TApT Collaborative Webinar

August 14, 2026

Agenda

- Welcome
- TApT Data Update
- Program Root and Intervention Reports
- Final Logistics
- Q and A

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Vice Chair of Education
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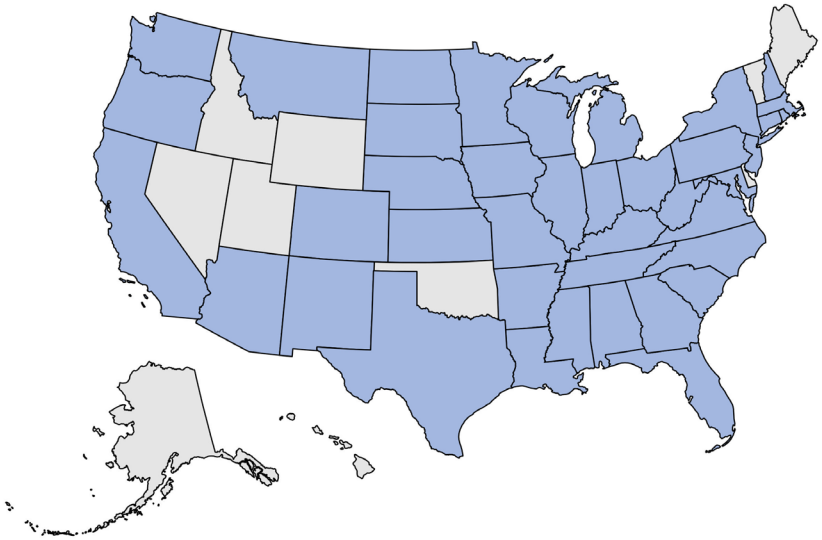
Housekeeping

- Please mute yourself
- Slides and recording will be posted to the project website
- Collaborative Call will also be available in 5-7 days
- Bookmark this website for most up-to-date information throughout the project
  - https://www.facs.org/quality-programs/cancer-programs/cancer-qi-programs/tapt-nationalquality-improvement-project/
- Google “TApT QI”

TApT Data Update

M Minhaj Siddiqui, MD, FACS

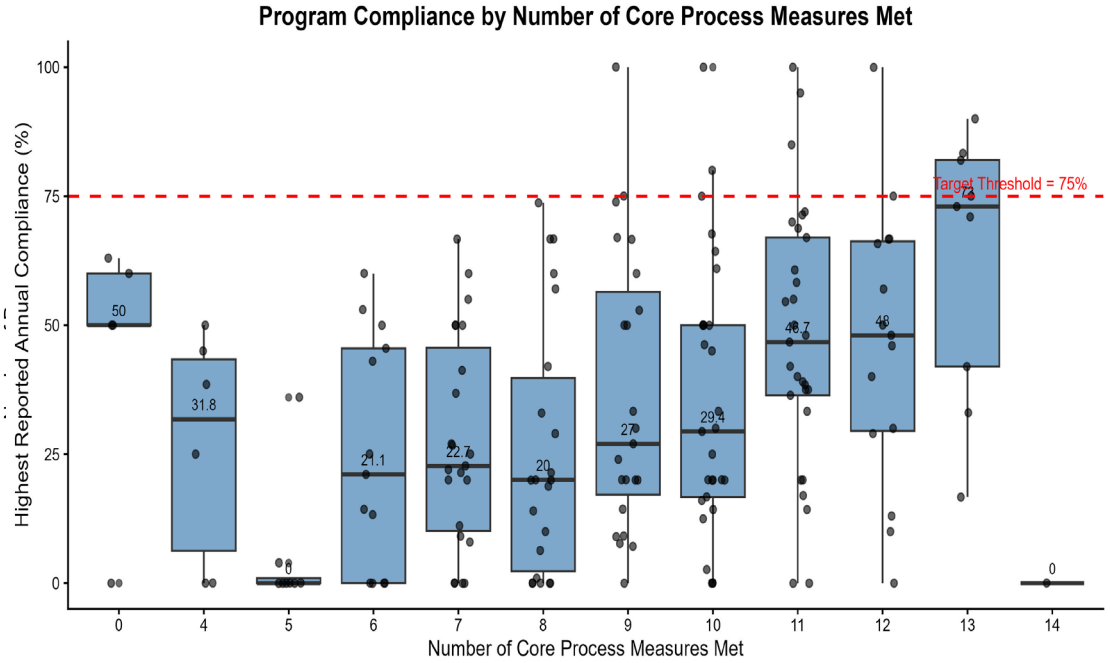
National Scope of TApT



- 189 programs
- 40 states

Baseline Readiness Survey and Data Collection

- 100% program completion
- 14 core process measures
- Self-reported BLCT1 compliance 2023-2025 tracks with quantity of measures



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Baseline Data Filtering

Filtering for eligible TURBT

- 3010 patients starting N
  - 534 patients were first excluded for the following prior path: CIS, T1, T2+, HG
  - 220 patients were then excluded due to not having underwent resection of all grossly visible disease
  - 175 patients were then excluded due to concern for muscle invasive disease
- 2081 patients after filtering

Compliant IVC

- 2081 patients
  - IVC within 24 hours of TURBT: 682
  - IVC outside 24 hours of TURBT: 102
  - No IVC: 1201

Compliance Calculation Definitions

- Numerator:
  - Eligible TURBT that received IVC within 24 hours

- Denominator:
  - Eligible TURBT that did not receive IVC or received IVC outside of 24-hour window, excluding the following reasons:
    -Patient refusal (baseline = 16 patients)
    -Patient complications (baseline = 19 patients)
    -Extent of disease (baseline = 77 patients)

Baseline BLCT1 Compliance

- Median program-level compliance = 33.3% (IQR: 8.3%, 54.5%)
- 23 programs (12.2%) above target threshold of 75% compliance
- Median compliance tracked with select core processes:

Core Process	No (%)	Yes (%)	P-value
Integration of Case Posting Between TURBT and IVC	18.8	37.5	<0.001
Patient Identification for IVC Eligibility	25.0	37.5	0.021
EHR Integration	21.5	35.3	0.002
After-hours IVC Administration	25.0	36.4	0.012

June Data Filtering

Filtering for eligible TURBT

- 2817 patients starting N
  - 774 patients first excluded for the following prior path: CIS, T1, T2+, HG
  - 223 patients excluded due to not having underwent resection of all grossly visible disease
  - 191 patients excluded due to concern for muscle invasive disease
  - 82 patients excluded due to TURBT before March 1st, 2026
- 1542 patients after filtering from 172 programs

Compliant IVC

- 1542 patients
  - IVC within 24 hours of TURBT: 699
  - IVC outside 24 hours of TURBT: 14
  - No IVC: 829

June BLCT1 Compliance

- Median program-level compliance = 50.0% (IQR: 24.3%, 77.8%)
- 46 programs (26.9%) achieved target threshold of 75% compliance
- 66 programs (38.6%) achieved absolute increase of 20% from baseline compliance

- 181 programs completed process map worksheet
- **Urologists** driving select processes among programs meeting target compliance

Core Process	No (%)	Yes (%)	P-value
Urologist -- Delivery of Chemotherapy	13.2	23.9	0.104
Urologist -- Management of Patient During IVC Dwell	14.9	34.8	0.009
Multiple Roles Involved in IVC Disposal	19.0	34.8	0.041

Data Entry Feedback

- Work with institutional team to categorize why patient did not receive IVC for qualifying TURBT cases
  - “No documented reason” accounts for 80%-82.5%
  - “Other” accounts for 10%-13%

- Double-check entry of dates to keep consistent with DD/MM/YYYY format

checkbox, Required

1	no_ivc_reason___1	Insurance issues
2	no_ivc_reason___2	Patient refused
3	no_ivc_reason___3	Patient complications (perforation, bleeding)
6	no_ivc_reason___6	Physician preference
7	no_ivc_reason___7	Not indicated due to disease extent (prior CIS or high grade, concern for muscle invasive disease, incomplete resection)
5	no_ivc_reason___5	Chart note incomplete; unable to confirm it was received
8	no_ivc_reason___8	No documented reason for non-administration of IVC
9	no_ivc_reason___9	Chemotherapy not available
4	no_ivc_reason___4	Other (please specify)

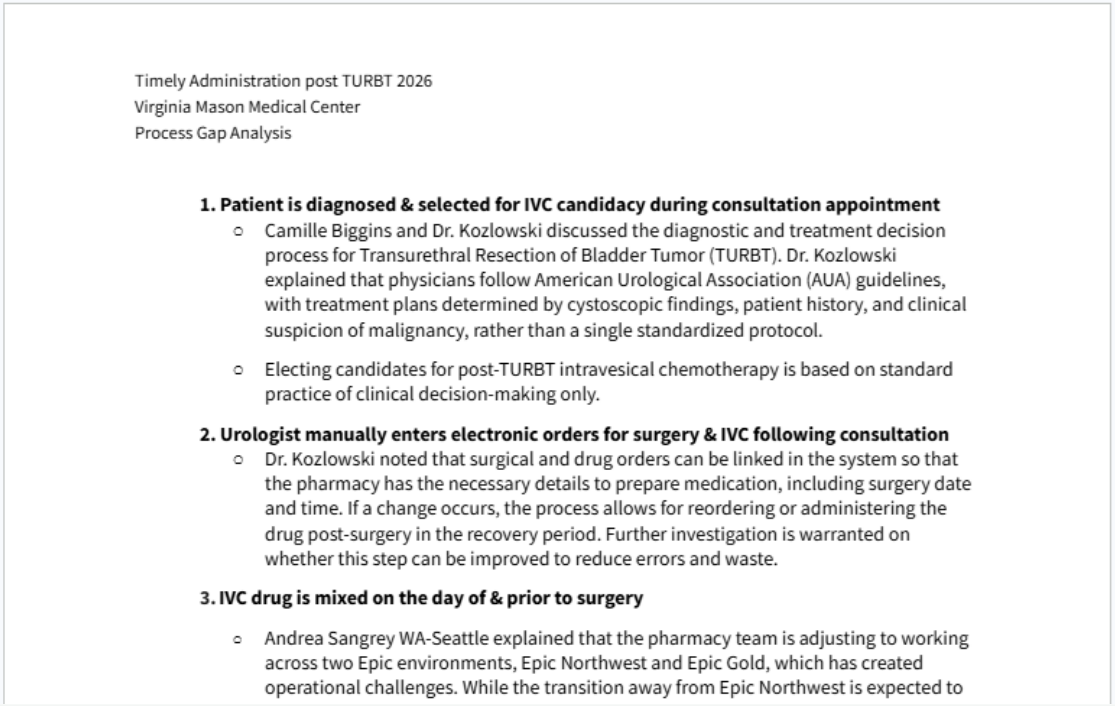
TApT Root Cause Analysis & Action Planning

Camille Biggins, MHA
Quality & Accreditation Program Manager
Virginia Mason Medical Center

August 14, 2026

Root Cause Analysis

Gap Analysis Discussion



Timely Administration post TURBT 2026
Virginia Mason Medical Center
Process Gap Analysis

1. Patient is diagnosed & selected for IVC candidacy during consultation appointment

- Camille Biggins and Dr. Kozlowski discussed the diagnostic and treatment decision process for Transurethral Resection of Bladder Tumor (TURBT). Dr. Kozlowski explained that physicians follow American Urological Association (AUA) guidelines, with treatment plans determined by cystoscopic findings, patient history, and clinical suspicion of malignancy, rather than a single standardized protocol.
- Electing candidates for post-TURBT intravesical chemotherapy is based on standard practice of clinical decision-making only.

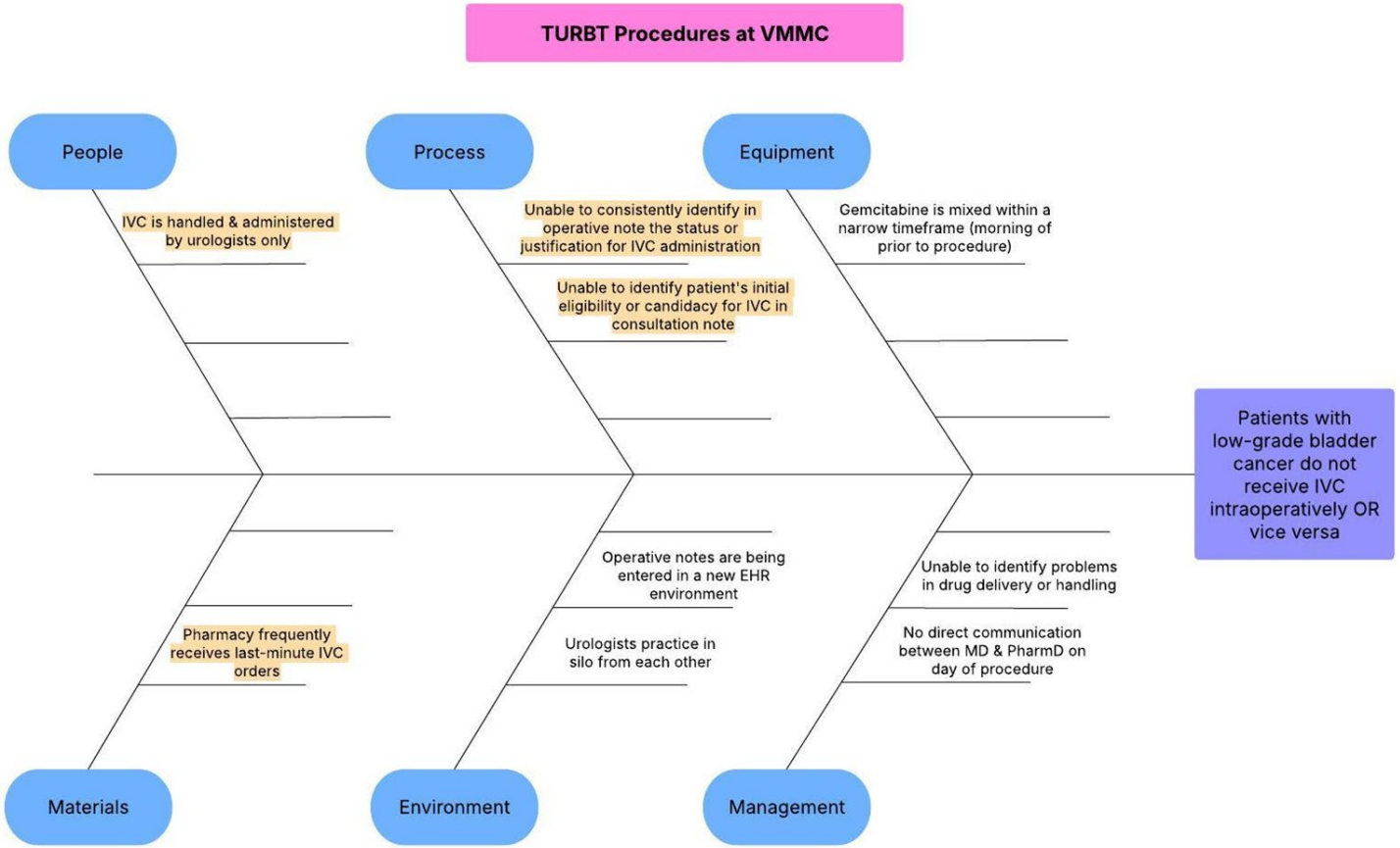
2. Urologist manually enters electronic orders for surgery & IVC following consultation

- Dr. Kozlowski noted that surgical and drug orders can be linked in the system so that the pharmacy has the necessary details to prepare medication, including surgery date and time. If a change occurs, the process allows for reordering or administering the drug post-surgery in the recovery period. Further investigation is warranted on whether this step can be improved to reduce errors and waste.

3. IVC drug is mixed on the day of & prior to surgery

- Andrea Sangrey WA-Seattle explained that the pharmacy team is adjusting to working across two Epic environments, Epic Northwest and Epic Gold, which has created operational challenges. While the transition away from Epic Northwest is expected to

- Reviewed gaps in current state process with **multidisciplinary team**
- Facilitated **robust discussion** to capture **all the reasons for delays** at each step of the process
    - Discussion was broken up into **multiple sessions**



- Sorted **high-level, observable, contributing factors** into Ishikawa (“fishbone”) diagram
- **Prioritized gaps** with advisement from physician champion

Root Cause Analysis

5 Whys

1. **People**
   a. **IVC is handled & administered intraoperatively by urologists only**
      i. *Why?* PACU RNs are not permitted to administer IVC
      ii. *Why?* Restrictions on determining which clinicians are qualified to administer IVC
      iii. *Why?* PACU RNs have not been trained to handle or dispose IVC
      iv. *Why?* VMFH has no policy or process for training PACU RNs to handle or dispose IVC *[Actionable]*
      v. *Why?* PACU RNs do not provide direct oncology care and only have occasional contact with patients with cancer (out of scope for CoC Standard 4.2)

4. **Materials**
   a. **Pharmacy frequently receives last-minute IVC orders that lead to rushed preparation**
      i. *Why?* Orders do not always appear consistently in the pharmacy's advanced prep reports
      ii. *Why?* Inconsistent practices in ordering gemcitabine for planned TURBT procedure
      iii. *Why?* IVC medication orders are not included in an automated order set for TURBT surgical orders *[Actionable]*
      iv. *Why?* Orders are being entered in a new EHR system that is unfamiliar to the team & lacks operational efficiencies

Keep each cause concise, focused & objective

5 whys not always necessary to get to root cause

Highlight causes that are actionable or "low-hanging fruit"

- Reviewed multidisciplinary discussion to organize root causes into *5 Whys*, with confirmation from team

Action Planning

Plan Do Study Act

Area of Opportunity	PDSA Phase	Activity *(Doing Phase: Small, iterative test of change)*	Owner(s)	Start Date	Expected Completion Date	Measure of Completion	Status	Notes *(Doing Phase: Study effect of change on data)*	Evaluation
Documenting IVC candidacy at time of consult visit	Plan	Develop SmartText language or synoptic data elements & define case criteria	Kozlowski & Camille	Jul 20	Aug 31	Documentation template, case criteria & expectations have been shared with all urologists	On Track	Awaiting input from Dr. Siddiqui.	NA (Planning Phase)
	Do	**Apply SmartText language or synoptic data elements to consultation notes**	Urologists	Sep 1	Oct 31	Intervention observation collected	Not Started		
Ensuring IVC orders are entered consistently & in timely manner	Plan	Develop SmartSet in Epic Gold that pairs surgical & medication orders for TURBT & IVC orders, respectively	Erik	Jul 20	Aug 31	SmartSet has been shared with all urologists	On Track	Awaiting input from Erik.	
	Do	**Apply SmartSet for all TURBT surgical orders**	Urologists	Sep 1	Oct 31	Intervention observation collected	Not Started		
Documenting essential data elements in op note, including justification to administer/not administer IVC	Plan	Develop SmartText language or synoptic data elements & define case criteria	Kozlowski & Camille	Jul 20	Aug 31	Documentation template, case criteria & expectations have been shared with all urologists	On Track	Synoptic report template available in TApT QI toolkit. Case criteria depends on IVC candidacy documented during consult visit. Pending review by Kozlowski.	NA (Planning Phase)

K3

Adopt
Adjust
Abandon
NA (Planning Phase)

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Eisenhower Health

Kim Rodriguez, BSPH, CPH, RHIT, ODS,

Enloe Health

Kristen Santoyo

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Final Logistics

Accreditation Reminders

- Earn credit for CoC Standard 7.2 and 7.3 for 2026
- Must document in meeting minutes at least twice over the course of the year
- Good practice to complete 7.2 and 7.3 template but not required
- Must submit all data and meaningfully participate

Meaningfully Participate

- Forming a QI team and meeting on a regular cadence
- Complete a current state process map and identify at least 1 root cause for intervention
- Submit 4 cycles of data and 3 surveys
- Attend collaborative calls or listen after
- Programs will be sent an attestation form to complete by January 2027

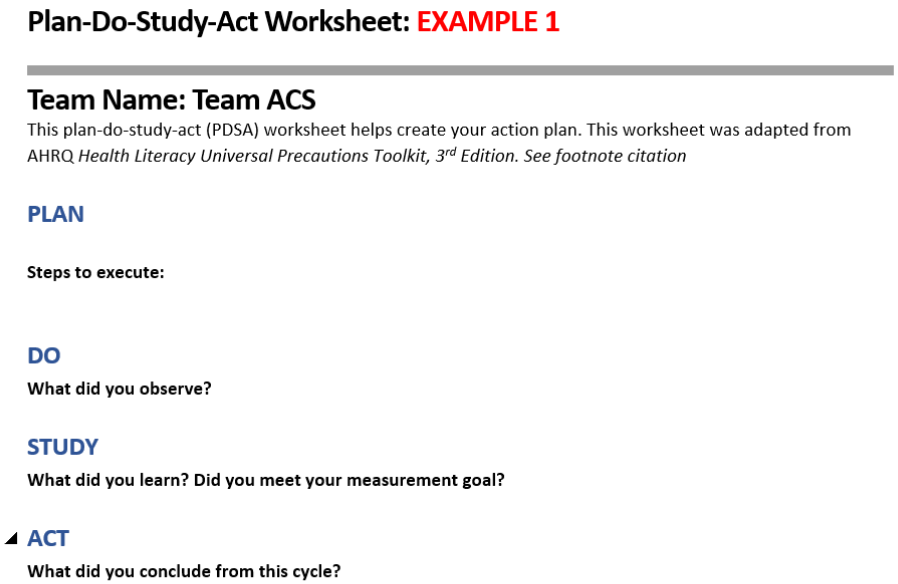
Final Reminders

Important Dates

- September 30: eligible patients June 1-August 31, 2026
  - Mid-year “survey” (see next slide)
  - The link will be sent out September 1
- September–November: Programs implement interventions
- November 13: Collaborative Call 3
- December 31: Final data collection and survey due
  - Include eligible patients September 1- November 30, 2026

Completing a PDSA worksheet

You will be able to download a blank copy and upload with September data collection



Plan-Do-Study-Act Worksheet: EXAMPLE 1

Team Name: Team ACS

This plan-do-study-act (PDSA) worksheet helps create your action plan. This worksheet was adapted from AHRQ *Health Literacy Universal Precautions Toolkit, 3rd Edition. See footnote citation*

PLAN

Steps to execute:

DO

What did you observe?

STUDY

What did you learn? Did you meet your measurement goal?

ACT

What did you conclude from this cycle?

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PDSA Worksheet Examples

PLAN

I plan to: Test the EHR-embedded synoptic reporting tool with one urologist (Dr A) for TURBT cases during a defined test period.

I hope this produces: More complete, structured documentation of whether IVC was administered and, when it was not administered, a documented reason—resulting in fewer "reason not documented" entries on the TApT data collection tool.

Steps to execute:

1. IT will build, validate, and activate the synoptic report for Dr A.
2. Dr A will complete the synoptic report for each TURBT performed during the test period.
3. When IVC is not administered, Dr A will select the applicable reason from the report drop-down rather than leaving the reason undocumented.

DO

What did you observe?

- Dr A completed the synoptic report for 17 of 18 TURBTs during the July 1–September 1 test period (94% completion).

STUDY

What did you learn? Did you meet your measurement goal?

- The synoptic report was feasible to use in routine workflow and was completed for 94% of eligible TURBTs. The structured fields made the reason for non-administration of IVC easier to identify and interpret. This cycle demonstrates strong report uptake; the next cycle should quantify the change in "reason not documented" entries compared with baseline.

ACT

What did you conclude from this cycle?

- Adopt and expand: the report achieved high completion (17/18 TURBTs) and made documentation easier to interpret. Activate it for Dr B and Dr C, then track report completion and "reason not documented" rates across clinicians.

PDSA Worksheet Example

PLAN

I plan to: Test a focused physician education intervention on guideline-concordant IVC administration after TURBT.

I hope this produces: Increased urologist knowledge of the guideline recommendations and improved guideline-concordant use of post-TURBT IVC. We will assess reach through attendance and assess impact by comparing post-intervention IVC compliance with the 42% baseline.

Steps to execute:

1. Identify a urology champion to lead the education and reinforce the practice change.
2. Develop concise physician-facing education aligned with NCCN guidance for post-TURBT IVC administration, including clinical rationale and local baseline performance.
3. Schedule the session when most urologists can attend; distribute the slides and guideline materials to those who cannot attend.

DO

What did you observe?

- Dr X, the urology champion, delivered a presentation on NCCN guidance for post-TURBT IVC, the clinical rationale for the recommendation, and local TApT baseline performance (42% compliance). Four of five staff urologists attended (80% reach). Slides and guideline materials were sent to all urologists.

STUDY

What did you learn? Did you meet your measurement goal?

- The intervention reached 80% of staff urologists and identified a key barrier: concern about giving IVC before a full pathology report is available. No post-intervention compliance result is reported, so improvement from the 42% baseline cannot yet be determined. The next cycle should address this concern and measure post-education IVC compliance.

ACT

What did you conclude from this cycle?

- Adapt and continue: education achieved strong reach and identified a specific barrier to guideline concordance. Next, clarify the guideline criteria and the role of pathology information, measure IVC compliance against the 42% baseline, and then extend role-specific education to nursing, pharmacy, and technical staff.

Impact of your QI Intervention to date

- June collection intervention alone represents a 16.7% improvement in compliance
- In the sample of 1542 patients that underwent TURBT in the last few months of data collection, this represents 258 additional patients who got the treatment

141 Bladder Cancer Patients

will be spared a bladder cancer recurrence because of your work!

Q & A