Implementing Synoptic Requirements for CoC Operative Standards 5.3-5.6

November 3, 2022
3:00-4:00pm CT
Webinar Logistics

• All participants are muted during the webinar

• Questions – including technical issues you may be experiencing – should be submitted through the question pane

• Questions will be answered as time permits; additional questions and answers will be posted on the website

• Please complete the post-webinar evaluation you will receive via email
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Introduction: Synoptic Operative Reporting

Mediget Teshome, MD FACS
Timothy Vreeland, MD FACS
Operative Standards for Cancer Surgery

Just Released!
The CoC Operative Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Disease Site</th>
<th>Procedure</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3</td>
<td>Breast</td>
<td>Sentinel node biopsy</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.4</td>
<td>Breast</td>
<td>Axillary dissection</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.5</td>
<td>Melanoma</td>
<td>Wide local excision</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.6</td>
<td>Colon</td>
<td>Colectomy (any)</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.7</td>
<td>Rectum</td>
<td>Mid/low resection (TME)</td>
<td>Pathology report (CAP)</td>
</tr>
<tr>
<td>5.8</td>
<td>Lung</td>
<td>Lung resection (any)</td>
<td>Pathology report (CAP)</td>
</tr>
</tbody>
</table>
Definition of Synoptic Reporting

Standardized data elements organized as a structured checklist or template

Each data element’s value is “filled in” using a pre-specified format to ensure interoperability of information

- The information being sought is standardized
- The options for each variable are constrained to a pre-defined set of responses

Synoptic reports allow information to be easily collected, stored, and retrieved
Timeline for Standards 5.3-5.6

2020
- Introduction of operative standards

2021
- Plan for implementation, educate/train surgeons & registrars

2022
- Document final plan for implementation and conduct audits

2023
- Begin compliance with Standards 5.3-5.6
- Site Visits review documentation of final plans for compliance

2024
- Site Visits review 2023 operative reports for 70% compliance

2025
- Site Visits review 2023 & 2024 operative reports for 80% compliance

Steps to Achieve Compliance

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Guidelines for Implementation Plan for Standards 5.3-5.6

- How the cancer committee reviewed Standards 5.3-5.6, their intent, and the requirements
- All education and training activities
- Any internal audit process undertaken or planned prior to the site review
- The processes planned or in place to facilitate synoptic operative reporting and data collection
- Outline the approach for synoptic reporting and the proposed timeline for implementation
Survey Results: Implementation of CoC-Required Synoptic Elements in Operative Reports
Survey on Implementation of CoC- Required Synoptic Elements in Operative Reports (SORs)

• Survey open to CoC-accredited cancer programs July 14th – August 1st

• Seeking information about sites’ synoptic operative reporting solution and implementation experience

• 120 responses total
SOR Implementation Survey Results: Demographics

Respondent Role
- 31% Certified Tumor Registrars
- 24% Cancer Liaison Physicians
- 20% Surgeons
- 19% Cancer Program Administrators
- 10% Cancer Committee Chairs

Type of Institution
- 33% Comprehensive Community Cancer Program
- 23% Community Cancer Program
- 16% Integrated Network Cancer Program
- 14% Academic Comprehensive Cancer Program
- 4% NCI-Designated Comprehensive Cancer Center Program
- 10% Other

EMR Used
- 54% Epic
- 18% Cerner
- 13% Meditech
- 15% Other
SOR Implementation Survey Results: In Practice

Disease Sites Covered
- Breast
- Colon
- Skin (Melanoma)
- Lung
- Rectum
- Thyroid

Solutions
- 62% Internally-developed checklist using auto-text
  - smart phrase/smart list
- 23% Other
  - dictation
  - digital form
  - checklist
- 12% Required elements/responses integrated from Epic Foundation
- 4% Third party application
SOR Implementation Survey Results: Education

• Email/written communications to surgeons including special communications to surgeons from CLPs, surgical specialty leads, department chairs

• Presented during tumor board/cancer committee meetings, at surgical grand rounds, and department of surgery meetings

• Scheduled separate training sessions

• Shared resources from Operative Standards Toolkit
SOR Implementation Survey Results: Barriers

- **Surgeon Buy-In**
  - Initial surgeon buy-in (e.g., to synoptic reporting or importance of the CoC Operative Standards)
  - Consistent use of synoptic operative reporting tools by surgeons

- **General lack of awareness**
  - (e.g., of synoptic reporting or of the CoC Operative Standards)

- **Consistent use of synoptic operative reporting tools by surgeons**

- **IT issues**
  - Limited local IT resources/bandwidth
  - Challenges with EMR software integration

- **Lack of clarity on synoptic reporting implementation options**
Current Options for Implementing the Required CoC Elements/Responses

Chantal Reyna, MD FACS
Create Your Own Basic Synoptic Templates

- Use required elements and responses from the CoC 2020 Standards manual
- Can be done using smart phrases/smart tools to supplement a traditional narrative operative report
- Can be integrated into an existing smartform or synoptic report within EMR
- Reporting format must be uniform across all surgeons at the facility
License Third-Party Vendor Tools

- Includes all data elements and responses from comprehensive CSSP synoptic operative reporting templates, including elements required for CoC accreditation
- Fully developed tool supported by vendor
- Current vendor list available on ACS website
Current Options for Implementing CoC Required Elements/Responses (3 of 3)

Use Fillable PDF Forms

• Includes only the required elements and responses from the CoC 2020 Standards manual
• Downloads as blank PDF from the Standards Resource Library
• Supplements a traditional narrative operative report
• Stop-gap measure to allow programs to ensure compliance with synoptic formatting requirements
Panel Session
Tara M. Breslin, MD FACS
Trinity Health IHA Medical Group
Cancer Liaison Physician
Trinity Health IHA Medical Group

- Category of cancer program: INCP
- Number of surgeons: 5
- Caseload: 600/year
- Synoptic operative reporting solution: Epic
Opportunities & Challenges

• Opportunities:
  • Epic smart list provides a consistent approach to surgical procedure documentation
  • Once implemented, this approach is simple to automate
  • Opportunity to streamline processes between health system and practices and between our Epic Support and Clinical Informatics

• Challenges:
  • Epic smart list was implemented without education at the local level
  • Although we have a single EHR for all of our practices, the surgical case request process varies. As a result, the synoptic smart list does not always populate our operative note templates.
Madison Deutsch CCS, CDIP  
Marshall Medical Center  
Clinical Documentation Improvement Coordinator

Megan Buchanan  
Marshall Medical Center  
Cancer Programs Coordinator
It’s about you

- Category of cancer program: Community Cancer Program

- Number of surgeons: 3 General Surgeons

- Caseload: Approximately 86 sentinel node biopsy, axillary node biopsy, colon resection, wide local excision procedures performed in 2021.

- Synoptic operative reporting solution:
  - Development of smartphrases
  - Customization of operative report templates to include CoC smartphrases
  - Concurrent review prior to bill drop
  - Retrospective review post bill drop
  - Peer to Peer education provided by the Cancer Committee Primary Surgeon when fall out occur
SmartPhrase Development

• The Clinical Documentation Improvement (CDI) Department developed smartphrases in the EMR that prompt providers to address synoptic reporting standards.

• Smartphrases were customized to include specific criteria for each procedure.

- Sentinel node biopsy for breast cancer
  - Smartphrase name: CoCSentinelNodeBreastCancer

- Axillary lymph node dissection for breast cancer
  - Smartphrase name: CoCAxillaryNodeBreastCancer

- Wide local excision for primary cutaneous
  - Smartphrase name: CoCMelanomaCutaneous

- Colon resection
  - Smartphrase name: CoCColonCancer
CoCAxillaryNodeBreastCancer: Axillary Lymph Node Dissection for Breast Cancer

Synoptic Operative Report Requirements: Operative reports for patients undergoing axillary lymph node dissection must include the following elements in synoptic format:

Operation performed with curative intent. {YES/NO:11306}

Original Breslow thickness of the lesion {BCABreslowThickness:27377}

Clinical margin width (measured from the edge) of the lesion or the prior excision scar {BCAMarginWidth:27378}

Depth of excision {BCADepthExcision:27379}
EMR Coding Validation

EMR flags specific PCS codes that may fall into synoptic reporting criteria. Coder is directed to send the case to the Clinical Documentation Improvement (CDI) work queue.

If synoptic reporting criteria is met, CDI sends the case back to Coding for bill drop.

CDI reviews case to ensure synoptic reporting compliance when applicable.

If synoptic reporting criteria is not met, the Cancer Committee's Primary Surgeon will perform a peer to peer review and educate as needed.

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Retrospective Auditing

• A separate data collection system (Midas) interfaces with our EMR and cases that are coded with specific ICD-10 PCS codes are triggered to a separate worklist.

• This worklist is managed by CDI for review of Coder compliance with EMR notifications and to assess the effectiveness of Peer to Peer education.
Marshall’s 4 Step Process

Smart phrase development
- Synoptic reporting criteria formatted into a smart phrases that can be embedded into operative note templates within the EMR

Education/ Application
- Providers received education regarding the purpose and benefits of synoptic reporting.
- Providers update their operative reports to include the synoptic reporting smart phrases

Quality Control
- EMR Coding validation for procedures coded with specific ICD-10 PCS codes.
- 100% current and retrospective review performed by Clinical Documentation Improvement Specialists to ensure compliance with synoptic reporting.

Provider Follow up
- Cancer Committee's Primary Surgeon will perform peer to peer follow up to provider fall outs.
Opportunities & Challenges

• Onboarding new surgeons
• New Cancer Committee Primary Surgeon
• Collaboration and training with multiple departments
  • Medical Records
  • Coding
  • Clinical Documentation Improvement
  • Information Technology
  • Surgery
Jill A. Mathison, RRT/RCP, CPHQ
USC Arcadia Hospital
Cancer Programs Administrator
USC Arcadia Hospital
- Category of cancer program: CCCP
- Number of surgeons: 43
- Analytic Caseload: 645
- Synoptic operative reporting solution:
  • Took standardized elements from CSSP and built & organized into structured document in MACS (Allscripts EHR)
  • Each procedure has the pre-specified elements collected and stored in MACS
  • Created “smart” phrases and streamlined to make user-friendly operative note
  • Created Job Aid for physician reference and trained 4 surgeons (to include Chief of Staff breast surgeon) to pilot synoptic reporting effective 6/7/22
  • Proposed solution presented at Tumor Board and Cancer Committee beginning May 2022 and Department of Surgery, and Gen/Vasc/Colorectal subsection meetings Sept-November 2022
  • Pilot 6/7/22-9/30/22 by 2 breast and 2 colorectal surgeons with 100% compliance
Communication & Training Job Aid for Surgeons

Operative Report – Synoptic Reporting

IMPLEMENTED: 06/07/2022

REASON FOR ADDED FUNCTIONALITY: The Optimal Resources for Cancer Care (2020 Standards) for Commission on Cancer (CoC) accreditation were updated in 2020 to include several new operative standards based on evidence from the Operative Standards for Cancer Surgery manuals.

There are four target areas that require documentation by the operative surgeon:

- Sentinel node biopsy for breast cancer (Standard 5.3)
- Axillary lymph node dissection for breast cancer (Standard 5.4)
- Wide local excision for primary cutaneous melanoma (Standard 5.5)
- Colon resection (Standard 5.6)

If you perform any of these procedures, your operative reports will need to include the elements in synoptic format.

To open the Operative Report Synoptic Reporting document:

1. With your patient selected, click Enter Document
2. Double-click on Operative Report – Synoptic Reporting

1. Complete the elements for Synoptic Reporting (i.e., Colon Resection)
2. Click Save
3. Click Submit as Final

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## Operative Report – Synoptic Reporting

**If ‘Sentinel Node Biopsy for Breast Cancer’ is selected:**

### SYNOPTIC REPORTING

<table>
<thead>
<tr>
<th>Sentinel Node Biopsy for Breast Cancer</th>
<th>Axillary Lymph Node Dissection for Breast Cancer</th>
<th>Wide Local Excision for Primary Cutaneous Melanoma</th>
<th>Colon Resection</th>
<th>N/A</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
<td></td>
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<td>No</td>
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</tr>
</tbody>
</table>

**Tracer(s) used to identify sentinel nodes in the upfront surgery (non-neoadjuvant) setting (select all that apply):**

<table>
<thead>
<tr>
<th>Dye</th>
<th>Radioactive tracer</th>
<th>Superparamagnetic iron oxide</th>
<th>Other (with explanation)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**Tracer(s) used to identify sentinel nodes in the neoadjuvant setting (select all that apply):**

<table>
<thead>
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<th>Other (with explanation)</th>
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<tbody>
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</tbody>
</table>

**All nodes (colored or non-colored) present at the end of a dye-filled lymphatic channel were removed:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No (with explanation)</th>
<th>N/A</th>
</tr>
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<tbody>
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</table>

**All significantly radioactive nodes were removed:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No (with explanation)</th>
<th>N/A</th>
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</tbody>
</table>

**All palpably suspicious nodes were removed:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No (with explanation)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Biopsy-proven positive nodes marked with clips prior to chemotherapy were identified and removed:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No (with explanation)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Rogerio I. Neves, MD, PhD FACS, FSSO
Moffit Cancer Center
Senior Member, Cutaneous Oncology Department
Moffitt Cancer Center

- Category of cancer program: NCI-Designated Comprehensive Cancer Center
- Number of surgeons: Breast (7), Colorectal (3), Melanoma (6)
- Caseload: 3,913
- Synoptic operative reporting solution for Cutaneous Oncology:
  - Created an auto-text in Cerner including all Synoptic Operative Report Requirements for melanoma

• SYNOPTIC DESCRIPTION:
  • 1. Operation performed with curative intent: Yes.
  • 2. Original Breslow thickness of the lesion: 1.2 mm
  • 3. Clinical margin width: 1 cm measured from the edge of the prior scar.
  • 4. Depth of excision: Full thickness skin and subcutaneous tissue down to fascia.
Opportunities

• Identified situations that were not clearly defined in the requirements, such as multiple primary melanomas and preoperative neoadjuvant therapy altering resection margins.

Challenges

• Risk of non-compliance: Solution is surgeon’s dependent!
• AutoText works for melanoma and colon standards as they don’t require any multi-select items.
• Breast standards have multi-select options and currently Cerner does not support this functionality in Auto-Text.
• Significant concerns regarding consistency and reproducibility.
• Universal solution currently on hold until further notice. There are now three vendors being evaluated for this requirement.
• Off-the-shelf solutions are usually slow in implementing our current fast changing scenarios.
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Southeastern Ohio Physicians Inc
Ohio CoC Co-Chair
Michael D Sarap MD FACS
CLP and CoC Chair in Ohio
Southeastern Ohio Regional Med Center
Cambridge, Ohio
Community Cancer Program
CoC and NAPBC Accredited

Average Cancer Case Volume/Year
Total New Cases 170
Breast 35
Colon/Rectal 30
Lung 40
Melanoma 10

Surgeons 3 (Private practice group)
Synoptic Operative Reporting: A “Low Rent” Rural Option

- Surgeons still dictating operative reports in PACU over the phone with hospital transcription service
- Surgeon education utilizing CoC materials
- Laminated one-page sheets with each set of standards and specific questions/required responses kept in top drawer of the PACU physician dictation station
- Early education, coordination and cooperation with transcription service
- CLP checks surgery schedule each morning and encourages every surgeon with a cancer case to comply with the new standards
- Small case numbers and few surgeons = high compliance with little resistance and minimal cost
Lawrence Wagman, MD FACS
San Antonio Regional Hospital
Cancer Liaison Physician
San Antonio Regional Hospital--Upland, California

- Category: Comprehensive Community Cancer Program
- Number of surgeons: 13 + 3 Thoracic
- Caseload: 2021: Total: 897  Breast 213, Colon 67, Gastric 16, Melanoma 21, Lung 68

- Synoptic operative reporting solution:
  - Integrated into standard op note with “~” to access list
  - Adjusted language for simplicity
  - One on one in surgical lounge (non-scheduled) to update surgeons
  - Within 30 days (SARH modification time) bring surgeon op note and path report and ask for completion of template
Opportunities & Challenges

• Opportunities
  • Use compulsory operative note as a vehicle for synoptic reporting
  • Keep local language very simple to collect quality information
  • Reduce redundancy

• Challenges
  • General surgeons with non-cancer focus and are “too busy”
  • CoC agenda based questions without goal explanation(breast)
  • Surgeon who do not perform standard of care operations(lung)
  • Requiring information not readily available(melanoma)
Question and Answer Discussion

Mediget Teshome, MD FACS
Special Thanks

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CSSP Program Coordinator: Clarissa Orr, MS
CSSP Administrator: Linda Zheng

ACS Cancer Programs Staff:
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Chantel Ellis: Administrator, Education & Training

**All who completed the operative standards implementation survey!!**