

TSI BestPractice Components

The BestPractice components are to be addressed in the medical record (committed or omitted supported by clearly stated clinical reasoning). Epic templates usage facilitates compliance.

Pre-Admission Components

1. Smoking history documented (volume & duration)
2. Performance status documented (WHO/Zubrod/ECOG)
3. Document pre-operative use of antiplatelet & anticoagulation medications & mitigation plan
4. Beta-blockade maintained for all patients already on beta-blockers
5. EKG performed within 180 days of surgery (if age > age 50 years) and surgery team documents results.
6. Disease clearly stated and care plan outlined.
7. Treatment options and patient preferences documented.
8. If lung or esophageal resection, pulmonary functions tests including DLCO performed within 180 days prior to surgery and surgery team documents results.
9. If cancer, chest CT imaging performed within 60 days of surgery and surgery team documents results.
10. If cancer, PET scan imaging performed within 60 days of surgery and surgery team documents results.
11. If cancer, brain MRI obtained for clinical stage III and surgery team documents results.
12. If cancer, multidisciplinary evaluation performed for Stage III or greater and surgery team documents results.
13. If cancer and prior biopsy, pathology report included in medical record.
14. If cancer, clinical disease stage documented.

Inpatient Operative Components

15. If lung cancer, bronchoscopy performed prior to resection.
16. If lung cancer surgery, invasive mediastinal staging will be performed pre-op or intra-op (endoscopic or mediastinoscopy) on all patients with clinical stage II or greater.
17. If cancer, at least 3 mediastinal lymph node stations dissected during surgery & documented.
18. If cancer, for Stage T1b or greater (>2 cm lesion), pulmonary resection accomplished in an anatomic fashion (lobectomy, anatomic segmentectomy, pneumonectomy) or reason for not clearly stated.
19. If pneumonectomy, surgeon documents consideration of sleeve resection.

Post-Op Components:

20. Structured post-operative pulmonary toilet regimen used and documented.
21. Pain assessment protocol followed and documented.
22. Post-discharge Follow-up plan documented and reviewed with patient.

Post-Discharge Components:

23. Documentation of smoking status at follow-up and smoking cessation counseling reinforced.
24. Written care plan (including disease name, type, treatment rendered, and further treatment and/or surveillance recommendations) established and reviewed with patient and referring physicians.
25. If cancer, pathologic stage documented with TNM template & completeness of resection documented (R0, R1, or R2).
26. If cancer, multidisciplinary presentation / plan documented.
27. Post-discharge pain management documented.
28. Post-discharge activity documented.