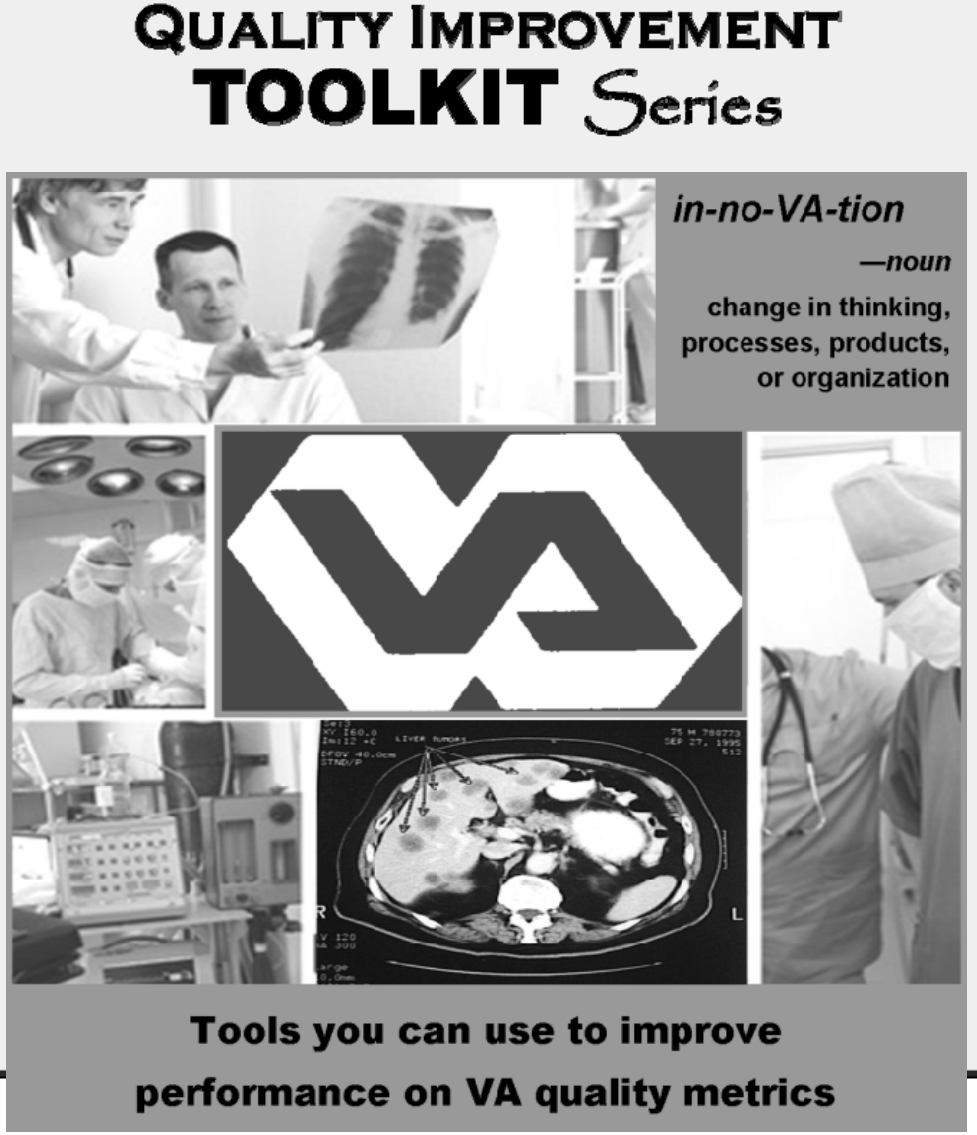
Quality Improvement Toolkit : Lung Cancer Care

January 6, 2011



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

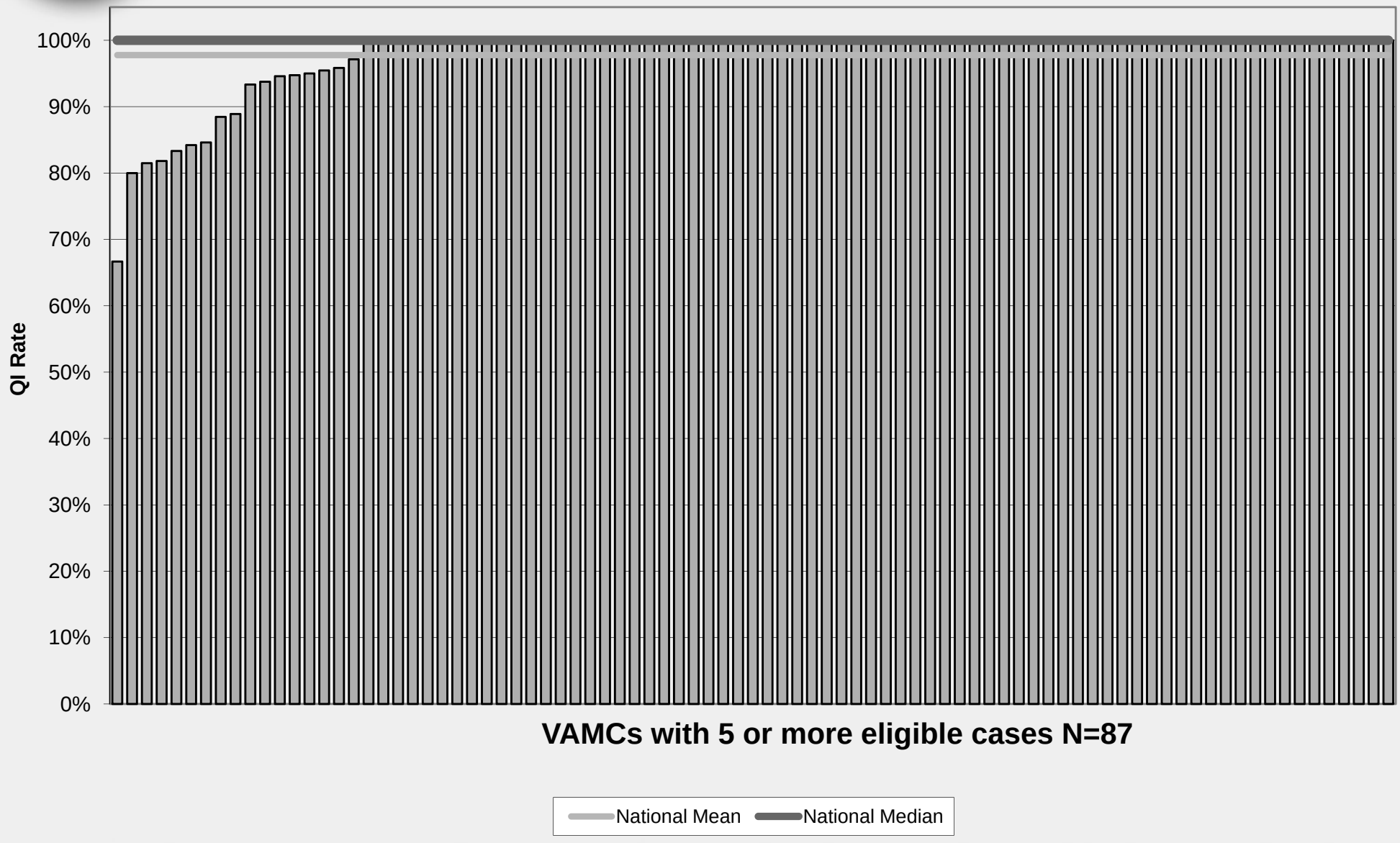
OQP Special Study of Lung Cancer Care

- **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)**

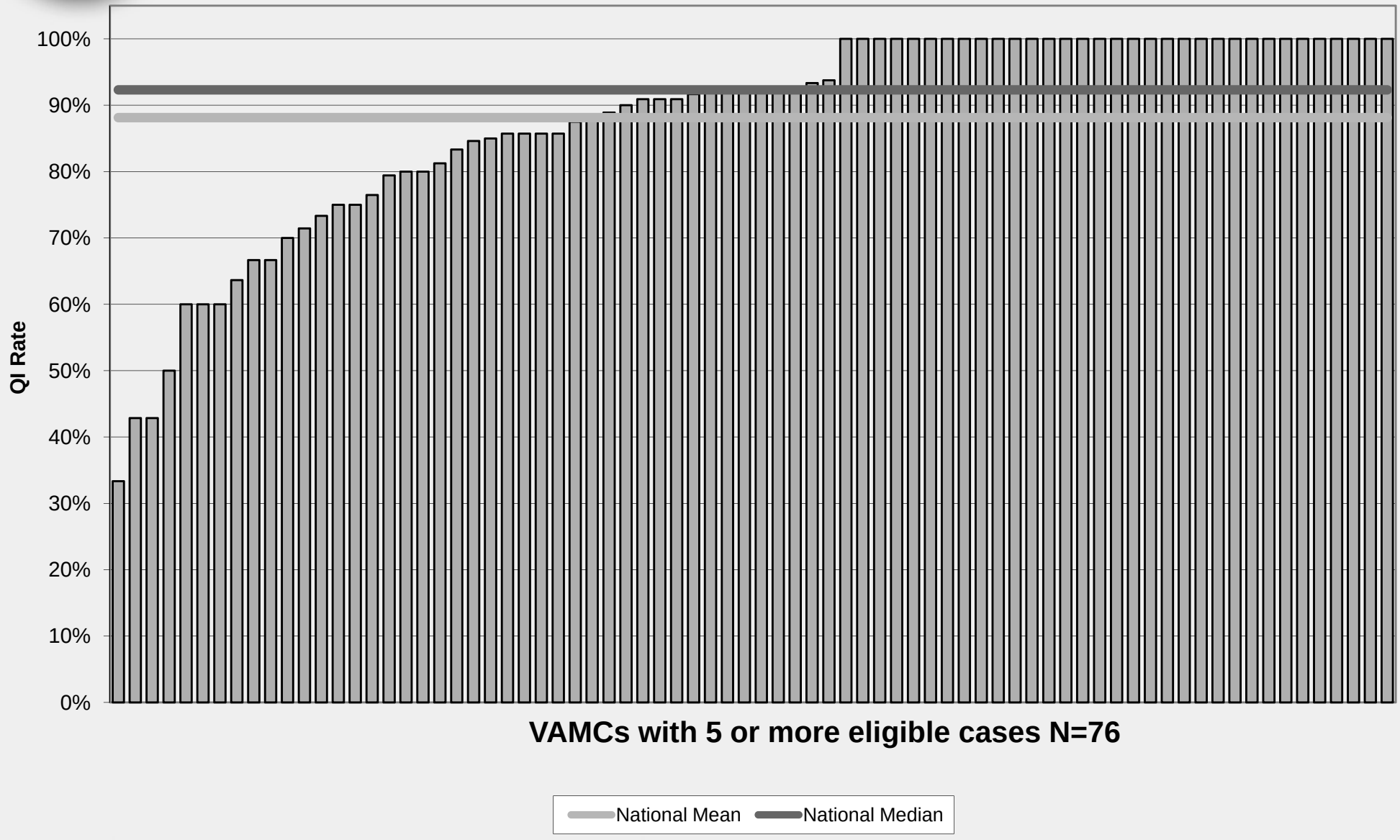
Treatment

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



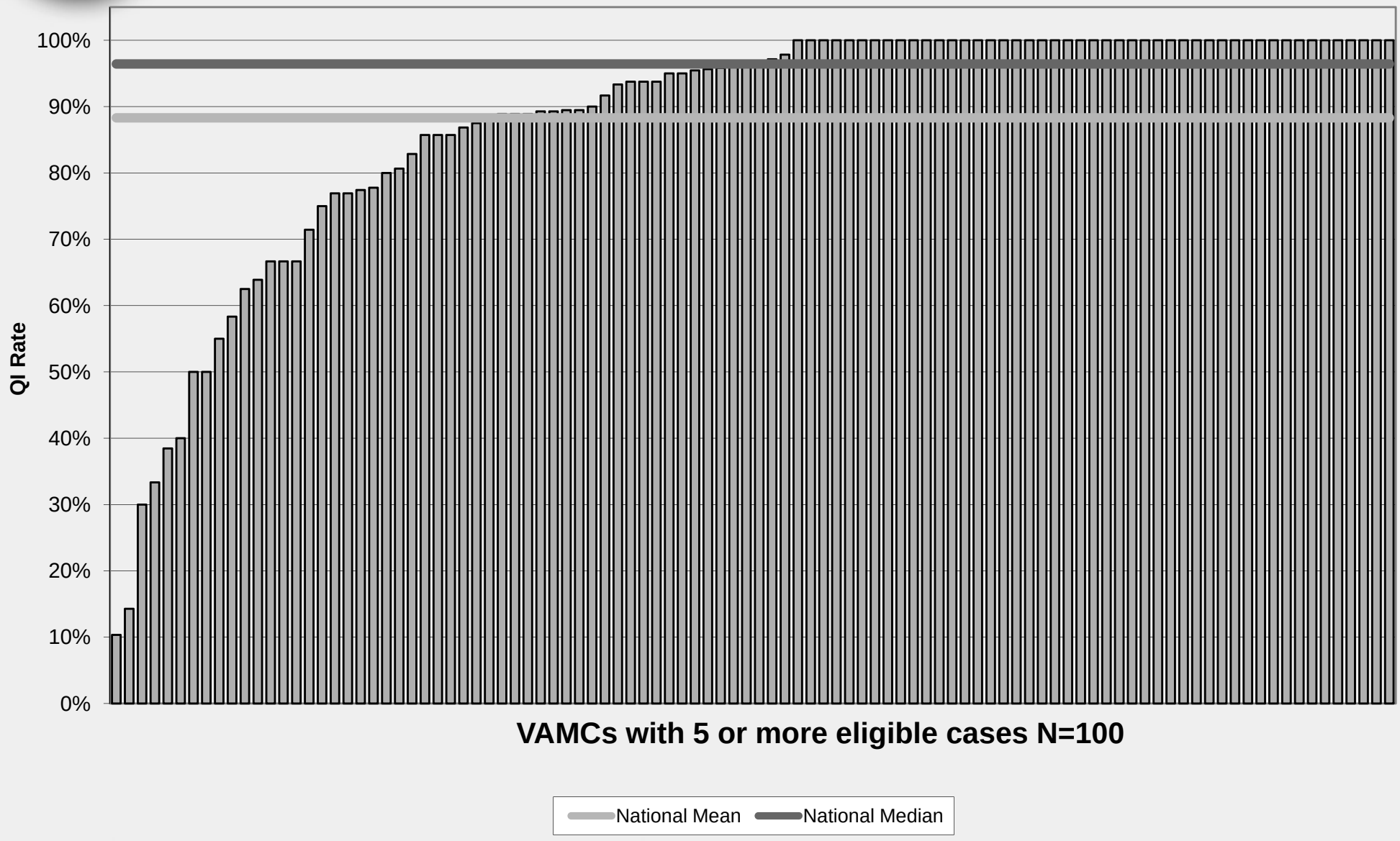
DTM9 – Combined chemotherapy-radiation therapy for stage III NSCLC



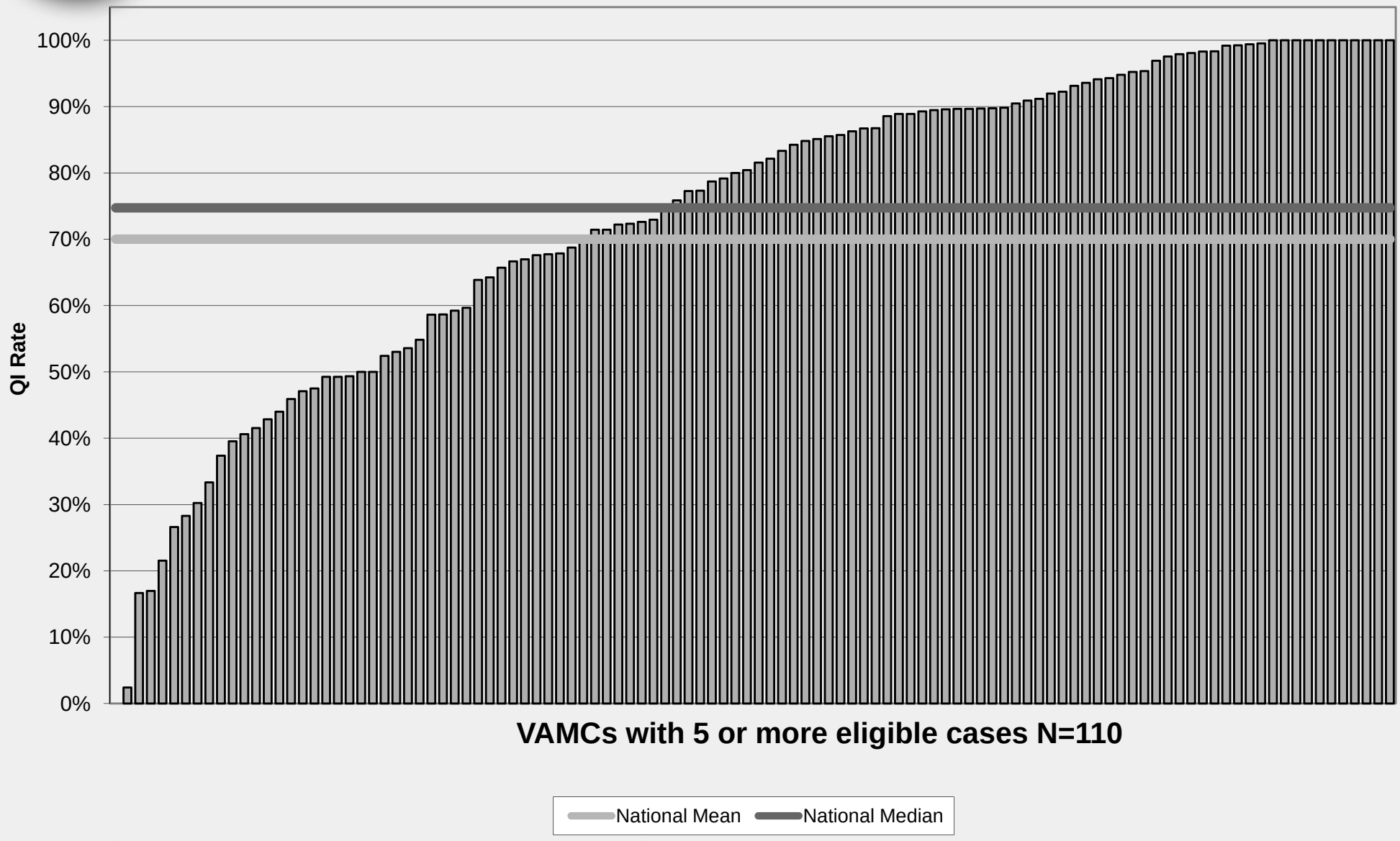
Supportive Care

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



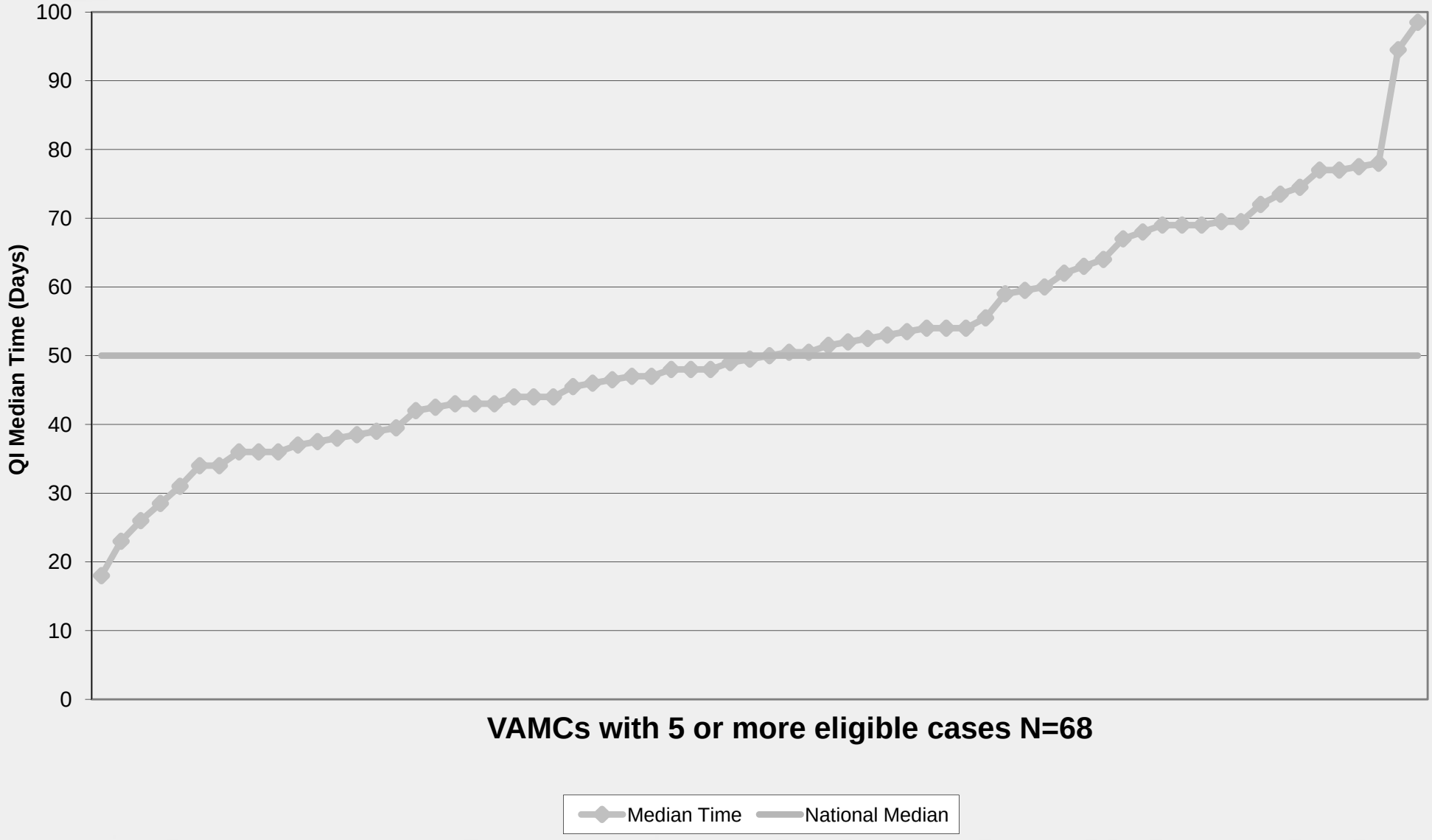
DTM14 – Outpatient screening for pain for patients with advanced cancer



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.

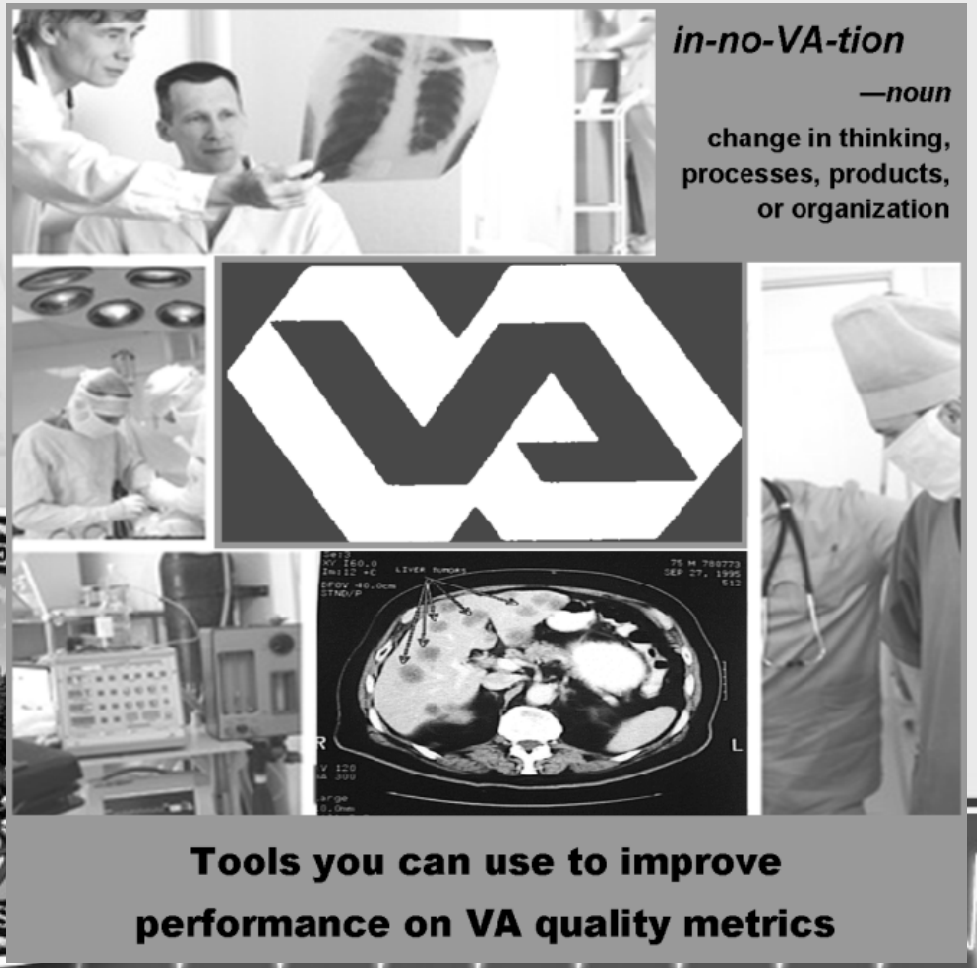
Lung Cancer Care Toolkit …. to the rescue!

- **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*



Lung Cancer Toolkit Tour

- User's Guide to Quality Improvement

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

Lung Cancer Toolkit Tour

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

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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

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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

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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**	**LUNG CANCER** **COLORECTAL CANCER - *COMING SOON!*** **PROSTATE CANCER - *COMING SOON!*** ***MORE TO COME!***

THIS IS YOUR WEBSITE!

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Homepage (cont.)

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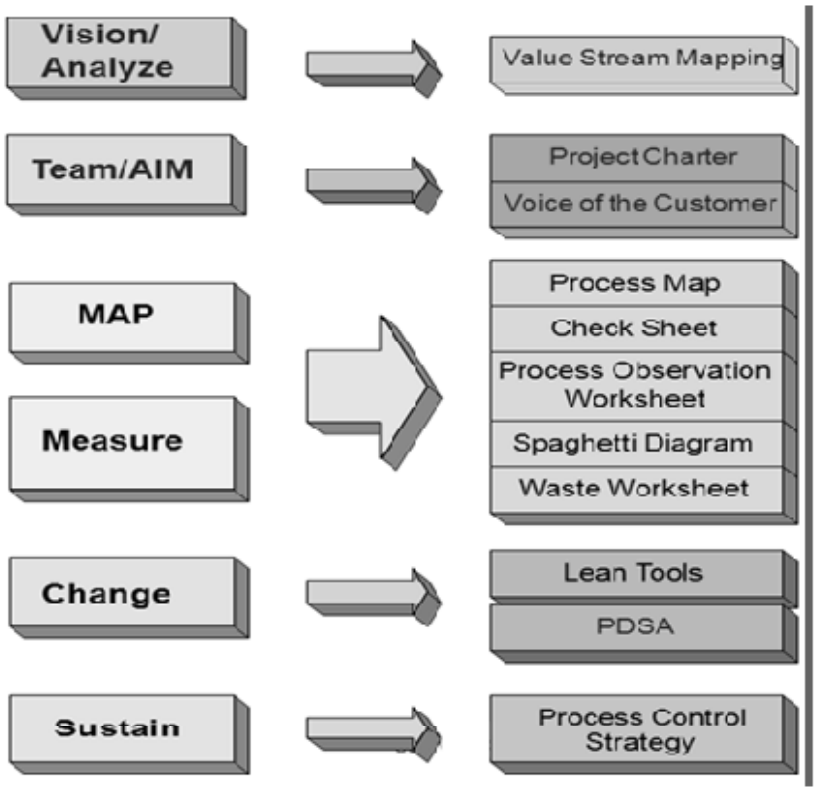
User's Guide to Quality Improvement

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



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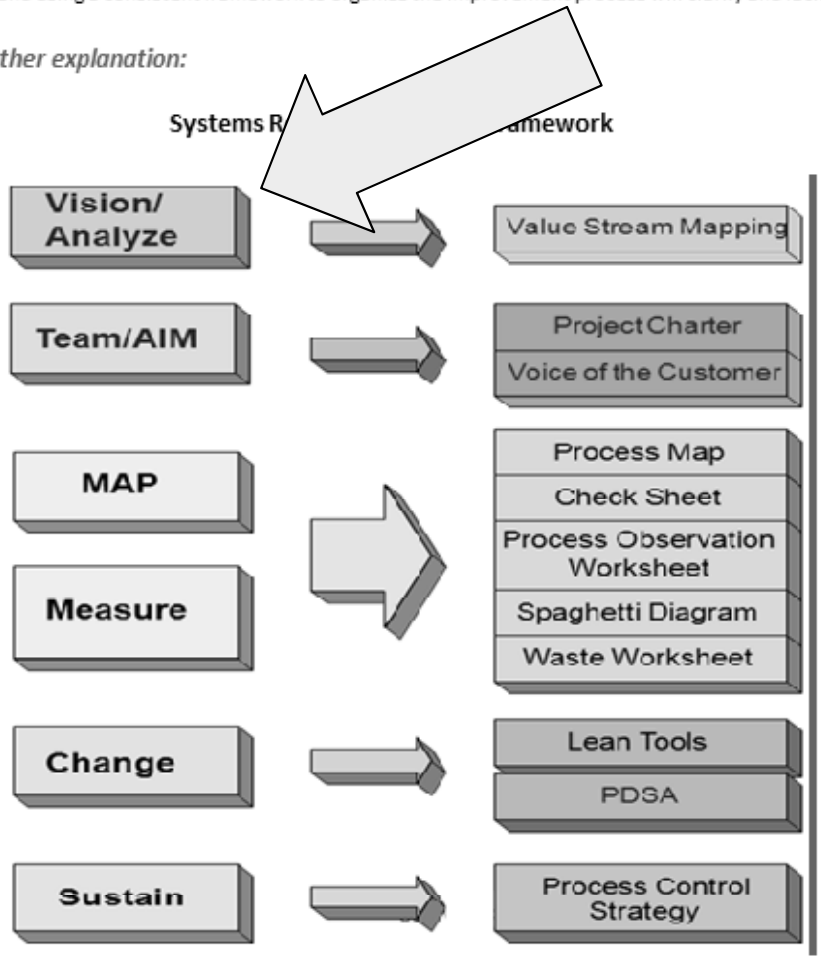

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User's Guide to Quality Improvement

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 s 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 prioritize improvement strategically based on the

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User's Guide to Quality Improvement

Colorectal Cancer Data Collection Tool

	Cancer Type 1= Colon 2= 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	Q5	Q6	Q7	Q8	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	Ye	age documented
17	2	4/24/08	N/A		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	Ye	
22	1	11/3/08			No			N/A	N	
23	1	10/21/08	No		Yes	Yes		N/A	N	
24	1	8/18/08						N/A	N	

Instructions | CRC Tool

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.

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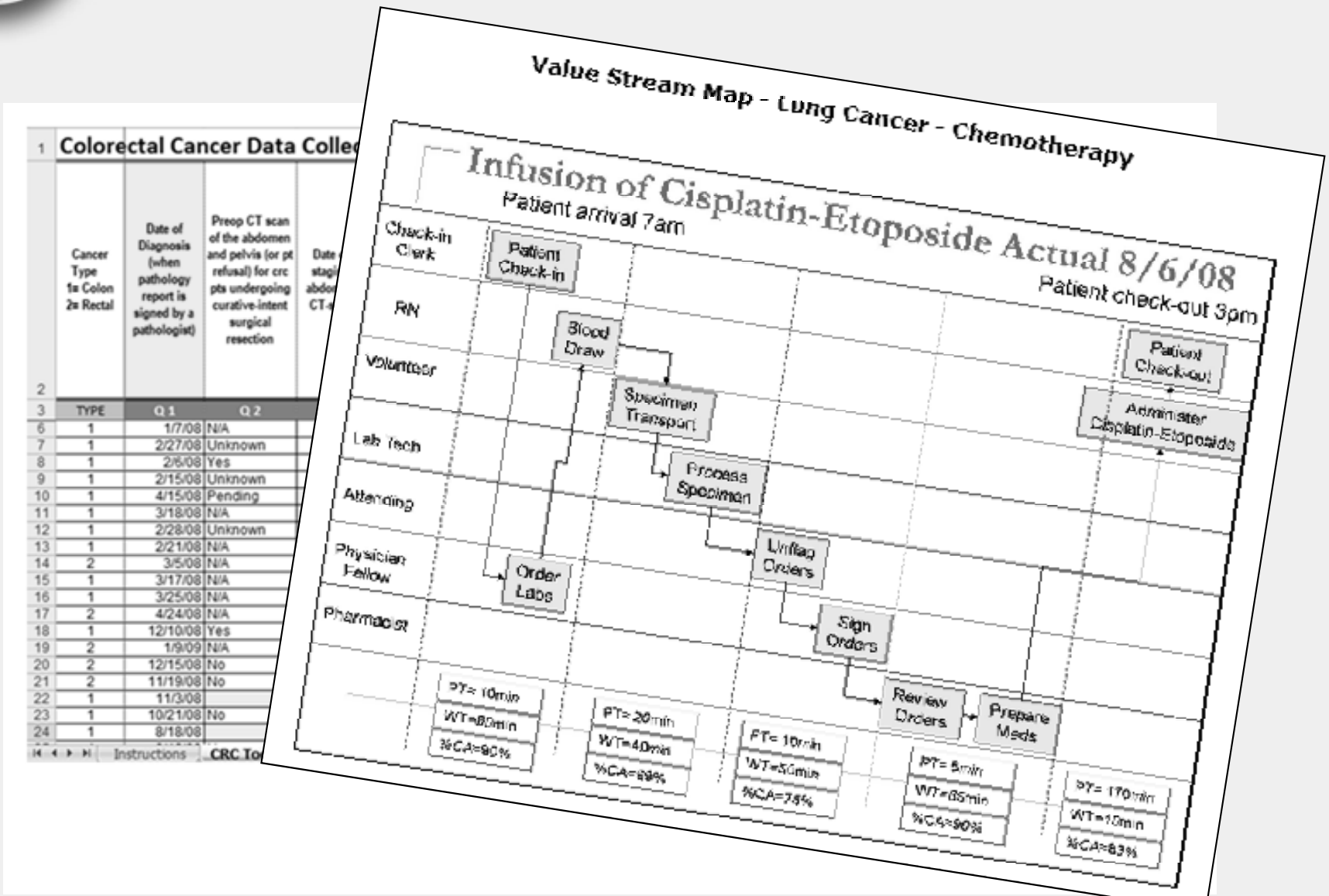
User's Guide to Quality Improvement



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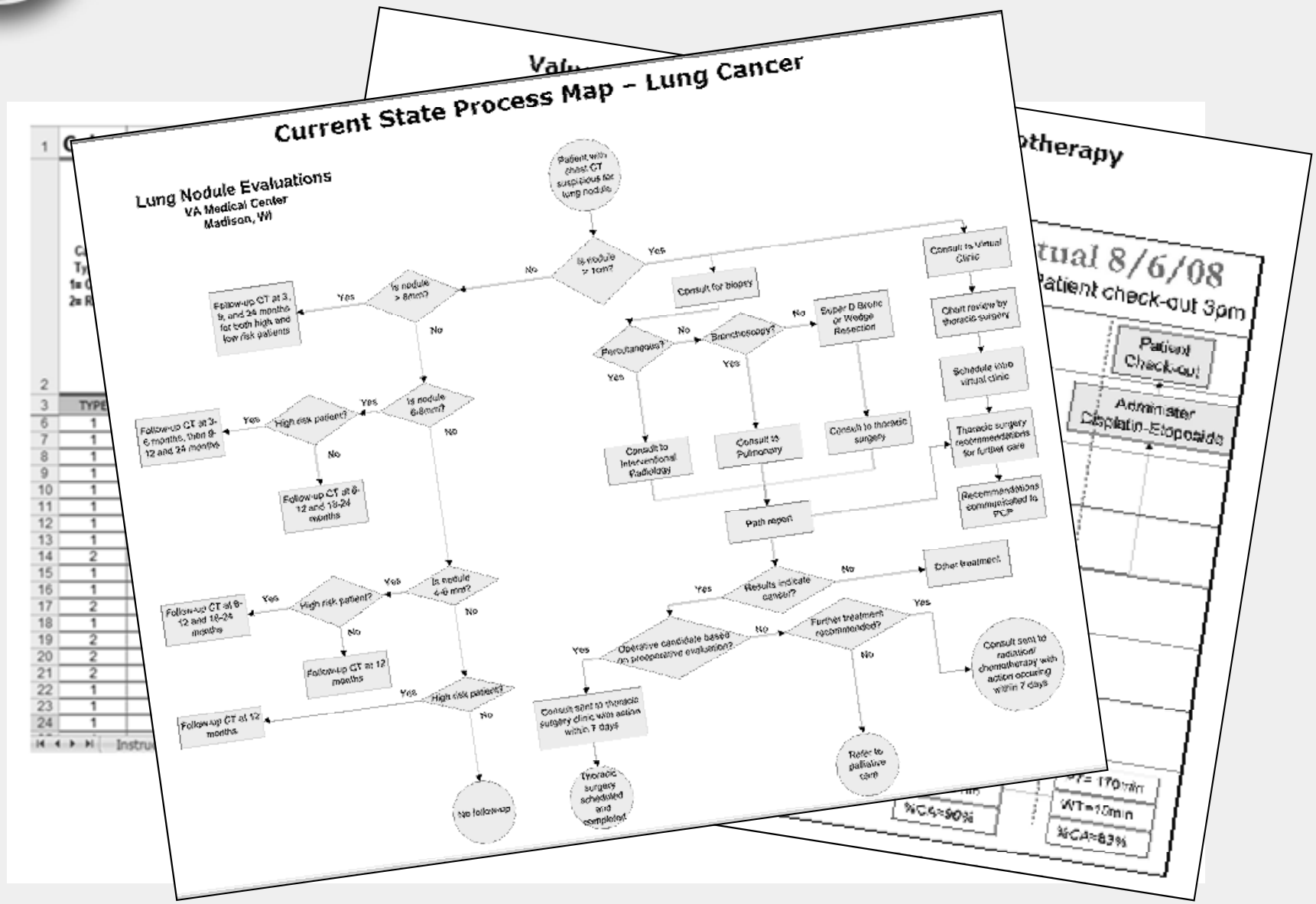

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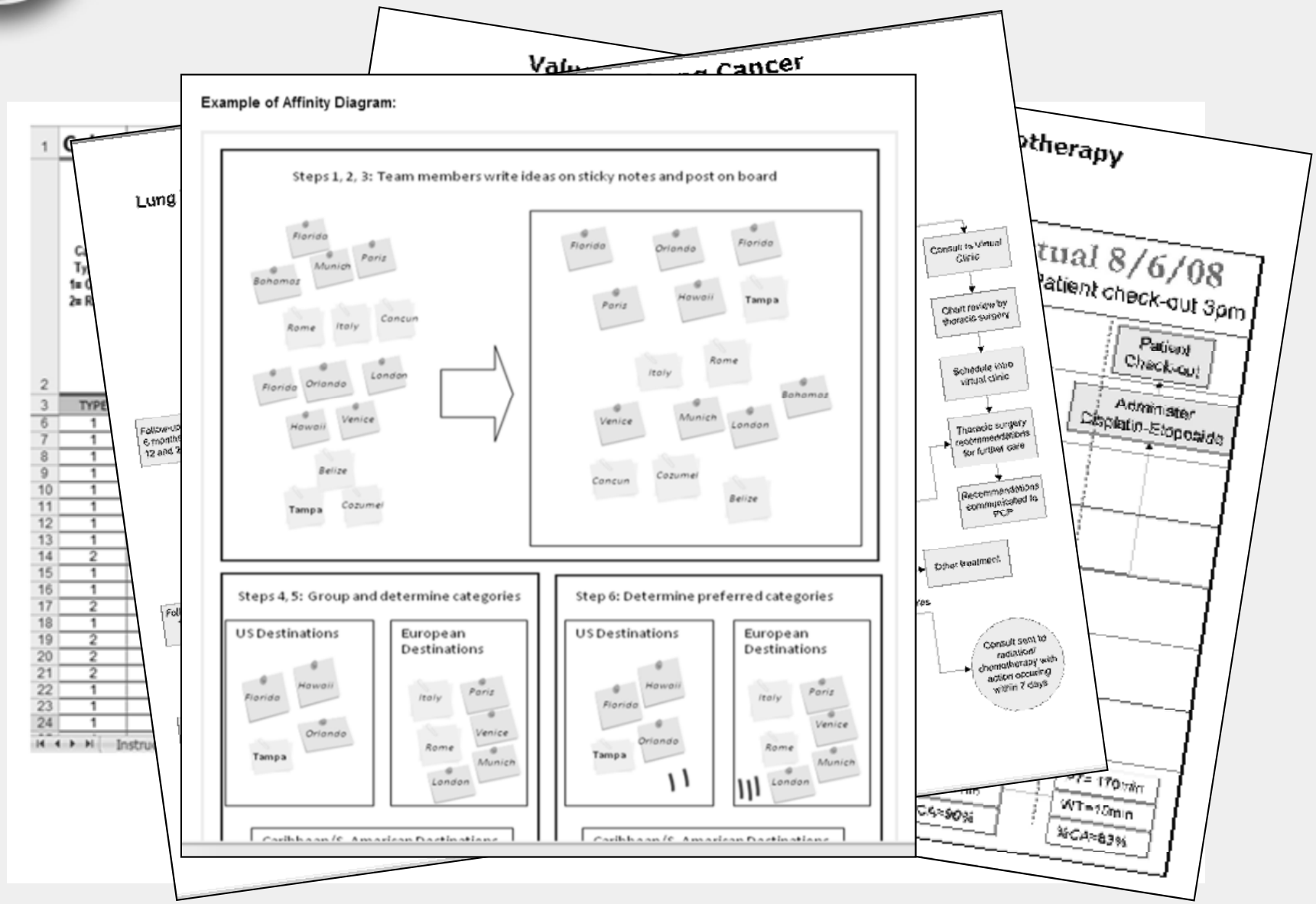

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Lung Cancer Care Toolkit

Lung Cancer Care

HOW CAN THE LUNG CANCER QUALITY INDICATORS HELP ME

LUNG CANCER CARE TOOLS LIST

LUNG CANCER TOOL QUALITY INDICATOR TABLE

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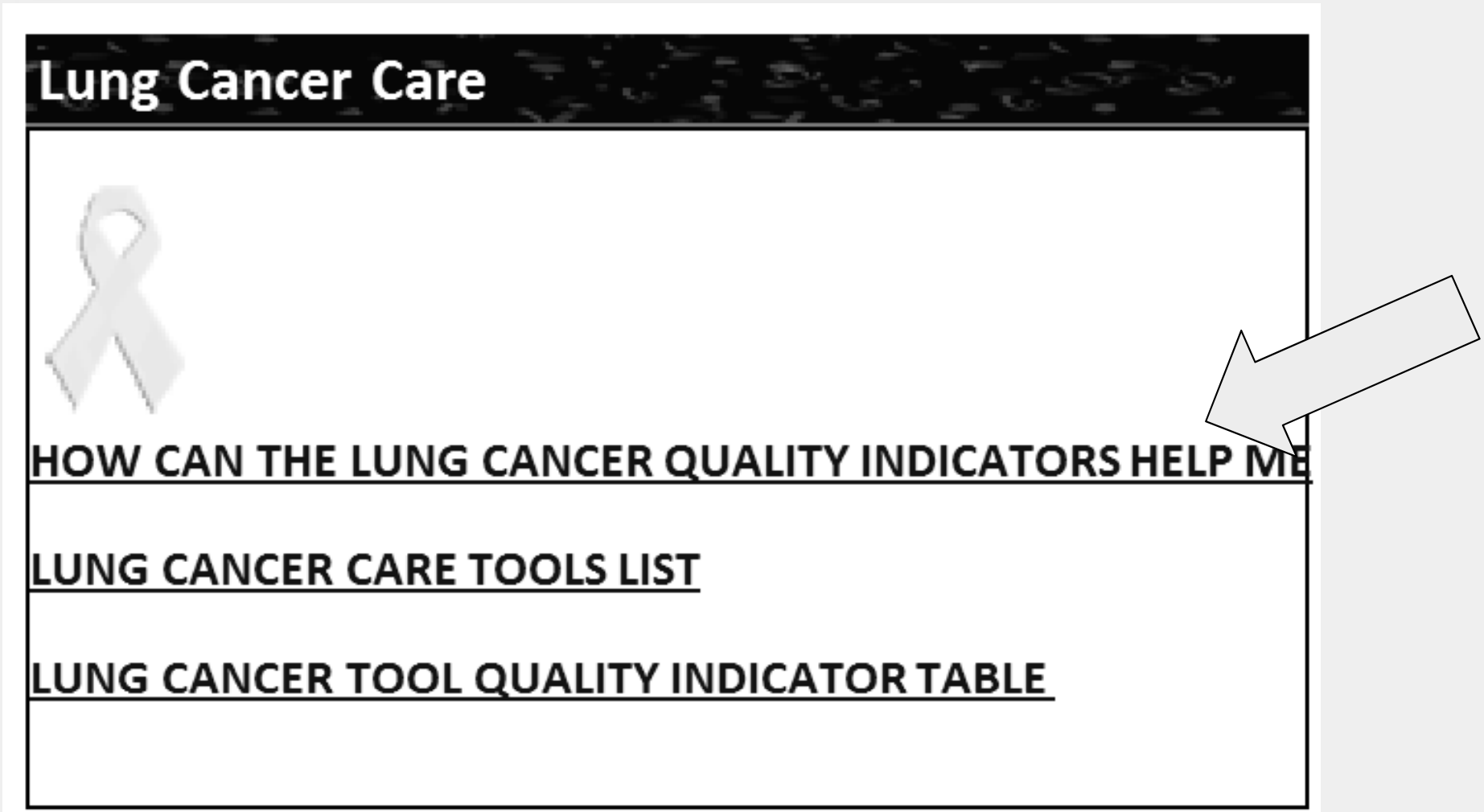
Lung Cancer Care Toolkit



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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:

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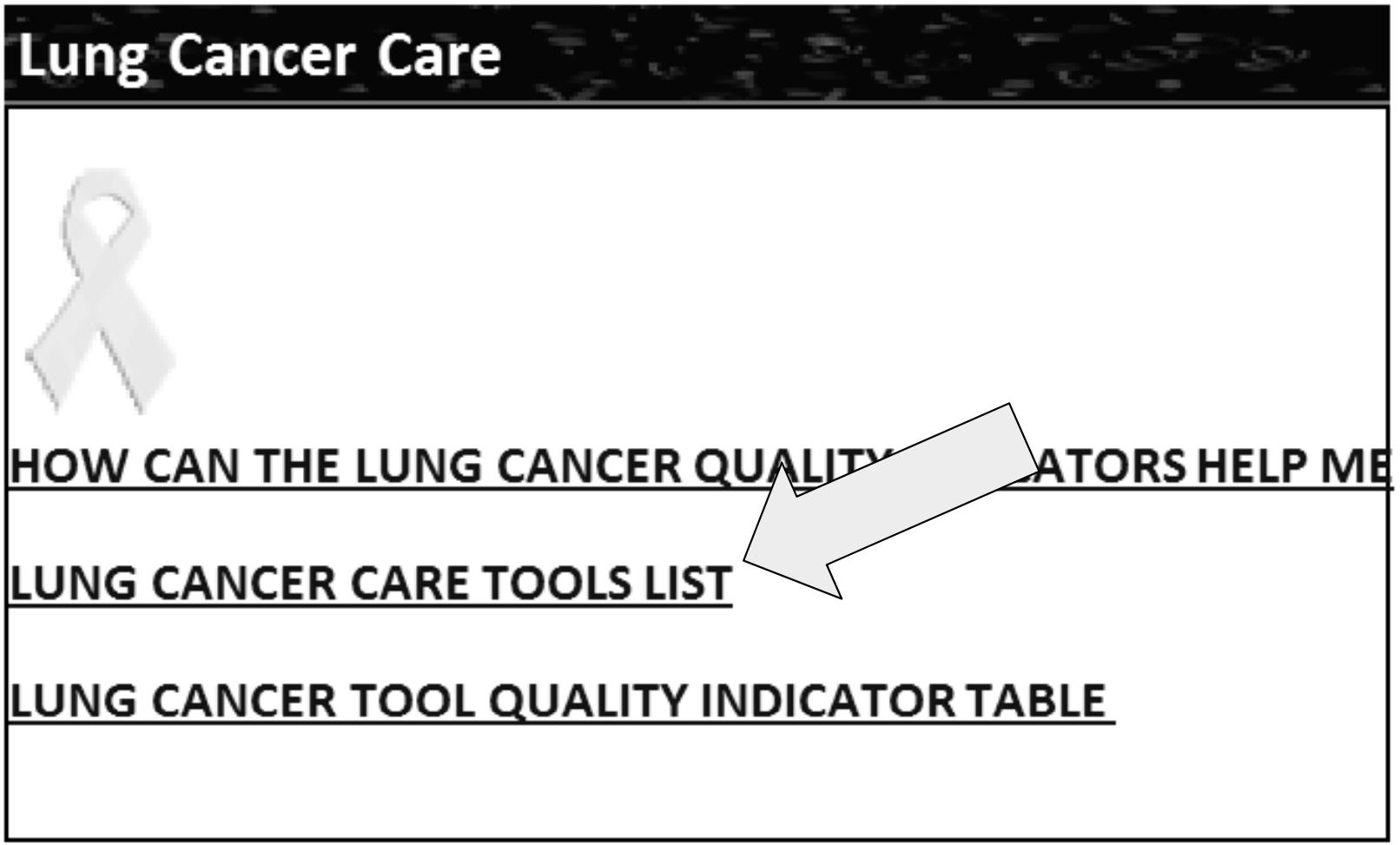
Lung Cancer Care Toolkit (cont.)



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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

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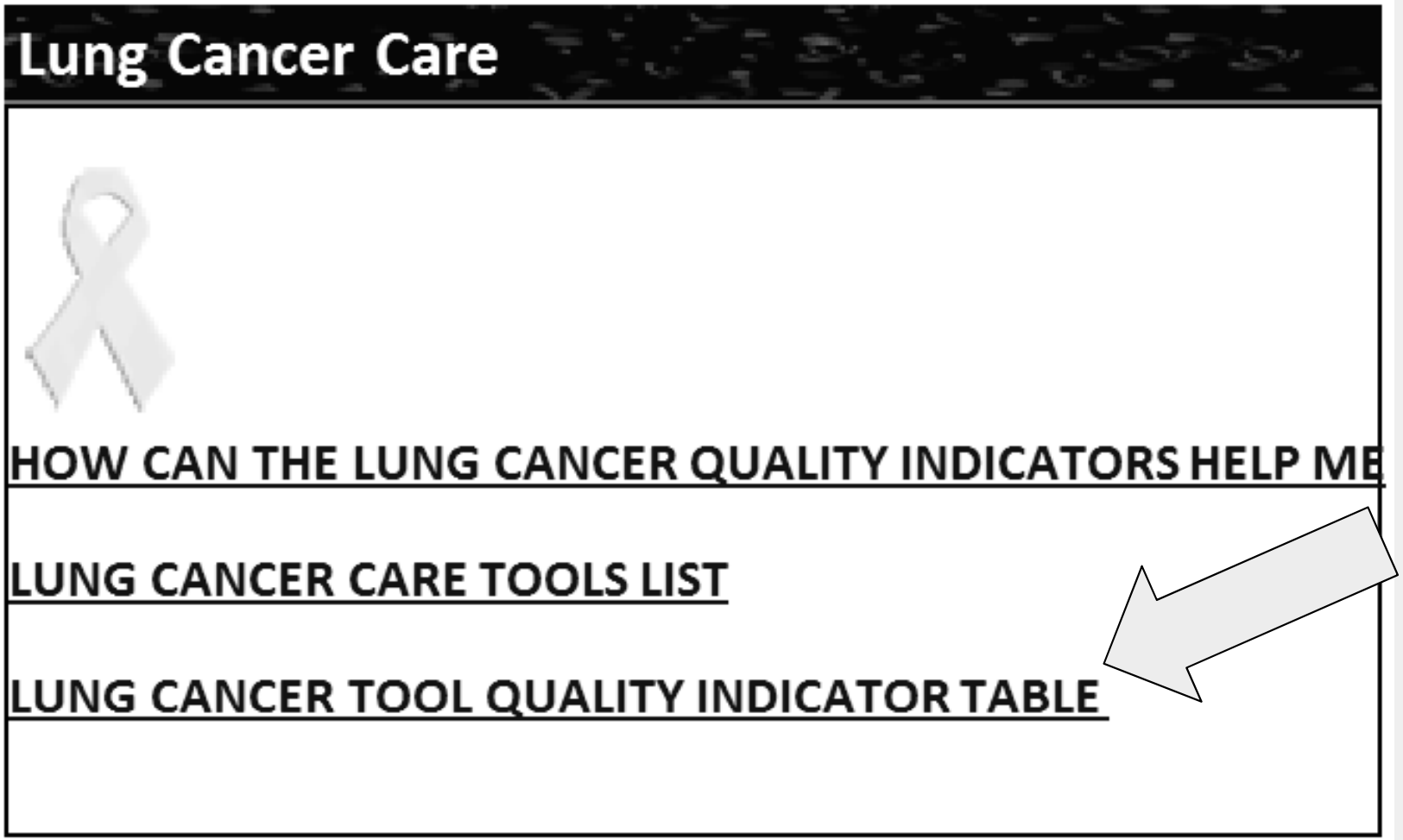
Lung Cancer Care Toolkit (cont.)



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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	Tool 1 - Stage documentation template Tool 2 - Practice guideline link: NSCLC Tool 5 - Tumor board Tool 6 - Virtual tumor board Tool 14 - Lung cancer flowchart Tool 36 - Pathology report template Tool 37 - Pathologist Work Aid
DTM 2 Staging of mediastinum in Stage I,II,III NSCLC	Tool 1 - Stage documentation template Tool 2 - Practice guideline link: NSCLC Tool 3 - Surgical consult template Tool 4 - PET consult template Tool 5 - Tumor board Tool 6 - Virtual tumor board

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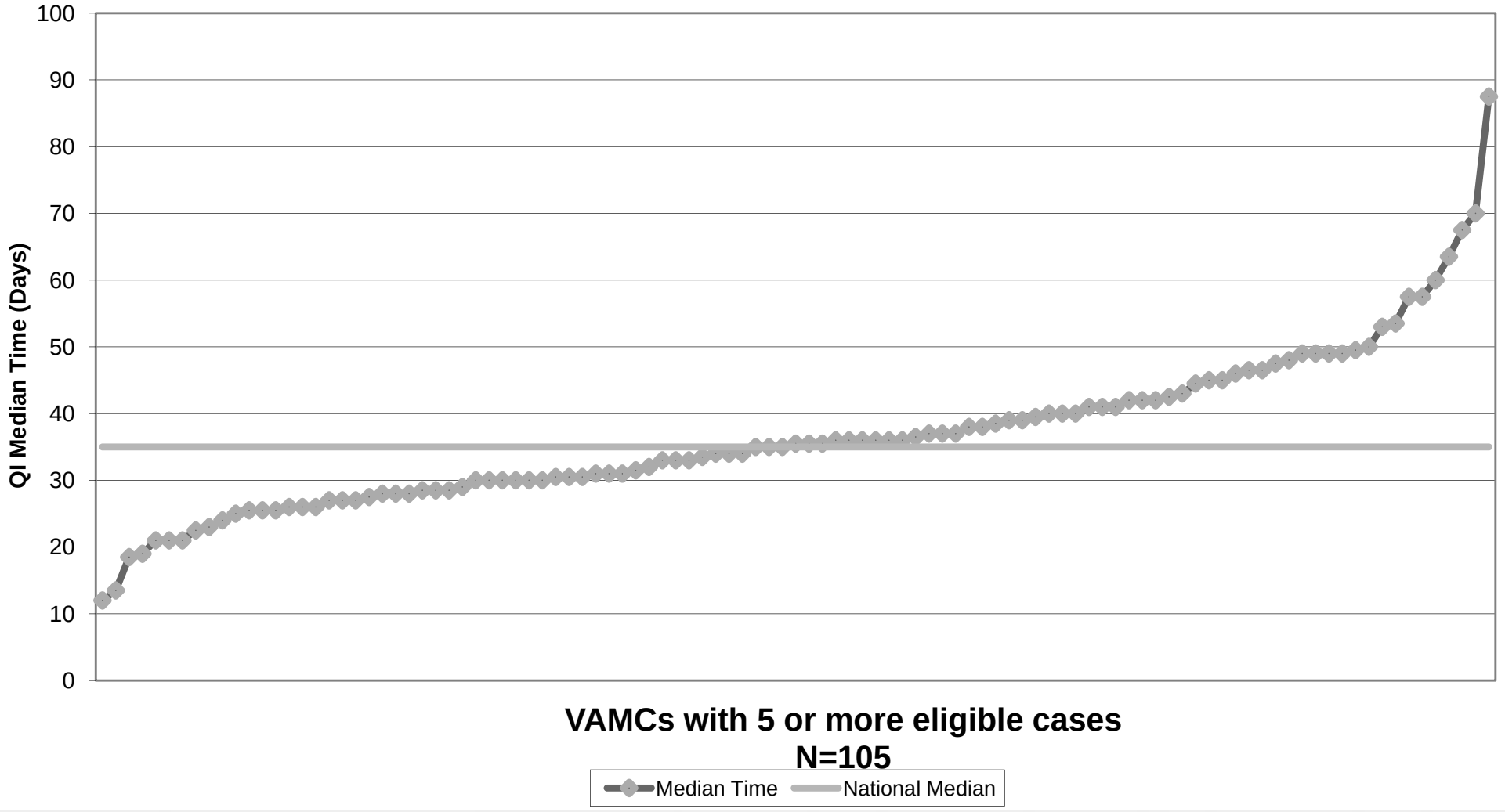
Tool 4: CPRS PET scan template

T2 - Time from diagnosis to first treatment



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Lung Cancer Indicator/Tool Table

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

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Tool 4: CPRS PET scan template

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

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What You Should Know:

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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

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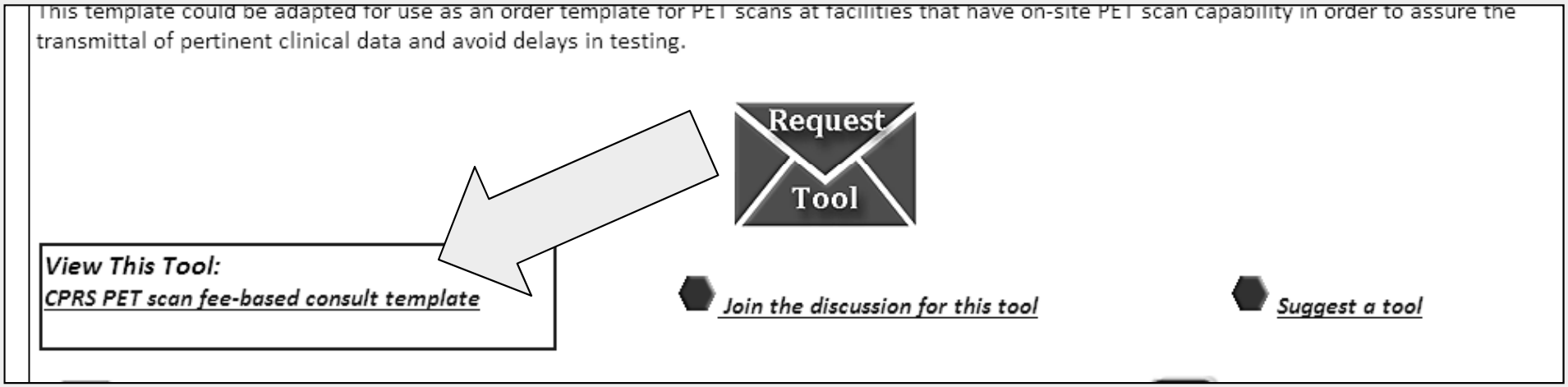

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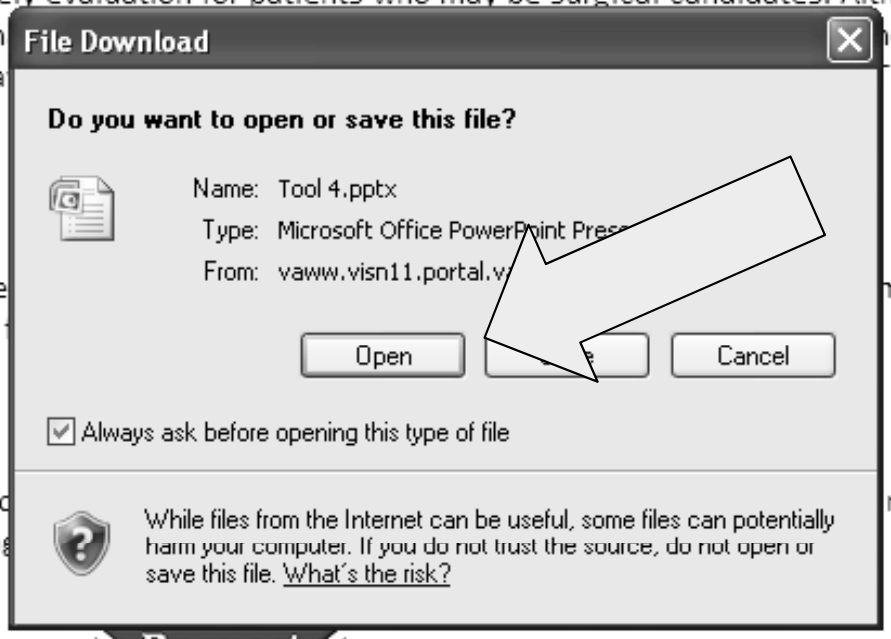

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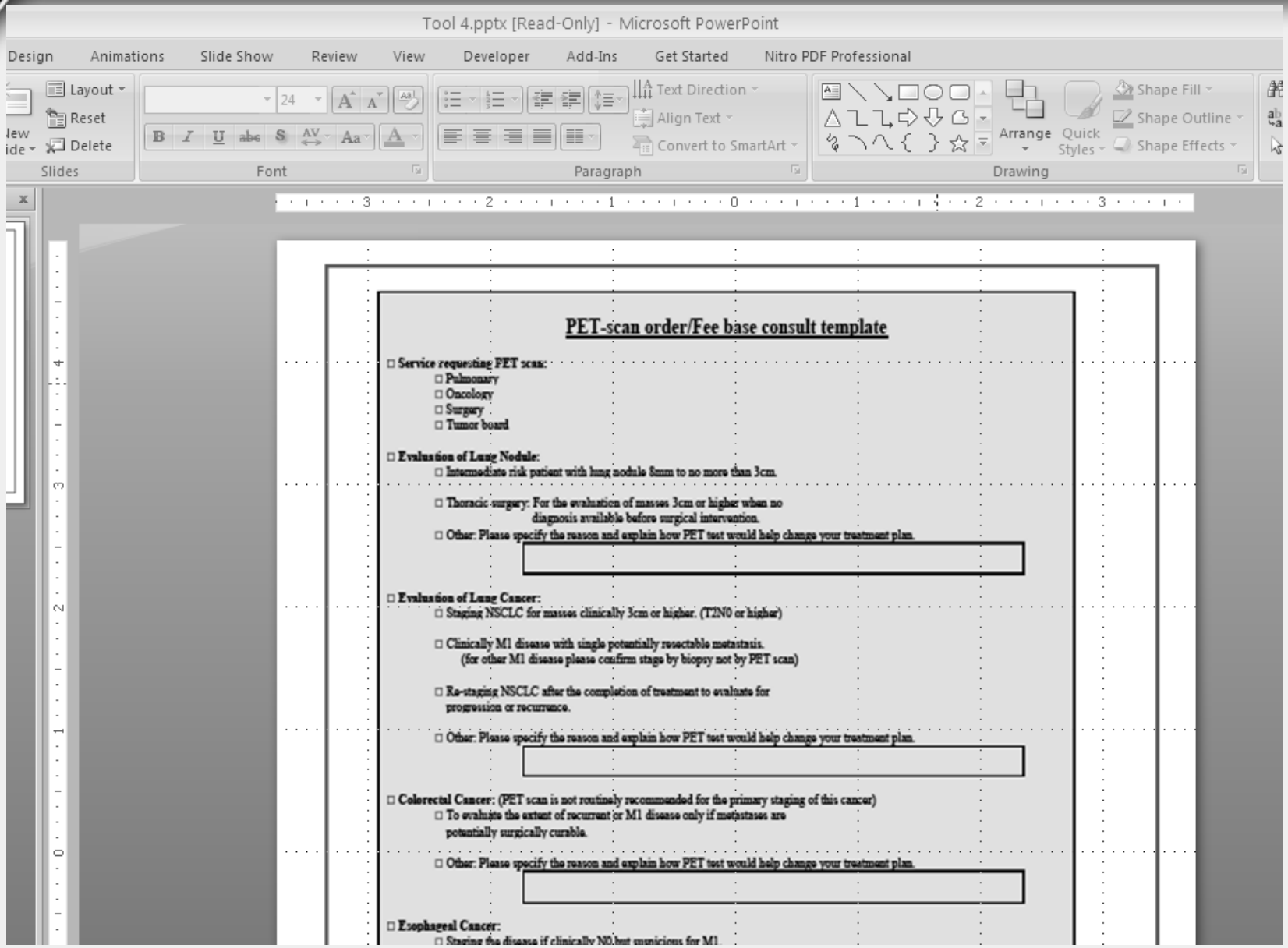

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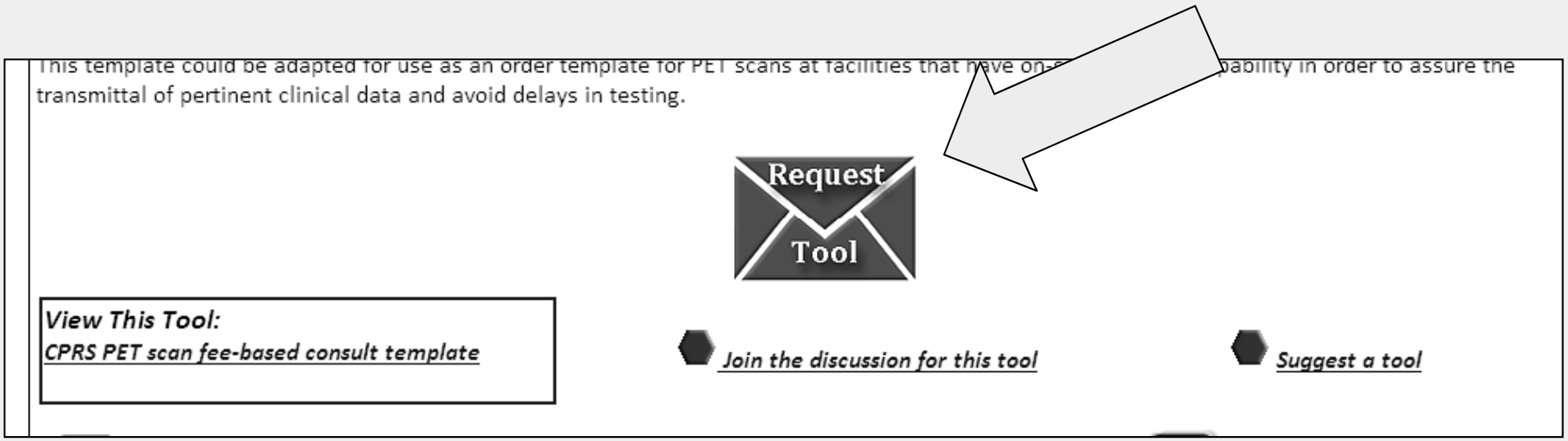
Tool 4: Request Tool option



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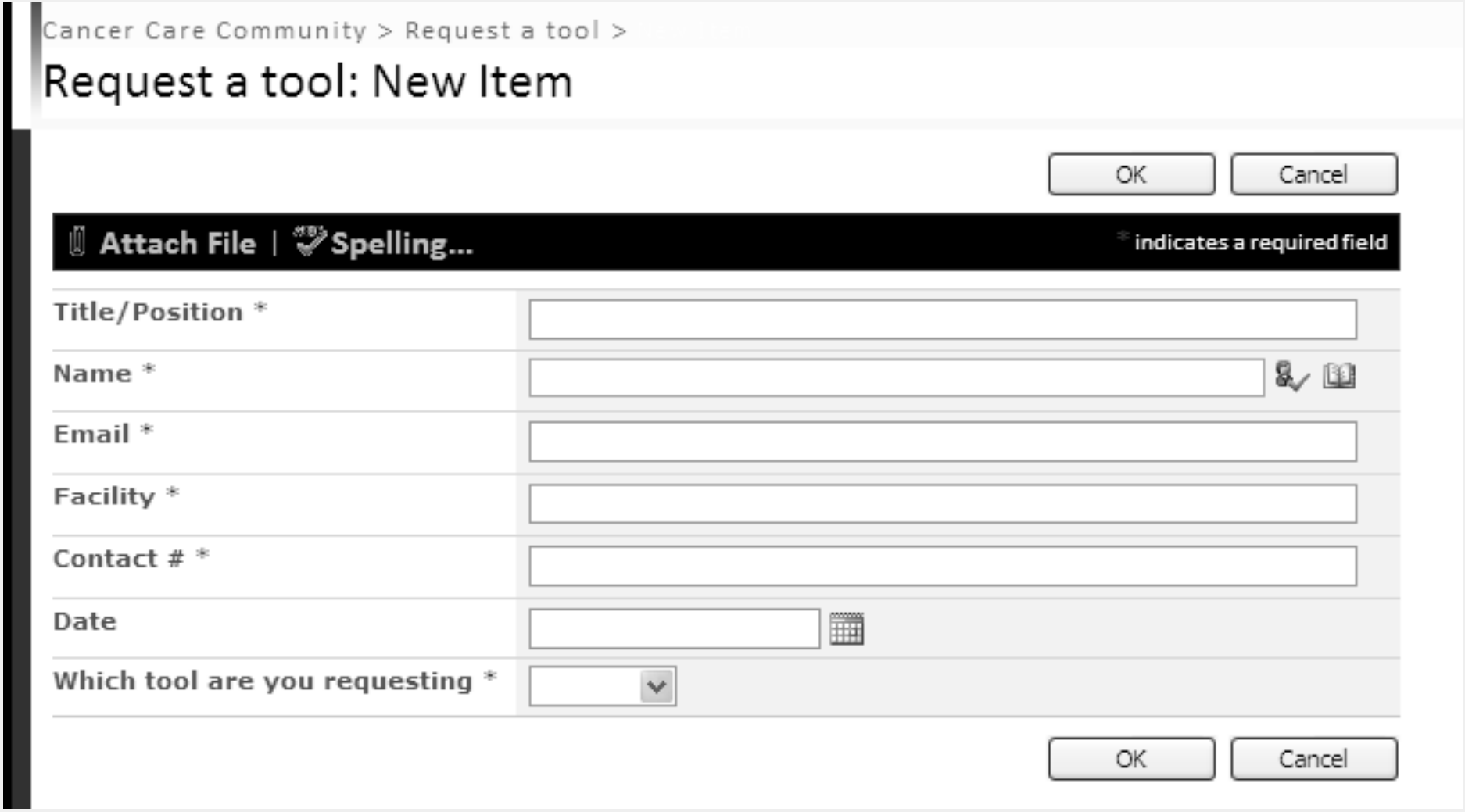
Tool 4: Request Tool form



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Join this Discussion

Edit	Which tool is this comment associated with	Date	Point of Contact

⊞ Which tool is this comment associated with : **Tool 12 - Organizational process changes** (1)

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⊞ Which tool is this comment associated with : **Tool 25 - Patient pain assessment tools** (1)

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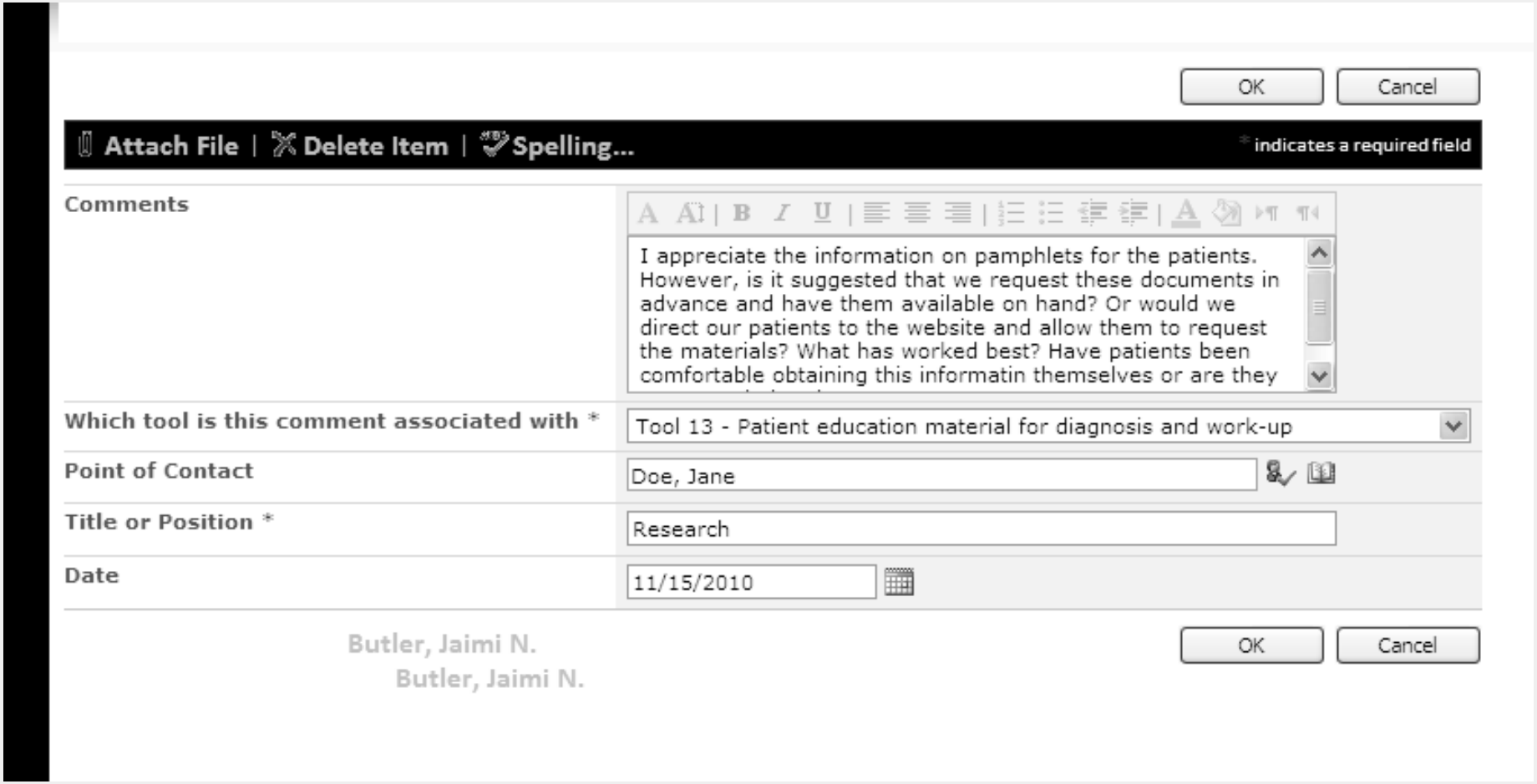

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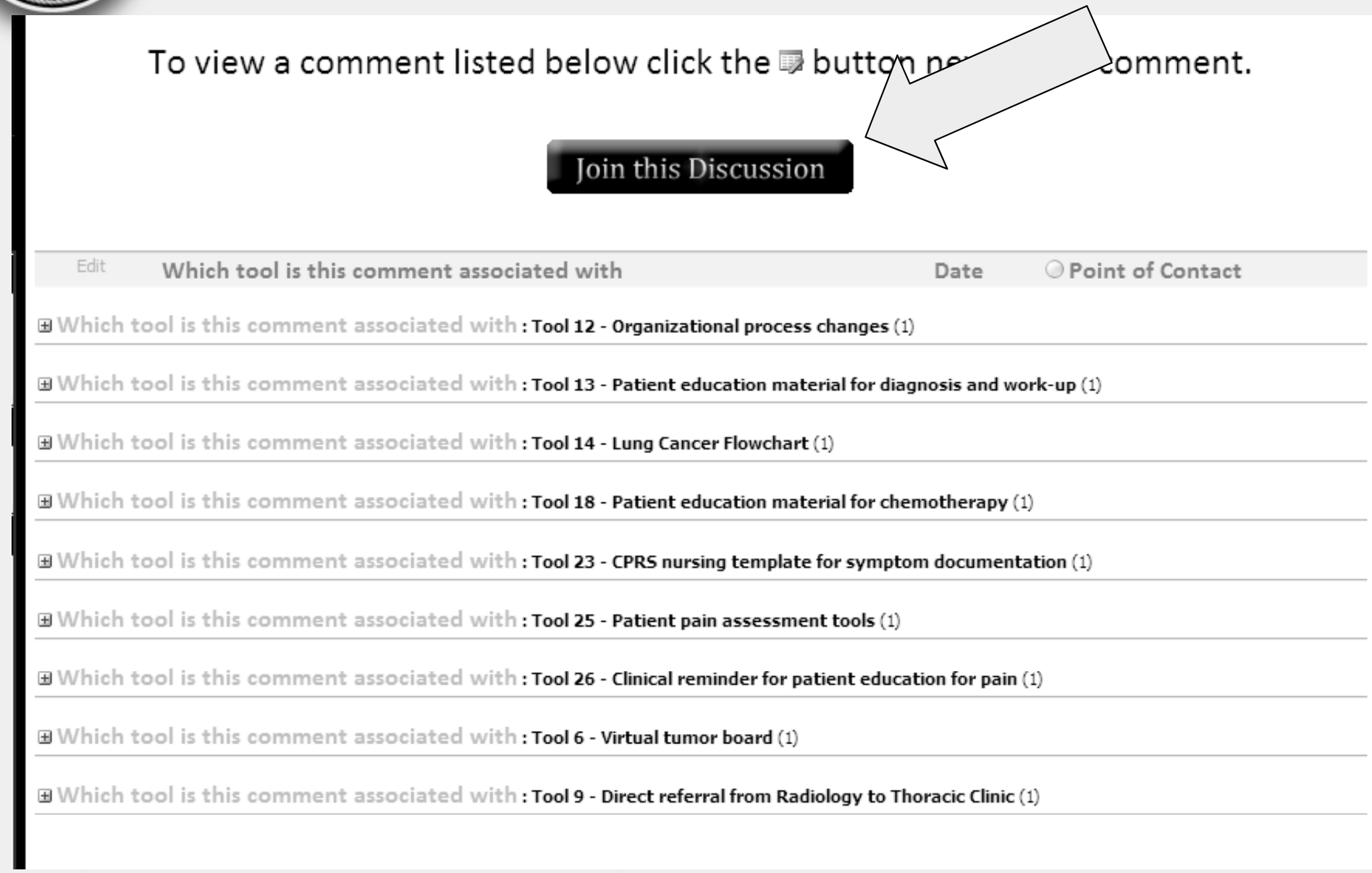

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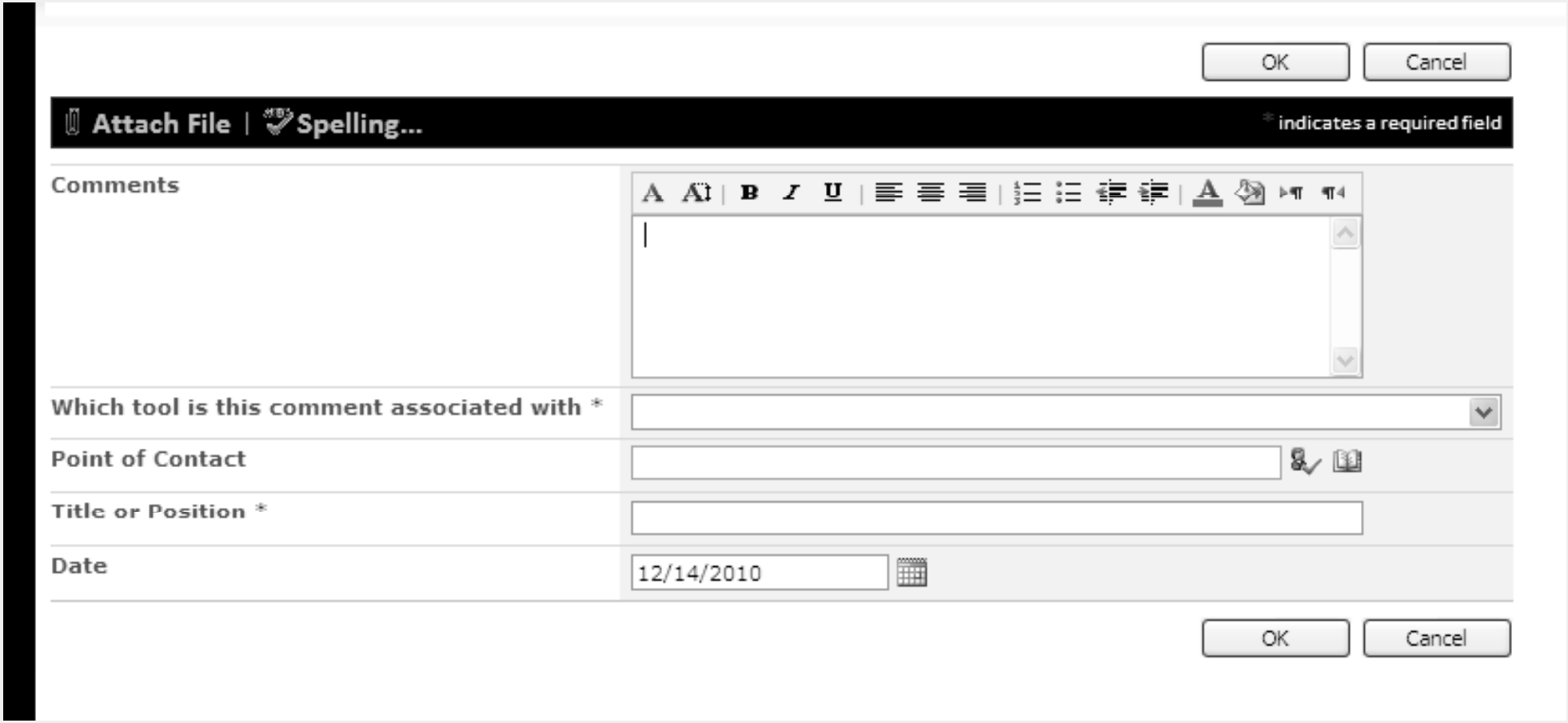

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“Suggest a Tool”

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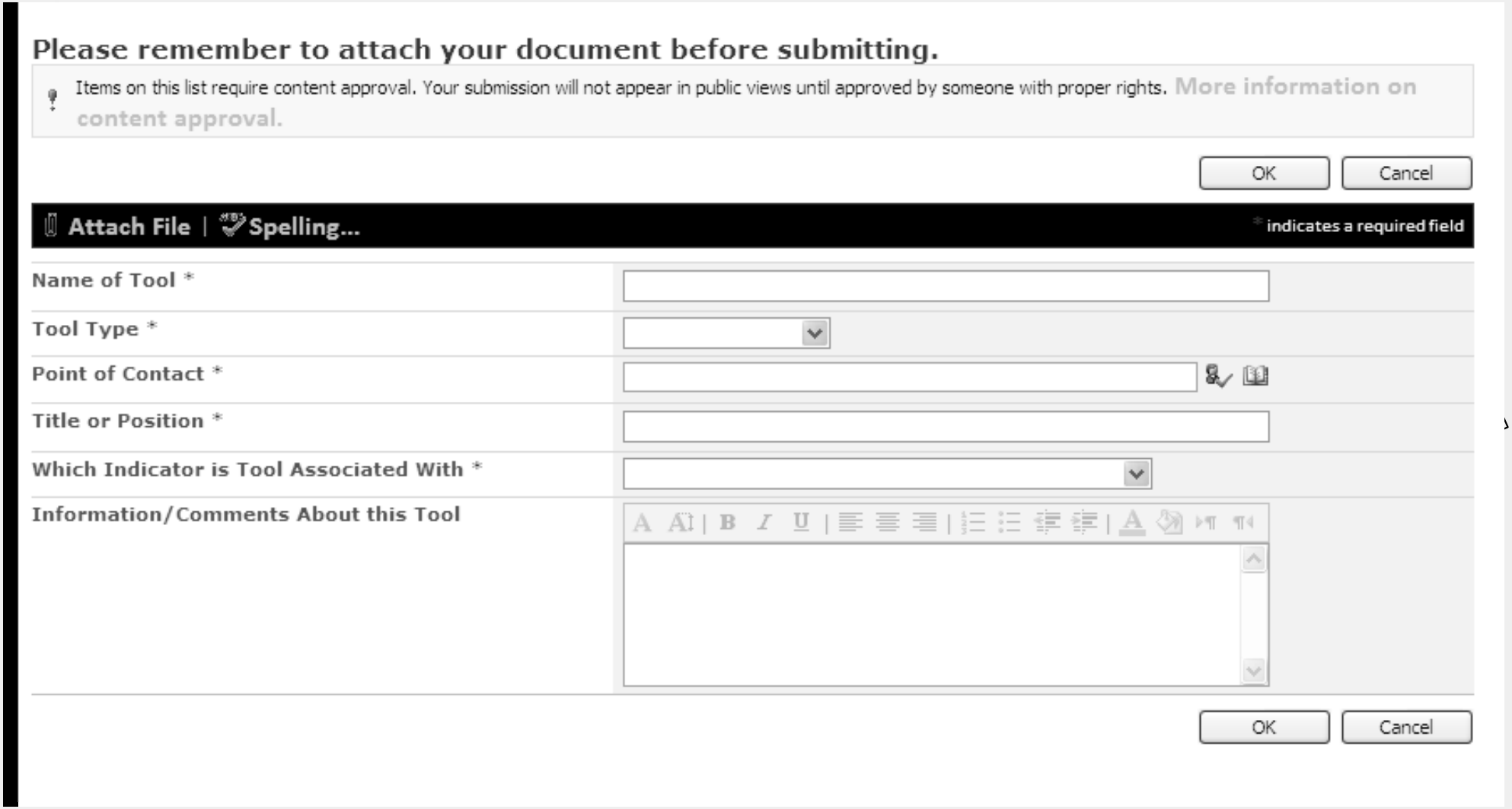

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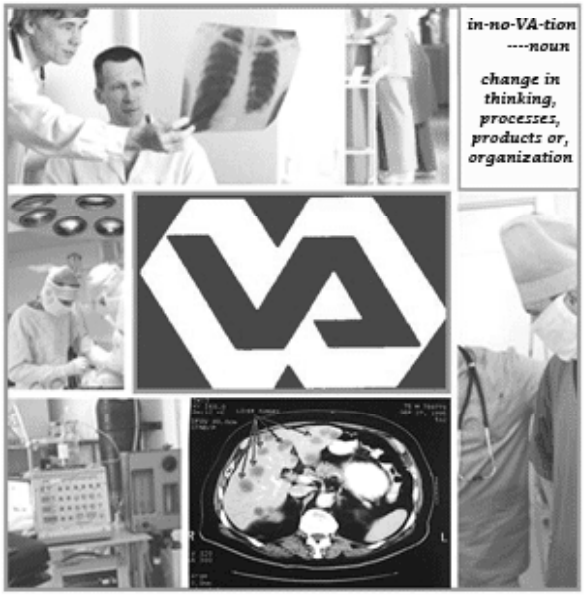
Toolkit Series Homepage



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

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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

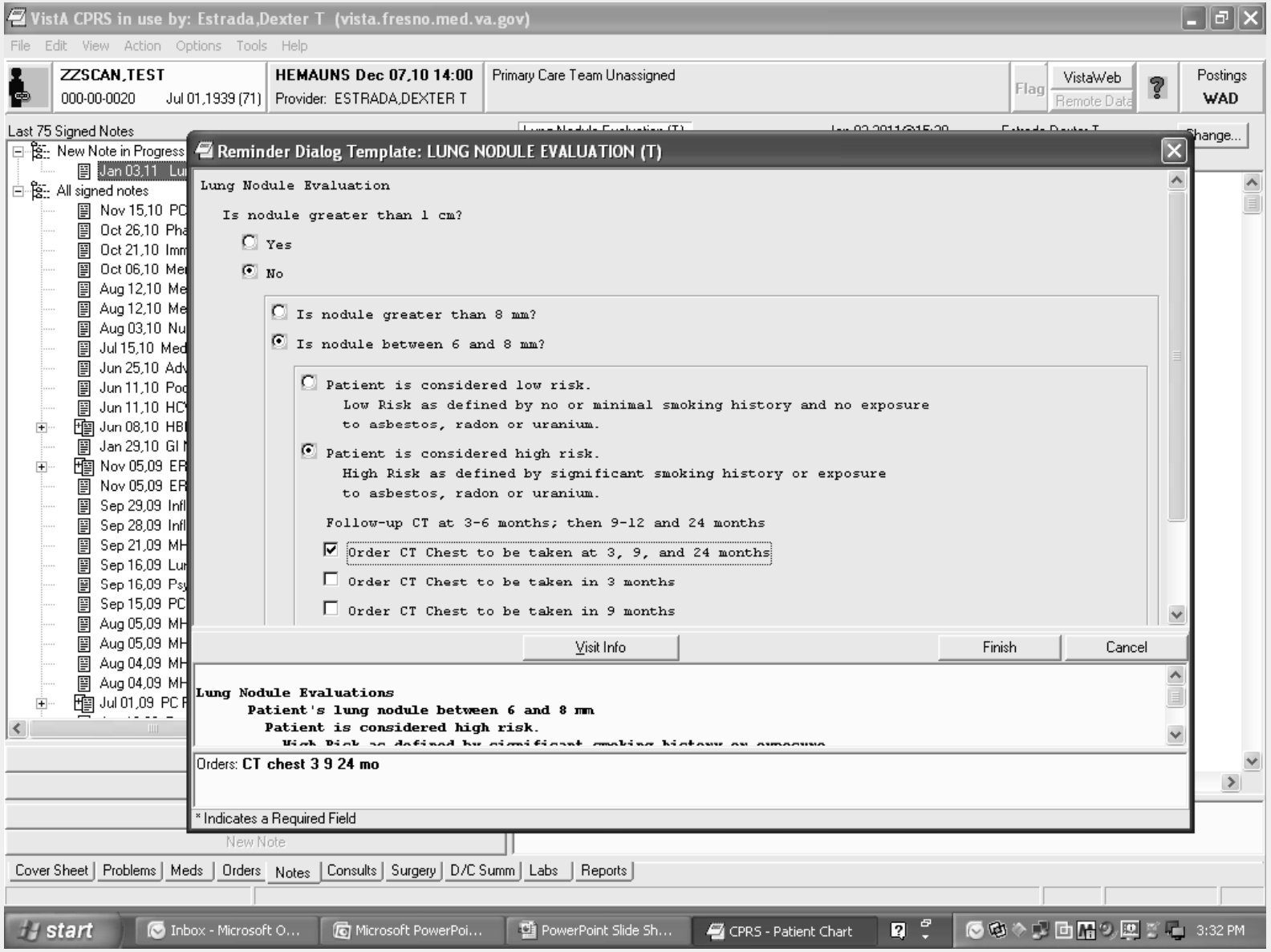
- *Wait time from an abnormal image to a diagnosis of lung cancer was unacceptably high at 23 days on 1/2009.*
- *No integrated process in place at that time for facilitating the workup of suspicious lung nodules found on routine imaging.*
- *Many cases were being lost to follow-up or unnecessarily delayed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



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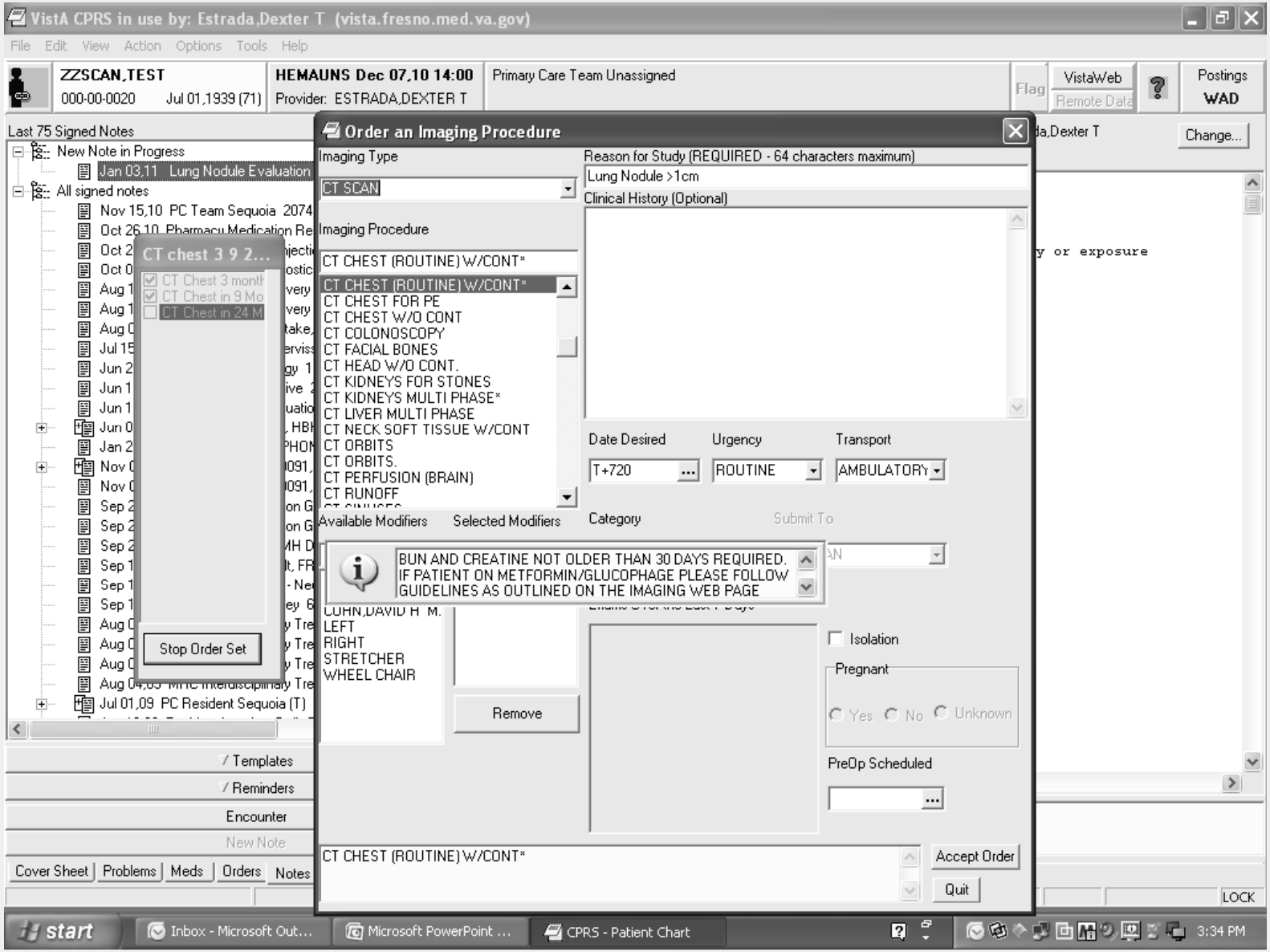

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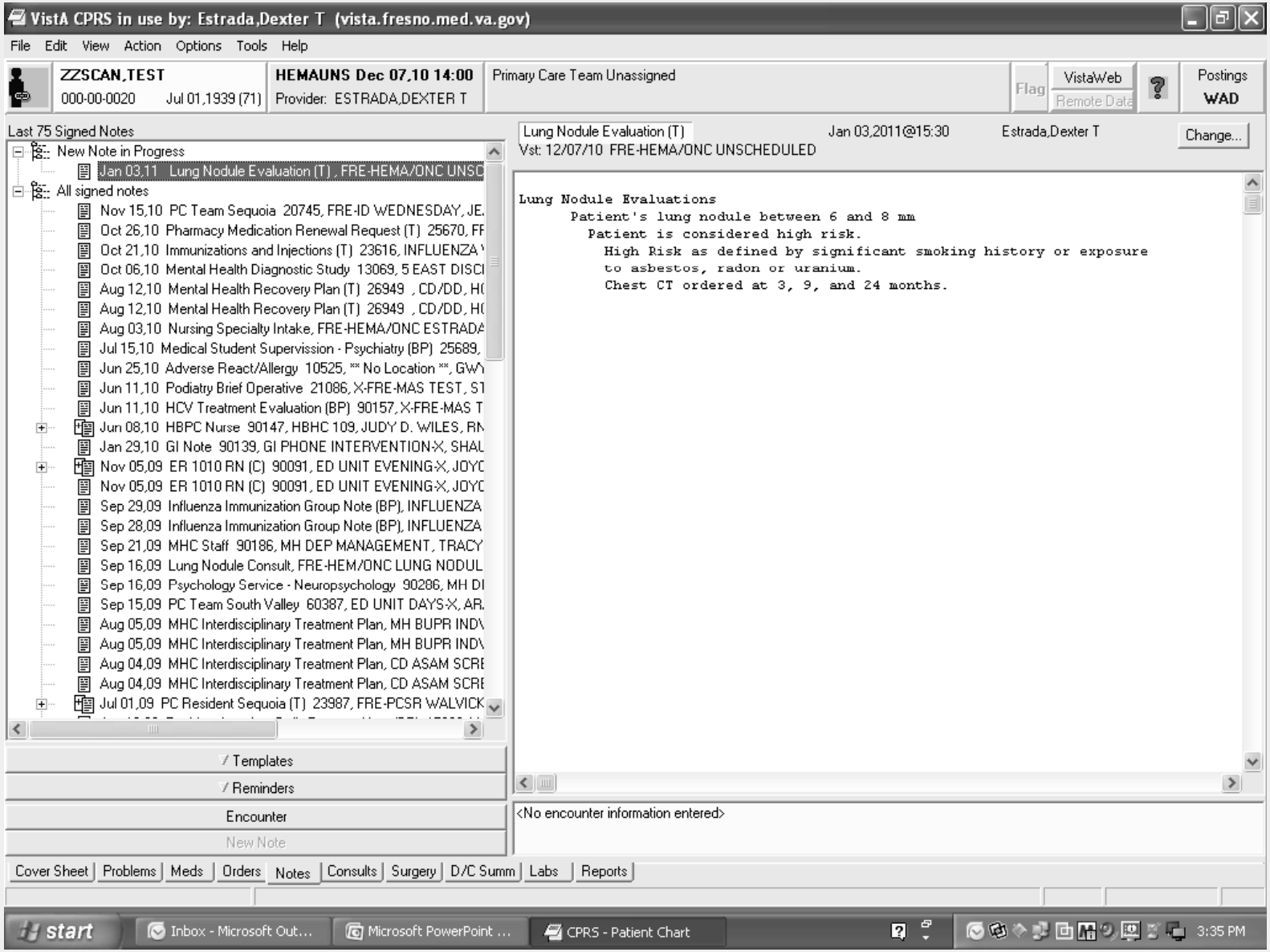

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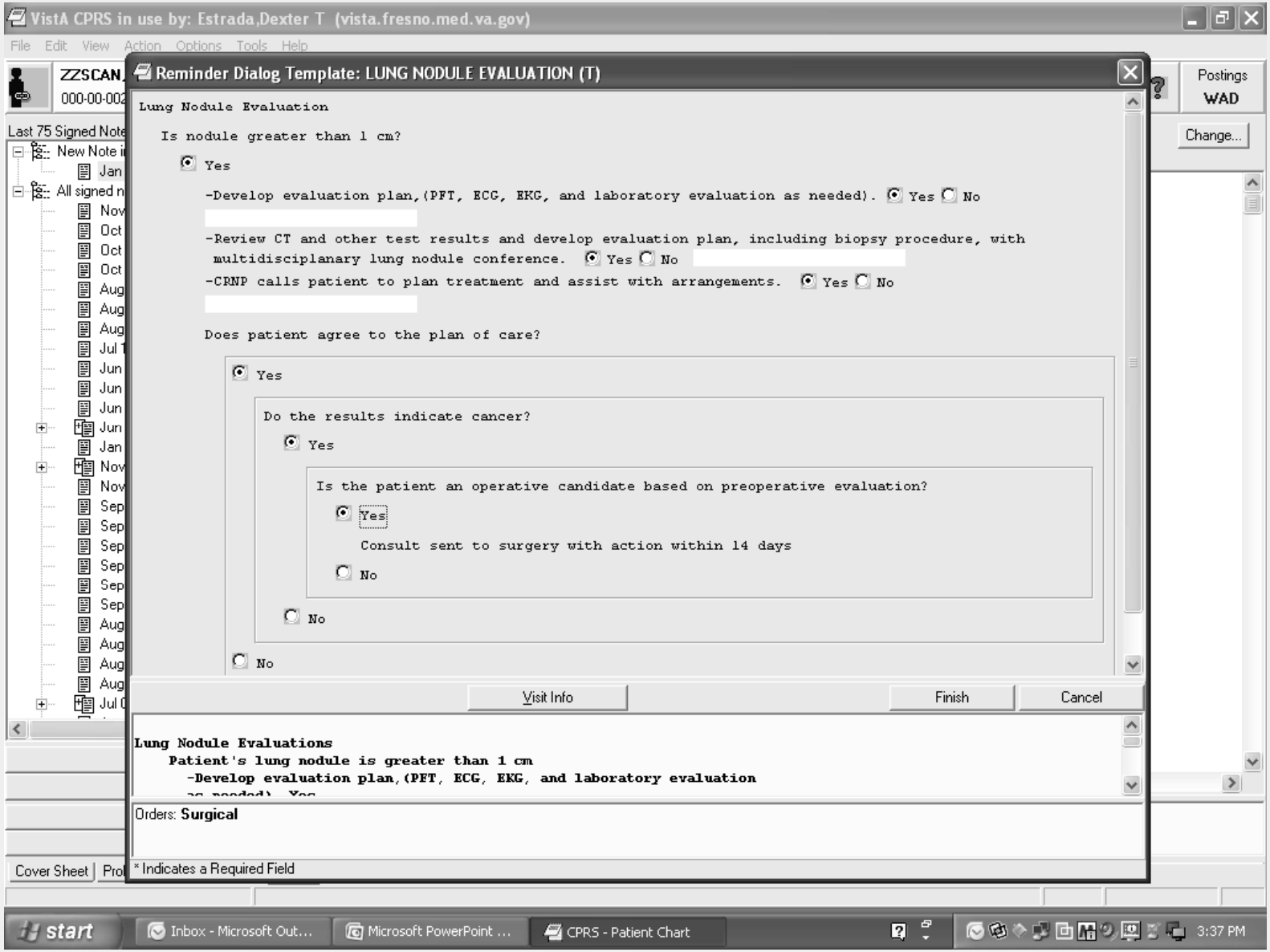

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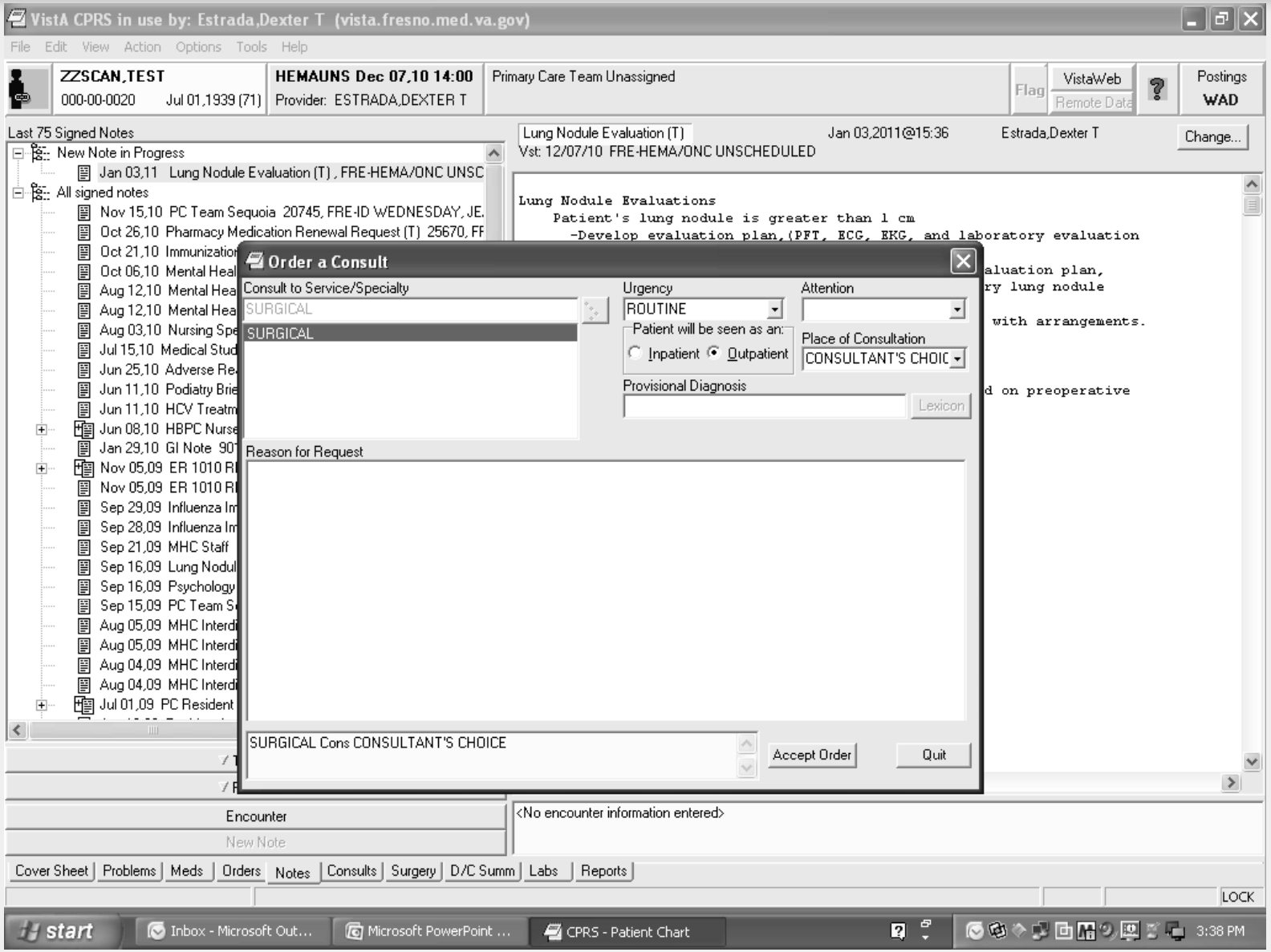

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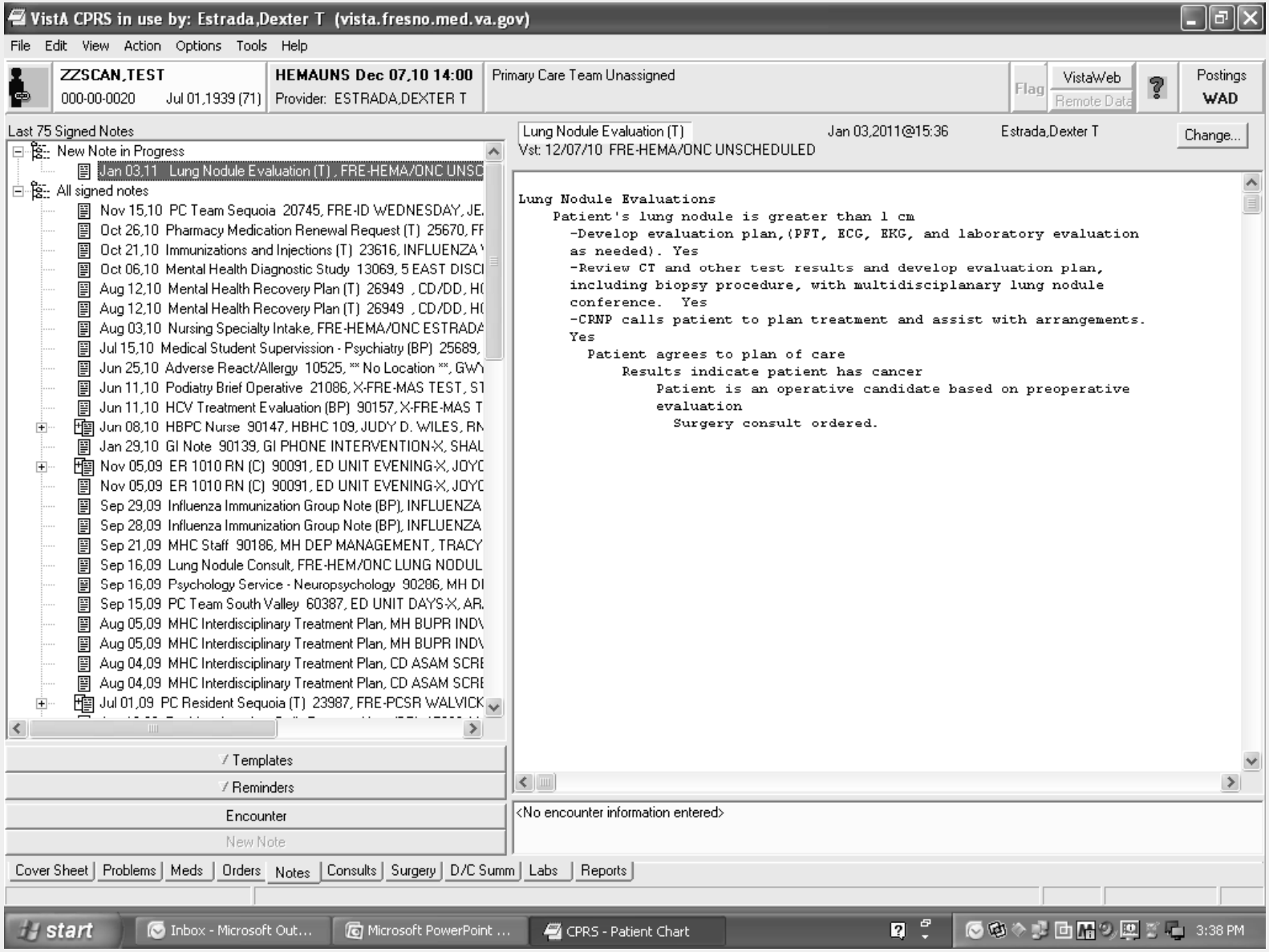

Tool 35
Lung nodule reminder dialog template

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/ concensus → ***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

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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

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