

Learning Labs Process

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During 2014, ACCC conducted experiential Learning Labs focused on improving molecular testing at eight member cancer programs. The process followed is described below.

Collecting Baseline Data

Participating centers gathered baseline performance data on molecular testing in lung cancer at the start of the project, to assess their current clinical practices and workflows. The process of collecting this information involved working with their cancer registry teams to review patient charts and interview clinicians to gather feedback around key workflow issues.

Centers offered 12 months of recent de-identified, aggregated data from their cancer registries and patient charts which indicated:

- The total number of lung cancer patients
- The population of lung cancer patients who had adenocarcinoma compared with other histology subtypes
- The number of lung adenocarcinoma patients by disease stage
- The breakdown of lung adenocarcinoma patients by disease stage who had EGFR or ALK molecular testing

Additionally, centers were asked to review their current clinical workflow processes and answer questions on issues such as:

- What types of steps occur in the patient flow when someone has a suspected lung mass and requires a biopsy?
- How often are lung biopsies performed by radiologists compared with pulmonologists? Compared with surgeons?
- How do physicians performing lung biopsies communicate with pathologists about the need for molecular testing?
- What are key reasons why some lung cancer patients are not receiving molecular testing?

By reviewing its data and existing workflows, each center had a starting point to engage its team members in an open dialogue about the current state of molecular testing in lung cancer at that center and about some potential opportunities for improvements.

Tailored Workshops

Based on each center's baseline data, tailored learning lab workshop materials were prepared and ACCC scheduled learning lab workshops. Participants at these 2-hour workshops included cancer center administrators, senior executive leaders, physicians (medical oncologists, pulmonologists, pathologists, radiologists, radiation oncologists, and surgeons), nurses, patient navigators, quality improvement professionals, cancer registrars, and other members of the cancer care team.

During the workshop, attendees reviewed the 2013 College of American Pathologists/International Society for the Study of Lung Cancer/Association of Molecular Pathologists guidelines on molecular testing in lung cancer,^[1] discussed key opportunities for process improvement, and explored how to proceed with implementing some of those changes. Learning lab attendees were also introduced to the Plan–Do–Study–Act (PDSA) cycle for improvement. At the conclusion of each workshop, attendees were asked to schedule a follow-up meeting to discuss and prioritize areas for improvements and corresponding action items.

PDSA Framework

Each center held a follow-up meeting to outline 2 to 3 improvement plans and applied the PDSA cycle for improvement to develop specific action items, agree on progress metrics, and document the changes over a 3-month period.

[Read about](#) the identified areas for improvement and potential action items.

References

[1][Molecular Testing Guideline for the Selection of Lung Cancer Patients for EGFR and ALK Tyrosine Kinase Inhibitors by the College of American Pathologists \(CAP\), the International Association for the Study of Lung Cancer \(IASLC\), and the Association for Molecular Pathology \(AMP\).](#)

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