A picture containing logo

Description automatically generated

MSTCVS Quality Collaborative  
2023 VBR Quality Improvement Initiatives  
Final Report

*Due to the Coordinating Center October 20, 2023*

|  |  |
| --- | --- |
| Hospital Name: |  |
| Submitted by: |  |
| Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2023 MSTCVS VBR Measure #1**  *\*Reimbursement will not be awarded without evidence that a plan was implemented and/or if no reports are submitted* | | | | |
| VBR Quality Initiative: | Percentage of patients with Invasive mediastinal staging for patients undergoing lung cancer resection | | | |
| Target Patient Population: | Clinical IB or greater, lobectomy, segmentectomy, or pneumonectomy | | | |
| Baseline Data: |  | | | |
| 2023 Goal: | 66% | | | |
| Results: | Q1 2023: | Q2 2023: | Q3 2023: | Jan-Sept 2023: |
| Was the progress of this QI reviewed by a multidisciplinary team?  If yes, please list disciplines: |  | | | |
| Please describe all interventions and strategies and when they were implemented: |  | | | |
| Please describe any challenges or barriers that were encountered and how your team overcame them: |  | | | |
| Additional information, comments, or observations: |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2023 MSTCVS VBR Measure #2**  *\*Reimbursement will not be awarded without evidence that a plan was implemented and/or if no reports are submitted* | | | | |
| VBR Quality Initiative: | Percentage of patients with pathologic sampling of 3 mediastinal and 1 hilar lymph node station at the time of lung cancer resection | | | |
| Target Patient Population: | Lobectomy, segmentectomy and pneumonectomy | | | |
| Baseline Data: |  | | | |
| 2023 Goal: | 80% | | | |
| Results: | Q1 2023: | Q2 2023: | Q3 2023: | Jan-Sept 2023: |
| Was the progress of this QI reviewed by a multidisciplinary team?  If yes, please list disciplines: |  | | | |
| Please describe all interventions and strategies and when they were implemented: |  | | | |
| Please describe any challenges or barriers that were encountered and how your team overcame them: |  | | | |
| Additional information, comments, or observations: |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2023 MSTCVS VBR Measure #3**  *\*Reimbursement will not be awarded without evidence that a plan was implemented and/or if no reports are submitted* | | | | |
| VBR Quality Initiative: | Percentage of cases with *both* date of CT of concern and date of surgeon consult recorded | | | |
| Target Patient Population: | Lobectomy, segmentectomy, pneumonectomy and therapeutic wedge resection | | | |
| Baseline Data: | N/A | | | |
| 2023 Goal: | 80% | | | |
| Results: | Q1 2023: | Q2 2023: | Q3 2023: | Jan-Sept 2023: |
| Was the progress of this QI reviewed by a multidisciplinary team?  If yes, please list disciplines: |  | | | |
| Please describe all interventions and strategies and when they were implemented: |  | | | |
| Please describe any challenges or barriers that were encountered and how your team overcame them: |  | | | |
| Additional information, comments, or observations: |  | | | |