

Common Pitfalls and Opportunities for Improvement: Key Findings from the CSSP Surveys

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Disclosures

- Nothing to Disclose

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Cancer Surgery Standards Program (CSSP)

- Developed by the ACS to improve quality of cancer surgery
- Created the six operative standards and educational tools to aid in surgical standard implementation
- CSSP Education Committee was created to assist in development and dissemination of the educational tools and to assess barriers to implementation

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CSSP Survey

- Survey to cancer program administrators and certified tumor registrars on Implementation of CoC-Required Synoptic Elements in Operative Reports
- Survey to surgeons on familiarity with CoC Operative Standards
- Questions focused on:
 - Demographics/experience
 - Program leadership
 - Site visit preparedness
 - Leaders of implementation
 - Challenges to implementation
 - Knowledge of operative components of standards

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CSSP Survey Results

- Even distribution of CoC standards champions between Certified Tumor Registrars (CTRs), Cancer Program Administrators (CPAs), Cancer Liaison Physicians (CLPs), cancer committee chairs, and surgeons
- Half of all champions had been in their roles for 10+ years
- Most CLPs were a Surgeon (53%), followed by a Medical Oncologist (25%), Radiation Oncologist (14%), and Other (7%)
- Half of the CLPs reported frequent engagement with the standards while 35% reported infrequent or no engagement

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CSSP Survey Results

- Majority of respondents agreed that benefits to synoptic reporting were increased accuracy, improved quality of care, and ability to aid research and/or quality improvement projects
- Half of respondents were hospital employed in non-academic settings
- 70% of surgeons that responded were part of their hospital's cancer committee
- Nearly all reported that they had been informed about the addition of six operative standards to the ACS CoC accreditation standards
- Most responded that were unsure on the year that 70% compliance is required
- The standard with the most incorrect answers was Standard 5.7 rectal cancer

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CSSP Survey Results

- 79% stated that the implementation of the standards would have minimal to no impact on their current clinical practice
- 24% of programs had fully implemented the required CoC elements/responses in synoptic format
- Most utilized resources were webinars (69.5%), ACS Operative Standards Toolkit (67.9%), handouts/PDFs (58.23%) and videos (34.9%)
- Frequent free text responses to challenges of implementation included getting surgeon buy-in and EMR/IT challenges

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Key Takeaways

- Implementation of the CoC operative standards requires engagement from cancer programs at all levels.
- Despite numerous resources and physician champions, many report frustration and barriers to implementation.
- Increased engagement/buy-in of surgeons, CLP engagement, and addressing IT barriers are foci of the CSSP moving forward.

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Thank you

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