Streamlining Oncologic Excellence Integrating the 2020 ACS Cancer Care Standards

Daniella Natanov, DO, Mackenzie Ewart, DO, CPPS, Amelia Tower, DO, FACOS, FACS

Introduction

As healthcare evolves, a constant is ensuring the best care for oncology patients. The ACS recently updated their synoptic reporting standards providing a comprehensive outline for institutions to elevate standards of patient care. At our Commission on Cancer (CoC)-accredited community-based hospital, we focused on implementing synoptic reporting to integrate these standards as a QI project. These changes are applicable to 4 target areas:

- Sentinel Lymph Node Biopsies for Breast Cancer (5.3)
- Axillary Lymph Node Dissections for Breast Cancer (5.4)
- Wide Local Excision for Primary Cutaneous Melanoma (5.5)
- Colon Resection (5.6)

By applying these guidelines, we hope to achieve institutional compliance as well as improve accuracy, and completeness of clinical documentation to enhance patient care.

Methods

The quality improvement project utilized the study design of Plan-Do-Study-Act cycles (PDSA) in concordance with Six-Sigma standards for improvement. This was modeled after recommendations from the Institute for Healthcare Improvement (IHI).

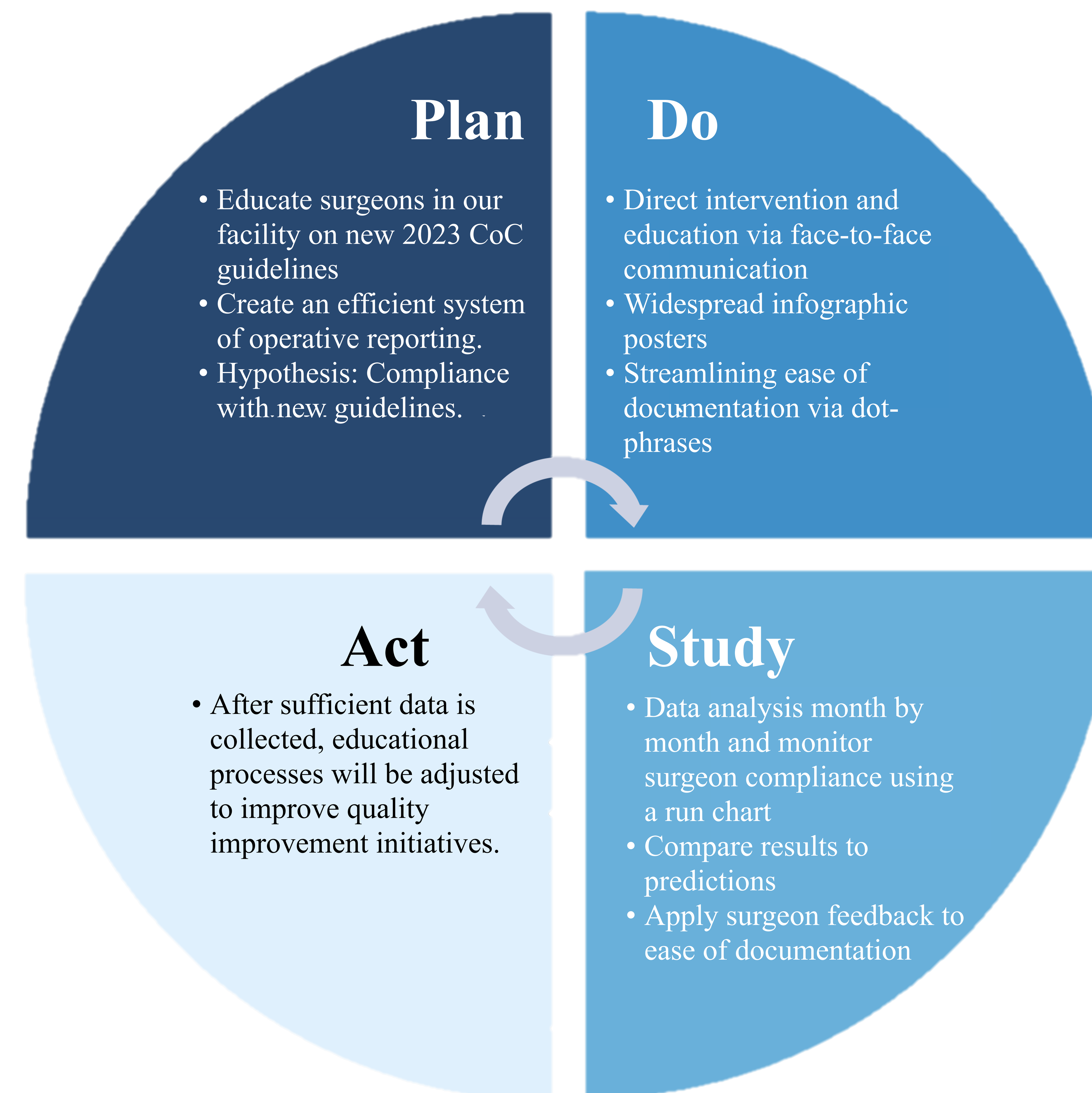
To incorporate these new standards, we selected educational process intervention as our initial quality improvement action. The hospital cancer registry was engaged in this study and they compiled most recent data illustrating baseline compliance.

The educational interventions included:

- Developing a user friendly dot-phrase within the hospital wide EMR system
- Creating and displayed widely infographic posters
- Educating applicable surgeons directly

Results

The initiative was officially launched for data collection on January 1st, 2024. Our hospital has 34 surgeons who's surgeries are applicable to the new CoC guidelines. 12 of these surgeons comprise the highest volumes of these categories, whom we have educated. In 2023, we had an average of 19 sentinel lymph node biopsies per month, 3 axillary lymph node dissections per month, 1 wide local excision for cutaneous melanoma per month, and 9 colon resections for colon cancer per month. Baseline compliance was estimated at 8% by our cancer registry.



Discussion

Quality improvement is a mainstay of evidence-based medicine, as it tracks outcomes, collects data, and implements changes. The adherence and execution of evidence-based practices from the ACS "Optimal Resources for Cancer Care: 2020 Standards" includes effective documentation, such as synoptic reporting, within the EMR. Excellence in surgery has no finish line, and the pursuit of six-sigma results favor positive patient outcomes. The synoptic reporting follows sentinel lymph node biopsies, axillary lymph node biopsies, wide local excisions for melanoma, and colon resections which carry the propensity to be life-altering procedures that patients entrust their surgeons and healthcare systems with the privilege and responsibility of excellence. The initial setback to change is adoption of the CoC synoptic process. This setback in itself justifies the needs to continue studying process improvement via PDSA cycles and Run Chart analysis.

Conclusion

By integrating these guidelines, our institution is at the forefront of evidence-based oncologic care and compliant with current CoC standards. Enhancing adherence through simple EMR updates and visual aids, we anticipate improved surgeon compliance which will lead to improved documentation, patient outcomes, and enhanced oncologic care.

References

"Optimal Resources for Cancer Care (2020 Standards) COC Standards Change Log." *American College of Surgeons*, accreditation.facs.org/accreditationdocuments/CoC/Standards/CoC_Standards_Change_Log_2023.pdf. Accessed 29 Jan. 2024.

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