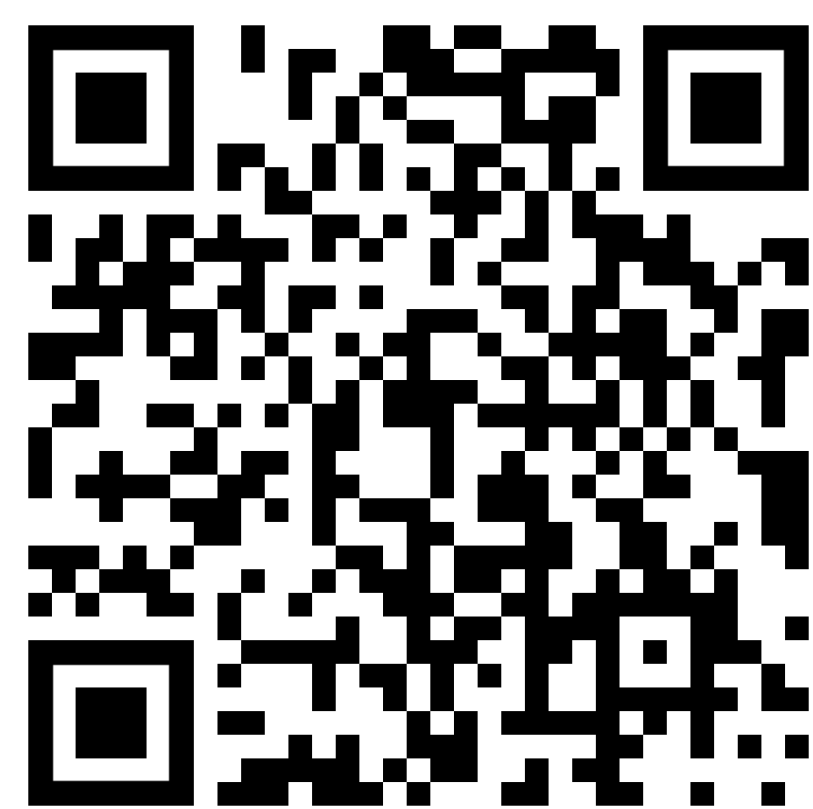
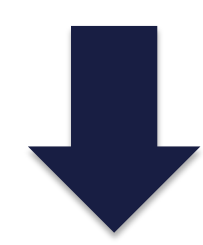


Problem Definition

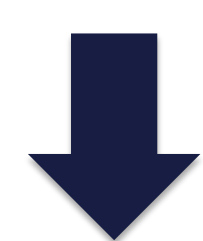
Excisional biopsy is the gold standard for diagnosing lymphoma. In our previous analysis of 457 biopsy samples performed at TJUH from 2016-2019 (QR code), we confirmed that excisional biopsy of lymph nodes in patients with suspected lymphoma should remain the standard of care. However, core needle biopsies (CNBs) have been ordered with increasing frequency (19%-27.7%) even for lymph nodes that can be surgically excised with ease- namely, axilla (34.7%), inguinal (14.4%), supraclavicular (11.9%), and cervical (8.5%)- leading to repeat biopsies (diagnostic accuracy of excisional versus CNB is 96.8% versus 56.8%, respectively).



CNB in patients with suspected lymphoma



Inadequate tissue for accurate pathologic diagnosis



Delay in high quality patient care

Aims For Improvement

The aim of this study is to increase the rate of excisional lymph node biopsies from 78% to 95% in patients presenting to the Center City campus with lymphadenopathy at easily accessible sites by September 2021.

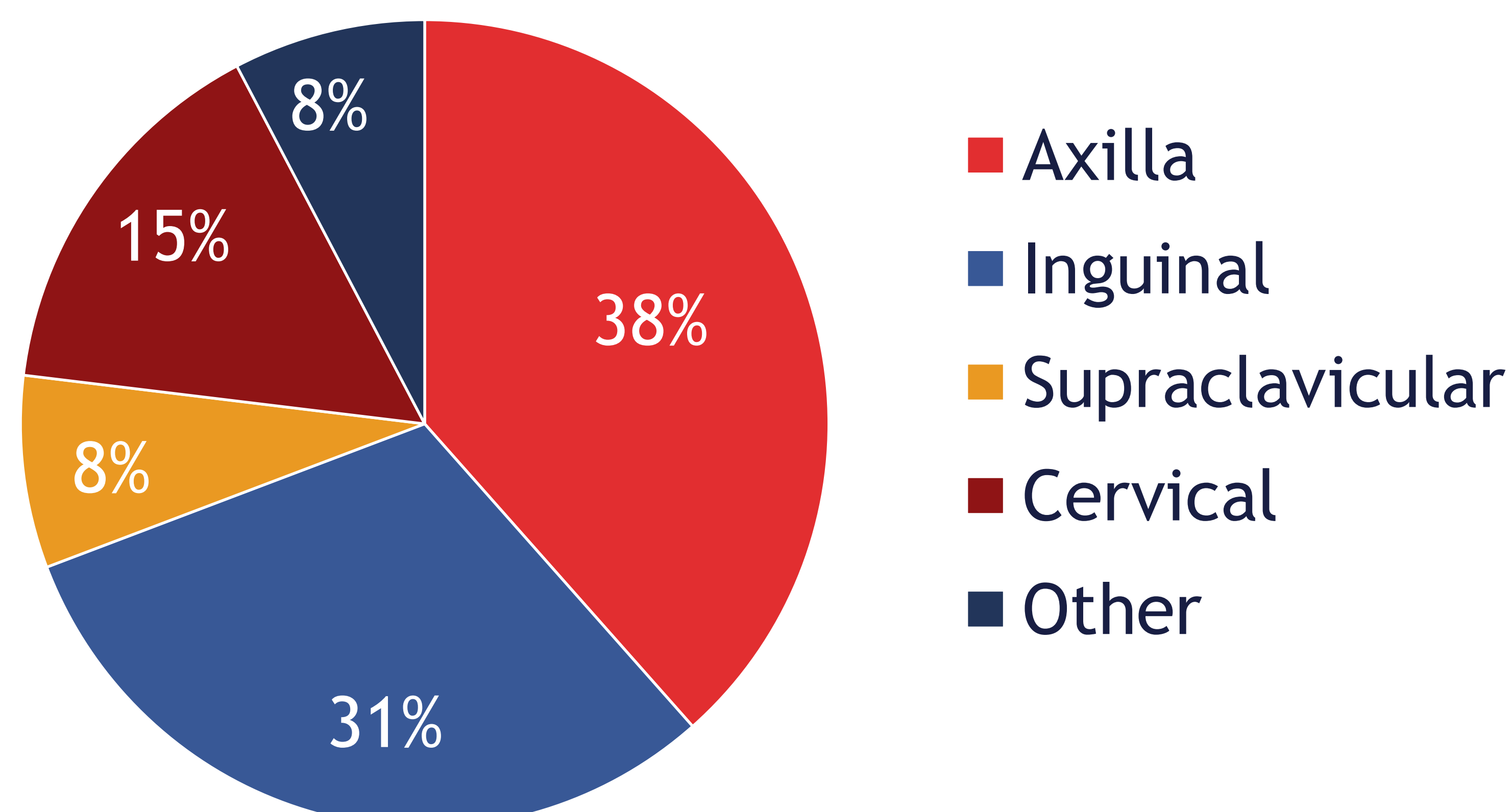
Intervention

We have reviewed all lymph node biopsies performed at easily accessible sites at the Center City campus from January to December 2020, in order to identify change concepts for a PDSA cycle in the context of the most current practices.

Measurements/Results

- 75 total lymph nodes, with an excisional biopsy rate of 65%
- Lymphoma was primary differential in 46% of CNBs performed
- Process measures analyzed:
 - Date of specimen collection
 - Patient location (outpatient versus inpatient)
 - Members of care team involved and discussion of CNB versus excisional biopsy

CNBs at easily accessible sites, January-December 2020



Next Steps and Lessons Learned

Next steps include identification of key drivers to meet ultimate aim for improvement of increasing the rate of excisional lymph node biopsies to 95% of cases of suspected lymphoma by September 2021.

Data analysis thus far has revealed several opportunities for further intervention:

- Consistent involvement of both medical oncology and surgery when 1) lymphoma is high on the differential in a patient presenting with lymphadenopathy and 2) when there is a discussion as to whether a CNB or excisional biopsy should be performed.
- Development or improvement upon algorithms for patients presenting with lymphadenopathy.

We hope to conduct an interprofessional PDSA cycle based on an actionable intervention identified through our analyses and will repeat cycles pending our results.