Introduction

- The Commission on Cancer has adopted six recommendations from the *Operative Standards for Cancer Surgery* manuals into their standards for accreditation. Standards 5.3 through 5.8 include two standards for breast cancer surgery, one for melanoma (wide local excision), one for colectomy, one for total mesorectal excision, and one for pulmonary resection
- This is the first time that conduct of surgery is being scrutinized by the CoC Standards
- As many surgeons have limited to no experience with CoC Standards and potentially little knowledge of the standards, we must work to get buy-in from surgeons on these standards
- Synoptic Operative Reporting Summary
  - Synoptic reports use standardized data elements structured as a checklist or template
    - Each response is pre-specified to ensure interoperability of information and easy interpretations
    - Synoptic operative reports allow for easy collection and retrieval of data with the operative notes
  - Synoptic reporting has been found to improve the accuracy of documentation, improve the efficiency of data entry and abstraction, and reduce costs
- Synoptic reports can also reinforce education (by emphasizing the critical elements of oncologic operations) and reduce variability in care, leading overall to improved quality of cancer care
- Synoptic Operative Report Implementation Survey
  - This survey was open to CoC accredited cancer programs January 6th – January 21st, 2022
  - This survey sought information about sites' synoptic operative reporting solution and implementation experience
  - To educate physicians, respondents reported sending out emails and written communications, giving presentations at tumor boards and cancer committee meetings, and sharing information from the Operative Standards Toolkit
  - A few common barriers identified were the general lack of awareness of synoptic reporting or of the CoC Operative Standards, challenges with physician buy-in, and difficulties with EMR software integration
- Future goals for synoptic operative reporting include the development of a comprehensive set of synoptic operative reporting content covering all disease sites represented in surgical oncology and the universal implementation of synoptic operative reports integrated into EMRs to allow for data sharing

Existing and New Solutions

- Current options for synoptic operative reporting to meet the requirements of CoC Operative Standards 5.3-5.6:
  - Create institutional synoptic templates with required elements/responses from CoC Standards 5.3-5.6
    - Can be done using smart phrases or smart tools and may supplement a traditional narrative operative report
  - Use a commercial option and integrate their synoptic operative reporting tool
  - Use fillable PDF forms downloaded from the Standards Resource Library in QPort

Implementing Synoptic Operative Reporting – Successes & Challenges

- Programs may encounter barriers to implementing synoptic reporting at their institution, such as: physician buy-in and engagement, communicating the value of synoptic operative reporting, and working with IT and EMR systems
- Recommendations from CoC programs to address these challenges and successfully implement synoptic operative reporting:
    - When establishing physician buy-in, demonstrate the ease of completing the synoptic operative reporting. Include physicians in the process of developing smart phrases
        - Identify a physician champion to assist in engaging additional physicians, provide education to clarify the perception and intent of the synoptic operative reports, and utilize technology and workflows currently in place that are familiar to bolster success
    - Make the transition to synoptic operative reporting a sustainable and scalable process
        - Larger hospital systems introducing the synoptic operative reports might consider starting on a smaller scale (1-2 hospitals) and working with their local EMR team to create synoptic reporting solutions. However, hospital systems adapting this model should understand this is a lengthy process
    - Designate EMR and CoC Standards contacts as a direct resource for physicians to answer questions and educate on new standards
    - Begin monthly compliance monitoring in preparation for site visits at 70% compliance. Partner with cancer registrars to communicate with the surgeons that are not incorporating the synoptic operative report elements
    - Utilize Operations Excellence methodology and form a multi-disciplinary team consisting of someone who is Lean Six Sigma Black Belt certified, a registrar, a surgeon, a nurse navigator, a quality improvement expert, a clinical informatics expert, and a Cancer Liaison Physician. This group can create smart phrases, devise a quick tip sheet, educate surgeons, develop an audit and feedback process, and create a plan for future revisions
    - Use the synoptic operative reports as an opportunity to also collect standard data elements, such as for:
        - General clinical data from OR cases (ex. Intraoperative pathology)
        - Quality information (ex. Enhanced Recovery After Surgery adherence)
        - Clinical trials data (ex. Success of targeting clipping node)
    - Share information and data during key meetings with stakeholders (e.g., cancer committee meeting, tumor boards, staff meetings) to improve engagement and education on these standards

Frequently Asked Questions

Question	Answer
What role should registrars play in meeting the operative standards?	Registrars have an in-depth understanding of CoC accreditation requirements, including specifics on meeting the standards and compliance details. The CSSP has developed resources specifically for registrars, including the case identification guidelines documents and site review process documents, available in the Operative Standards Toolkit. We encourage registrars to use these resources to assess levels of compliance with the standards. Finally, we encourage registrars to work with leadership to share

	news of the standards and resources developed through the CSSP with surgeons at their institutions.
If hospitals adopt an operative report that is primarily synoptic with minimal narrative prose, are there medical/legal implications to not having a traditional operative report?	The synoptic elements and responses that are required to meet the requirements of the CoC Standards are not meant to replace the narrative report. This is a supplemental section that provides a synopsis of the critical cancer elements of the operation. As hospital systems create their own solutions, a standalone synoptic operative report can be created. However, we recommend working with your local medical, legal, billing, and compliance departments to ensure your solution works for your institution's needs.
Where in the current operative report should smart phrases or drop-down options be inserted?	The synoptic elements and responses required by the CoC Operative Standards must be included in the operative report of record. The placement of the synoptic operative reports can vary by institution; however, each facility should have a standard location (such as the top of the operative report or the end of the operative report).
Can a PA or NP that assists in the OR complete the synoptic reporting in the operative note?	The operative note should be completed by the surgeon.
On this panel, are there any experiences for a medical record other than EPIC?	We selected speakers for today's webinar based on the responses to the survey on implementation of synoptic reporting. We would like to learn from facilities that have implemented in a variety of EMRs. If you would like to participate on a future webinar about your experiences, please let us know by emailing cssp@facs.org.
I hear EPIC has been making great progress with this initiative. I am a part of Cerner system and have run into issues with building smart phrases with multi-answer selection options.	We have had conversations in the past with leadership from various EMRs about integration of required elements/responses for CoC Standards 5.3-5.6. We encourage programs to reach out to their EMR representative to request incorporation of these elements/responses. Any updates on the plan to work with additional vendors or EMRs will be shared with CoC accredited cancer programs.
Is there a pdf fillable created for rectal cancer since it is part of NAPRC?	No, a fillable PDF has not been created for rectal cancer. The CoC requirements for Standard 5.7 (Total Mesorectal Excision) are focused on the synoptic pathology report. If the CAP synoptic reports are used for rectal cases, the TME elements are included and that should allow for compliance.
Our hospital has the basic version of Meditech. Most of our surgeons dictate their op reports, so we	This would not be compliant in a separate note. In a system where everyone is dictating, we recommend

cannot imbed the synoptic report. Therefore, we have a separate synoptic operative report from the narrative operative report, 2 separate documents in the EMR. Is this acceptable?	using the fillable PDFs or printing a document with the CoC elements and responses to hang in the surgery lounge as a resource for surgeons completing their operative reports. The elements should be dictated into the operative report.
Can each surgeon for one disease site use their own template if the required elements are included?	A uniform synoptic reporting format should be used by all surgeons at the facility.