, (PFT, ECG, EKG, and laboratory evaluation as needed). Yes
- Review CT and other test results and develop evaluation plan, including biopsy procedure, with multidisciplinary lung nodule conference. Yes
- CRNP calls patient to plan treatment and assist with arrangements. Yes

Patient agrees to plan of care

Results indicate patient has cancer

Patient is an operative candidate based on preoperative evaluation

Surgery consult ordered.

<No encounter information entered>

Cover Sheet Problems Meds Orders Notes Consults Surgery D/C Summ Labs Reports

start Inbox - Microsoft Out... Microsoft PowerPoint ... CPRS - Patient Chart 3:38 PM



Tool 35

Lung nodule reminder dialog template

Impact

- *The OQP special study on lung cancer reported on 11/2010 showed a mean time from abnormal imaging to lung cancer diagnosis of 32 days for the entire VHA system.*
- *VA CCHCS had a mean time of 16 days for this study.*



Tool 35

Lung nodule reminder dialog template

Points to Consider

- *The lung nodule reminder dialog template for VistA/CPRS can be obtained through our CACs, Sean McFarland and Julie Evans.*
- *It is best used by a clinical provider who acts as a patient “navigator” for the facility.*
- *It is also best used in conjunction with a multidisciplinary lung nodule clinic that meets regularly.*
- *A separate tracking tool is essential and is also available, developed with the help of VERC engineers.*



Tool Development: Case Study

Mark Fuster, MD & Philippe Montgrain, MD

Pulmonary/ Critical Care Section
VA San Diego Healthcare System

discussing

Tool 5: Tumor Board process



Tool 5

Tumor Board process

Issues/Challenges

Typical Thoracic Oncology Referrals:

1. Solitary nodule
 2. "Heralding" signs/ symptoms and/or Mass +/- metastasis
- Demands on Quality Evidence-Based care and Timeliness are HIGH
 - Volume is HIGH

Two major problems in a *Referral-Only (No Board) process*:

- Quality of care: *Under- and Mis-staging → Mis-treatment*
*Fix: Group/ consensus → **Accurate workup; Comprehensive***
*Fix: Optimal **treating specialist communication***
- Timeliness of care: *Inefficient use of evidence/ guideline*
*Fix: **Coordinated parallel actions***



Tool 5

Tumor Board process

Solution

- In VASDHS - Original T-Board framework: **Cancer Committee standards**
- “Site-specific” Tumor Boards*

- Weekly** multidisciplinary attendance – **Mandated**
(*In other Centers, frequency, site of meeting in facility/ network may vary*)

- Anatomic Site – Multidisciplinary:**
 - “Body” – *Gen Surg, GI, Med Onc, Path, Radiol, Rad Onc, Nurs, Pall.care*
 - “Thorax”: *Pulm, CT surg, Med Onc, Path, Radiol, Rad Onc, Nurs, Pall care*

- Prospective** presentation – OK to allow later “point of entry”

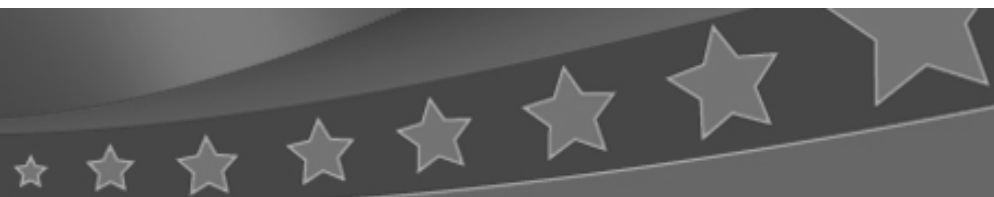
- Service **reminders** for common mtg. site, weekly
- Post-board** coordinated efforts – Dx/Treating teams



Tool 5 Tumor Board process

Impact

- Not solely one surgeon, oncologist, etc... making **decisions**
- Assurance of teams centered on **AJCC staging**
- Open input from multiple specialties
Including **dialogue:**
State-of-Art diagnosis, treatment, compassion, and pragmatism
- Well **prepared Pathologist/ Radiologist** – Accuracy/ Efficiency
- Follow-up – Consolidate with **Additional signatures** (added via LCCC)
- Documentation** of T-Board options in CPRS: TB Note, and AJCC Staging
- Education** – Housestaff and Patient (MSW referral + **Brochure** - LCCC)



Treatment-Focused Patient Educational Booklet

Lung Cancer Treatment Handbook



VA SAN DIEGO HEALTHCARE SYSTEM



Tool 5 Tumor Board process

Points to Consider:

Challenges & Strategies in Establishing a Tumor Board

- Ensuring **representatives from key services**
 - Rotating system or other “designated” individual(s) per service*
 - May include partnering with other network affiliates, university, community*
- Decide **setting**, attendance (including meeting rate)
- Pre-review cancer **registry data/ volume** of yearly cases by site
(May be done via a cancer care team in facility: Define top sites, Rates)
- Designate a coordinator/ leader/ **oversight** (e.g., from Cancer Committee)
- Be sure to include **education base** and recipients (Residents, students...)
- Use of a Virtual tumor board if needed (Tool 6 in Toolkit)- link community



Visit our website!

https://vaww.visn11.portal.va.gov/sites/Indianapolis/verc/occ/Pages/toolkit_homepage.aspx



Project team and sponsors

Steven Asch, MD, MPH

Jennifer Malin, MD, PhD

Jeff Luck, PhD, MBA

Laura York, MA

Candice Bowman, PhD, RN

Joya Golden, MSW

Ann Zisser, RN

Jenny Girard

Nina Smith, MPH

Cynthia Gammage

Indianapolis VERC collaborators:

Heather Woodward-Hagg, MS

Gail Edwards, RN

Tonya Reznor

Deborah Griffith, Ed.D.

