

# Improving Thoracic Tumor Board With Case Submission Tool

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## INTRODUCTION

### Topic

Multidisciplinary Thoracic Tumor Board (MTTB) is an integral part of patient care for patients diagnosed with lung cancer. These meetings bring together specialties to determine the best treatment course. However, often there is information lacking or lack of participants to make this meeting more engaging and productive.

### Problem

Lack of a standardized case submission tool for MTTB leads to inadequate information available for case discussion and frustration from participants

### Team Members

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### Aim

The purpose of this project is to develop, implement, and evaluate the use of a research electronic data capture (REDCap) case submission tool to submit patient case information and optimize MTTB presentation and discussions as measured by qualitative survey results.

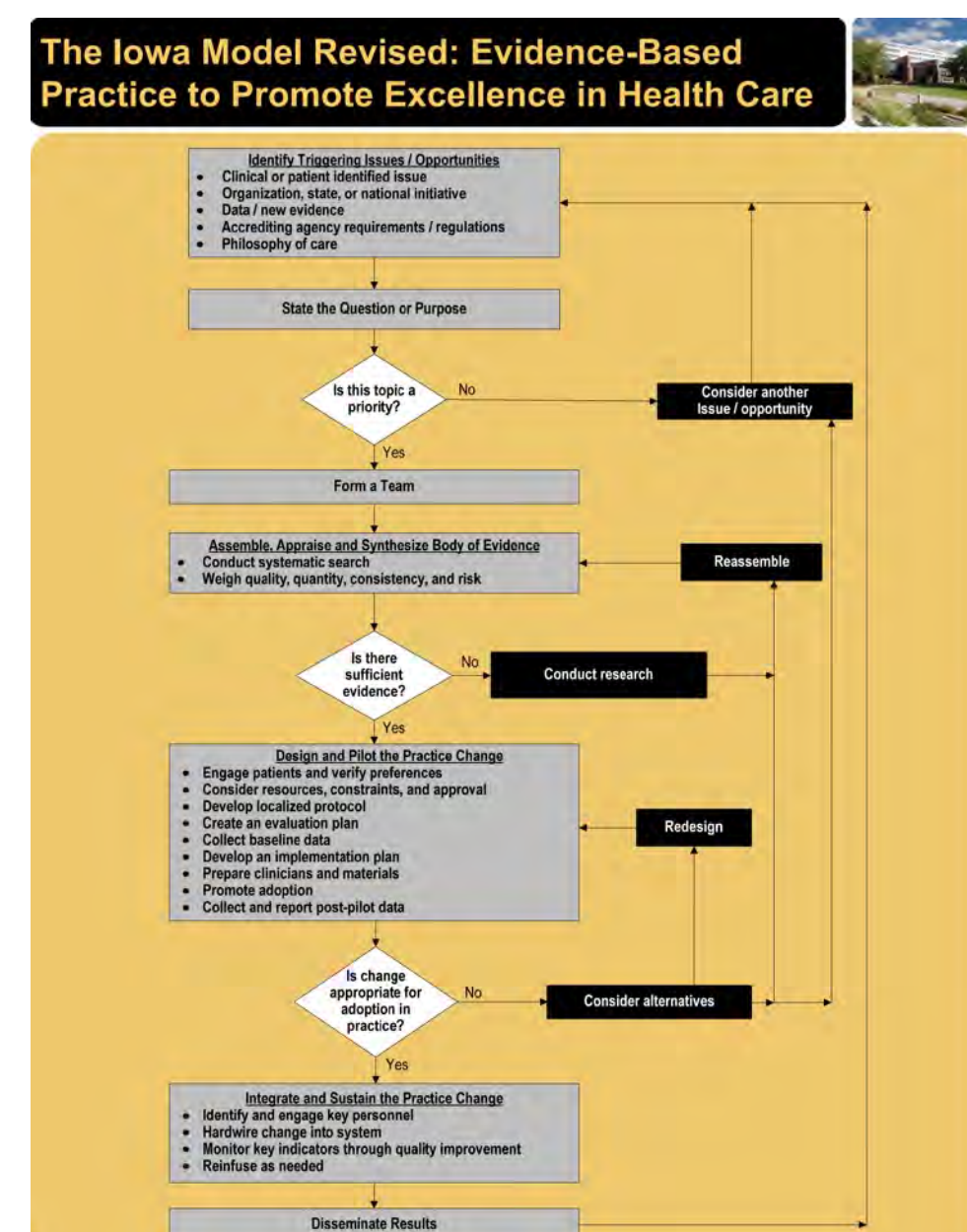


Figure 1. The Iowa Model-Revised. Used/reprinted with permission from the University of Iowa Hospitals and Clinics, Copyright 2015.

## METHODS

- ❖ Developed survey to assess tumor board participants' view on function of MTTB. Participants include medical oncologists, thoracic surgeons, interventional pulmonologists, radiologists, pathologists, clinical pharmacist, radiation oncologists, and advanced practice providers. Questions aimed at assessing function, efficiency, and available data using a Likert scale, and open-ended questions. Pre-implementation surveys were sent, and data collected.
- ❖ REDCap case submission tool developed to capture pertinent patient data including medical record number, age, diagnosis, request for pathology or radiology review, pertinent patient information, and clinical question. Implementation was for four weeks.
- ❖ Post-implementation surveys were sent, and data collected, including questions about the case submission tool.
- ❖ Analyzed data using descriptive statistics. Reviewed qualitative data and thematic analysis performed, following Maguire & Delahunt's guide (2017).

## RESULTS

Pre- and post-implementation surveys were sent out to 26 MTTB participants. Seventeen respondents (65%) completed the pre-implementation survey, and 14 respondents (54%) completed the post-implementation survey. See Table 1 for a summary of the percentage change in respondents' answers from the pre-survey to the post-survey values.

### Qualitative Data Themes:

1. Acknowledge MTTB value, but also room for improvement.
2. MTTB discussions and outcomes should be recorded in the electronic health records.
3. Deadline for submitting cases up for debate: some want later, some sooner for increased data review.
4. Suggested case submission improvements: one-click option within HER, some cases missed, summary of case and outcome, have point person to document, needs to be simple.

## IMPLICATIONS FOR PRACTICE

This case submission tool has been a first step in working to improve the quality of MTTB. Participants agreed that the tool is easy to use and that it improved MTTB function. However, there was a decrease in agreement that the current function of tumor board is efficient. *Next steps* will be to explore options to document outcomes into the EHR, revisit deadlines for case submission, and investigate integration of tool into EHR.

## REFERENCES

1. Maguire, M. & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *All Ireland Journal of Higher Education*, 9(3) (3351-33514)
2. Buckwalter, Cullen, L., Hanrahan, K., Kleiber, C., McCarthy, A. M., Rakel, B., Steelman, V., Tripp-Reimer, T., & Tucker, S. (2017). Iowa Model of Evidence-Based Practice: Revisions and Validation. *Worldviews on Evidence-Based Nursing*, 14(3), 175-182. <https://doi.org/10.1111/wvn.12223>

Survey Item	Pre (n=17) SA/A n(%)	Post (n=14) SA/A n(%)	% Change
The current tumor board function is adequate.	13 (76%)	14 (93%)	17%
The current function of tumor board is efficient.	14 (82%)	11 (79%)	-3%
There is consistent open dialogue with multiple opinions share.	17 (100%)	14 (100%)	0%
There is sufficient radiology information presented.	17 (100%)	14 (100%)	0%
There is sufficient pathology information presented.	14 (82%)	13 (93%)	11%
Patient preferences are known and presented.	14 (82%)	13 (93%)	11%
There is adequate patient history presented on patient cases.	15 (88%)	14 (100%)	12%
Adequate information on patient comorbidities is presented.	14 (82%)	14 (100%)	18%
Tumor board function is improved after implementation of case submission tool.		11 (79%)	
Tumor board efficiency is improved after implementation of case submission tool .		11 (79%)	
The case submission tool is easy to use.		12 (86%)	

Table 1. Percent Change in Responses from Pre-Survey to Post-Survey