# **Optimizing Surgical Documentation: Evaluating the Impact of Synoptic Operative Notes** (SON) on Efficiency and Compliance at Kaiser Permanente Mid-Atlantic States (KPMAS)

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### Overview

- KPMAS adopted SON in May 2021 for its ease of use and efficiency
- Standard templates in SON improve documentation accuracy and completeness
- Smart Data Elements enhance data utilization and align with the American College of Surgeon (ACS) Commission on Cancer (CoC) standards
- Operative notes (Jan 2021 – Aug 2024) categorized by Synoptic Note usage via electronic medical records

## Methods

- Completion times and edits were analyzed using distribution analysis and the Wilcoxon Rank Sum test
- KPMAS collaboration between ACS CoC and National Surgical Quality Improvement Program teams developed SON for 6 key procedures (appendectomy, cholecystectomy, inguinal hernia repair, lumpectomy, mastectomy, and wide excision for melanoma)
- Integrated feedback and ACS CoC standards into SON development

### Results

- Synoptic notes are generally faster, with lower median completion times • WRS test results: significant
- completion time differences between synoptic and non-synoptic notes (except for mastectomy and melanoma)
- Overall compliance: 91.6% from May 2021 to August 2024

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### Lessons Learned

- Cancer committee & KPMAS leaders assessed strategies to increase synoptic note adoption
- High compliance rates indicate successful integration
- Synoptic notes convert unstructured data into structured formats
- Benefits: improved documentation quality, standardization, and ACS CoC compliance support

## Standard 5.4: Axillary Lymph Node Dissection for Breast Cancer SON Example

# **KPMAS** Template

Synoptic Operative Report: Modified Radical Ma		
Procedure Date: 7/20/2021	Surgeon: Surgeon(s): Ch "Scrubs" CHRIS TURK (M.D.), M.D THE TODD (M.D.), M.D.	
Patient Information		
Name: PATIENT X Date of Birth: xx/xx/xxxx Gender: female	MRN: xxxxxxxx Age: 48 yr old	
Operative Information		
Location: OR-ASC-TYSONS Pre-Op Diagnosis: Pre-Op Diagnosis Codes: * FEMALE BREAST CANCER, UNSPECIFIED SITE OF LEFT BREAST [C50.912] Procedure Performed: Procedure(s) (LRB MODIFIED RADICAL MASTECTOMY (Left) TISSUE EXPANDER INSERTION (Left)	Anesthesia: General, Loc Post-Op Diagnosis: Post Codes: * FEMALE BREAST CA UNSPECIFIED SITE OF I [C50.912] ):	
Synoptic Note Elements		
Antibiotics: Cefazolin 2g		
VTE prophylaxis: Sequential compression devices		
Foley catheter: Yes		
Operation performed with curative intent: Ye	es	
Resection was performed within the bounda and latissimus dorsi: Yes	aries of the axillary vein, ch	
Nerves identified and preserved during dissection ( <i>select all that apply</i> nerve/thoracodorsal nerve		
Level III nodes were removed: No		
Indications		
PATIENT X is a 48 yr old female who was f presented for Multidisciplinary Breast Cance options chose Procedure(s) (LRB): MODIFIED RADICAL MASTECTOMY (Left TISSUE EXPANDER INSERTION (Left). Ri discussed at length, all questions were answ	ound on biopsy to have left er Clinic consultation, and a ) sks, benefits and alternativ wered, and the patient elec	
Operative Finding		





# **CoC** Template

I Mastectomy	Element	<b>Response Options</b>
): Characters from , M.D. 1.D. I, Local, Regional Post-Op Diagnosis T CANCER, OF LEFT BREAST	Operation performed with curative intent.	Yes; No.
	Resection was performed within the boundaries of the axillary vein, chest wall (serratus anterior), and latissimus dorsi.	Yes; No (with explanation).
	Nerves identified and preserved during dissection (select all that apply).	Long thoracic nerve; Thoracodorsal nerve; Branches of the intercostobrachial nerves; Other (with explanation).
	Level III nodes were removed.	Yes (with explanation); No.

chest wall (serrated anterior)

pply): Long thoracic

e left breast cancer. Sh nd after discussion of surgica

tives to the procedure were



**ACS Cancer Programs** American College of Surgeons