

ACS Cancer Conference 2025

March 12-14 | Phoenix, AZ

CoC Operative Standards: Turning Old Norms into New Paradigms

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Disclosures

- No relevant disclosures

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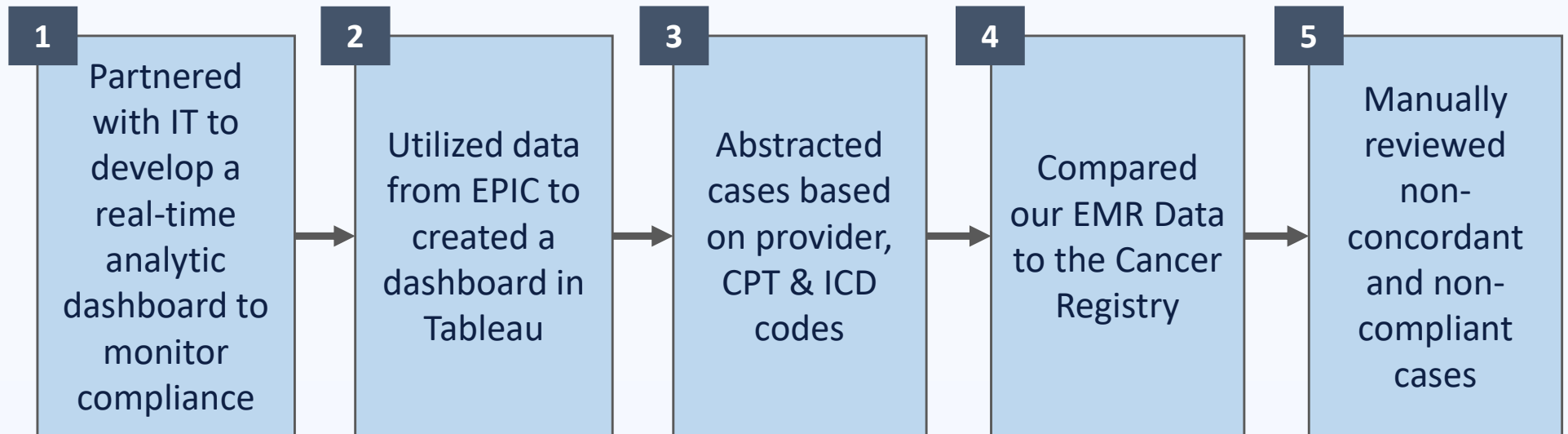
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Background

- Synoptic reporting was integrated into EMR in 2023
 - Initially required use of dot phrase due to delays in EPIC roll out
 - Now Synoptic reports are triggered based on CPT codes in EPIC
- EPIC reporting options to audit compliance is cumbersome and difficult to utilize
- Registry data at least 6 months delay

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Methods



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Standard 5.3 Sentinel Node Biopsy for Breast Cancer

SURGERY_DATE

12/1/2023

1/14/2025

Compliance Type

(All)

Documented

99.1%

439

Missed

0.9%

4

% Documented by Provider

Missed

Documented

Surgeon A

63 (100.0%)

Surgeon B

75 (98.7%)

Surgeon C

29 (100.0%)

Surgeon D

19 (90.5%)

Surgeon E

115 (100.0%)

Surgeon F

68 (98.6%)

70 (100.0%)

0

10

20

30

40

50

60

70

80

90

100

110

120

Distinct count of LOG_ID

prov_name

pat_mrn_id

LOG_ID

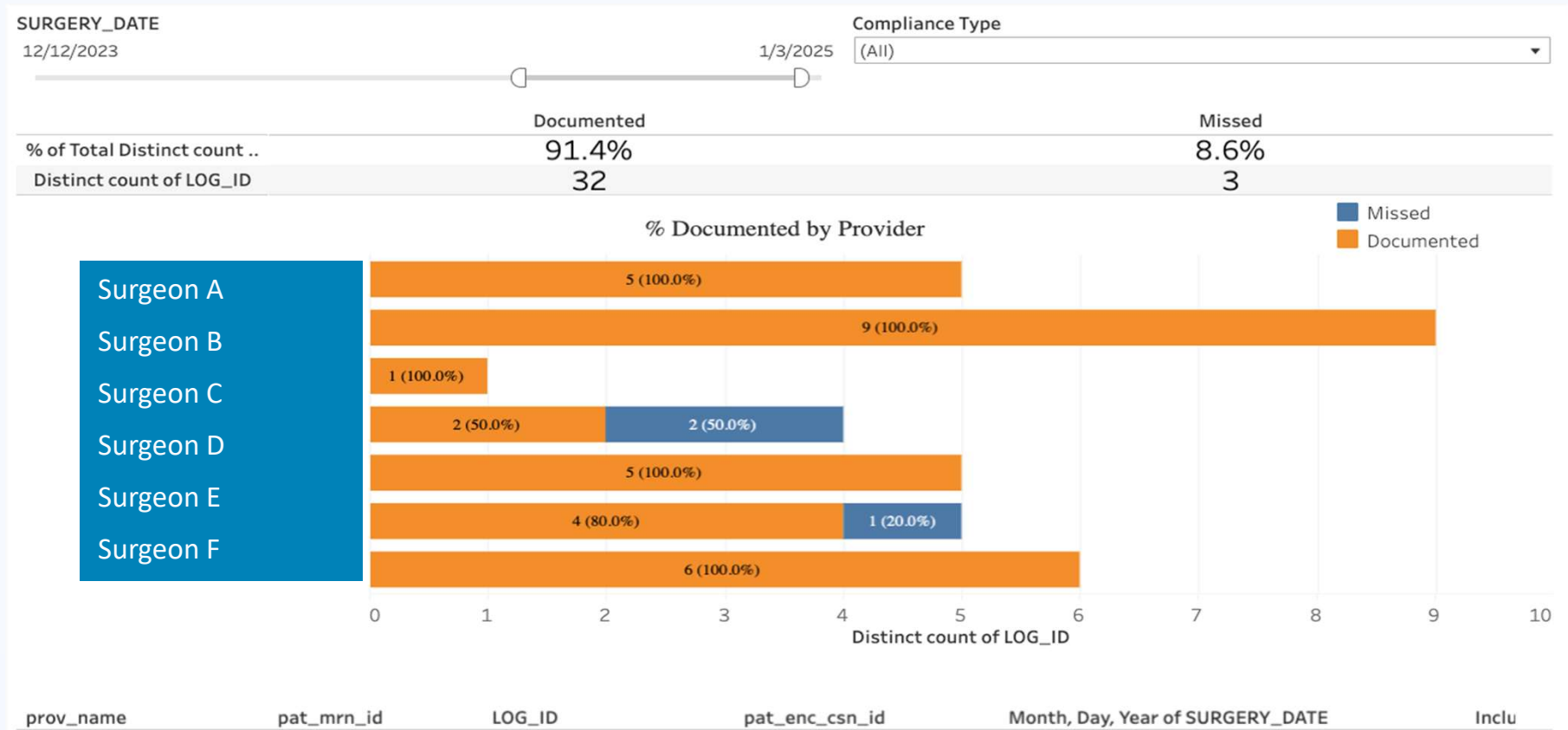
pat_enc_csn_id

Month, Day, Year of SURGERY_DATE

In

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Standard 5.4 Axillary Node Dissection for Breast Cancer



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Standard 5.5 WLE for Primary Cutaneous Melanoma

SURGERY_DATE

6/3/2022

1/10/2025

Compliance Type

(All)

Documented

95.0%

247

Missed

5.0%

13

% Documented by Provider

Surgeon A

3
100.0%

Surgeon B

66
93.0%

5
7.0%

Surgeon C

24
100.0%

Surgeon D

157
96.9%

5
3.1%

Documented

Missed

prov_name

pat_mrn_id

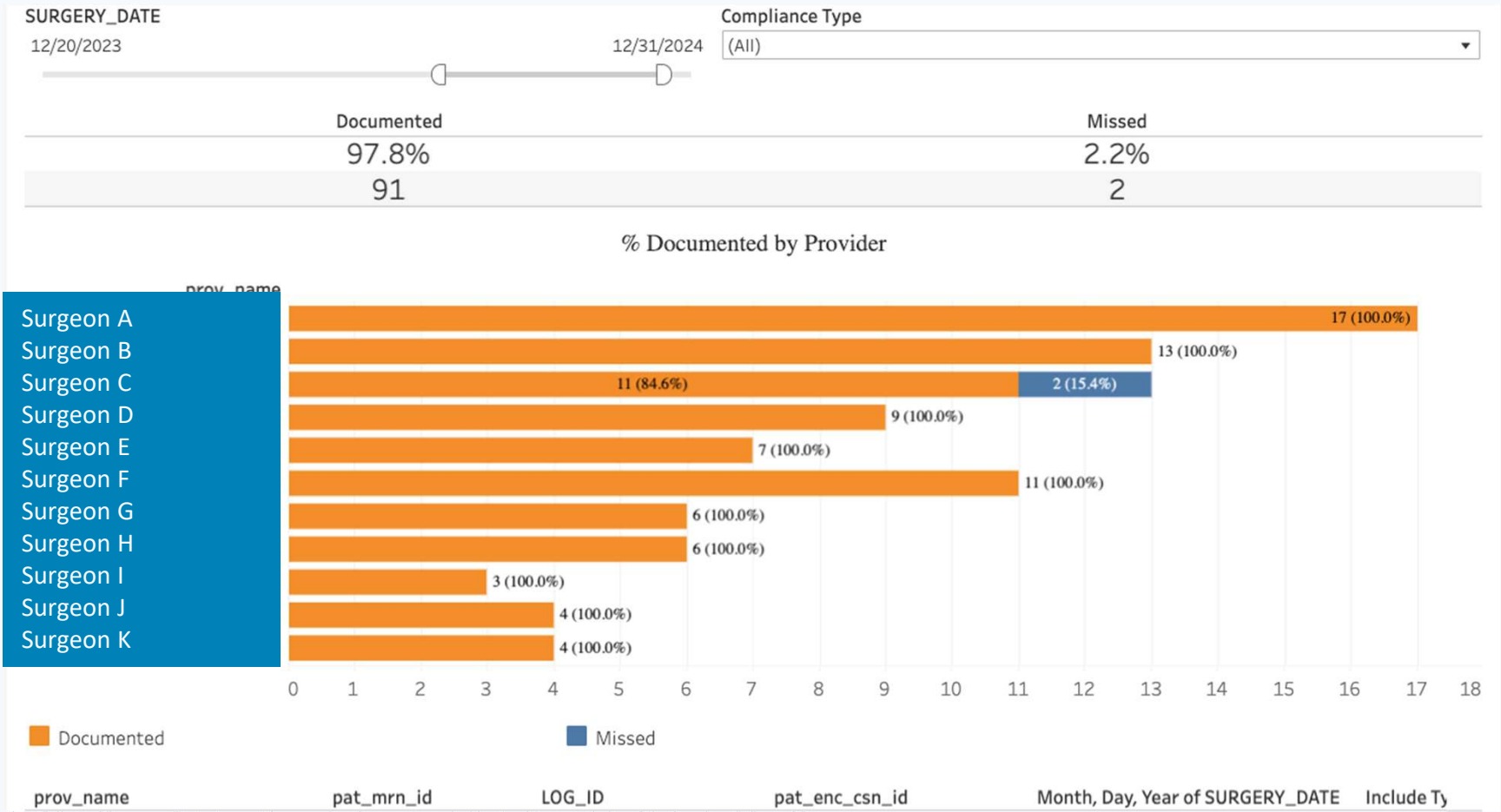
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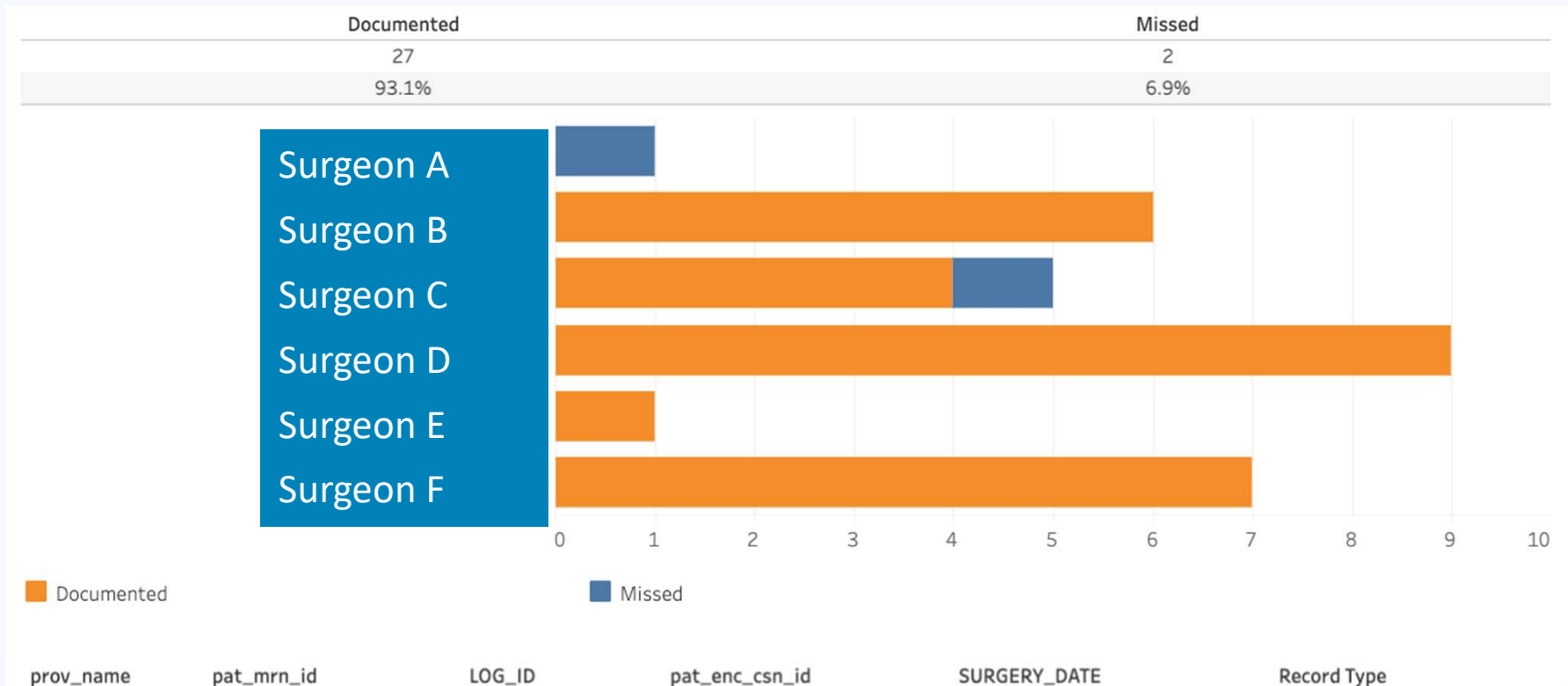
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Standard 5.6 Colon Resection



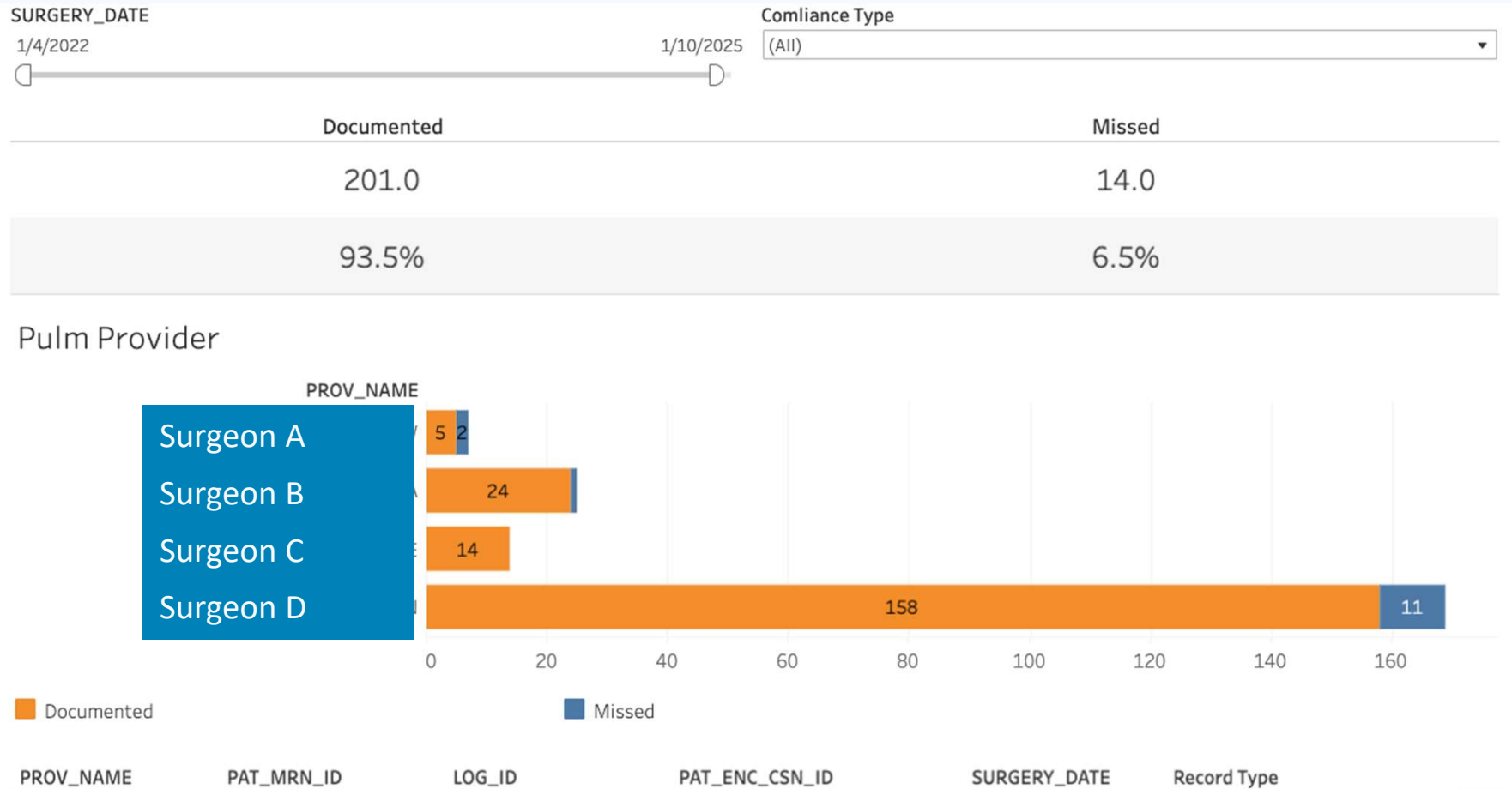
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Standard 5.7 Total Mesorectal Excision



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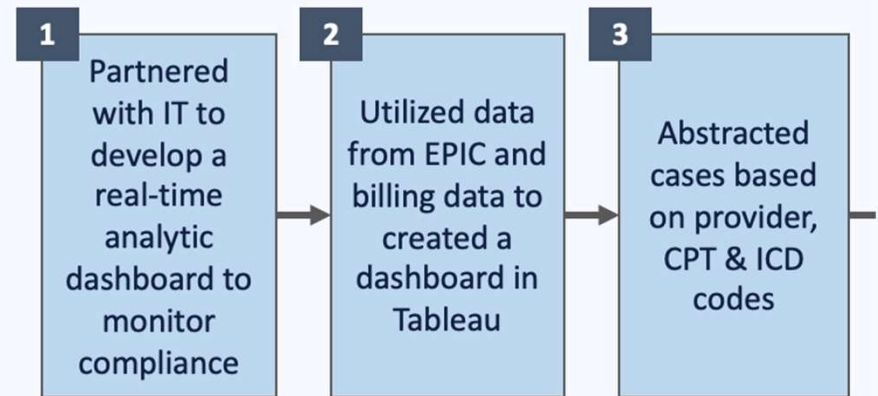
Standard 5.8 Pulmonary Resection



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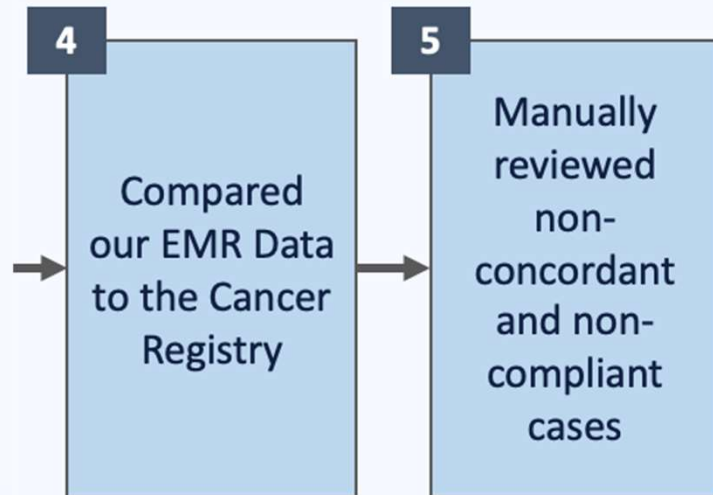
Results

- Surgeons who dictate were more likely to omit the synoptic report than those who used templated operative notes
- Compliance with synoptic reporting has increased over time



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Results/Benefits



- Validate data recorded in the Registry Abstract
- Identify in real time cases not yet abstracted by the Registry
- Identify in real time already abstracted cases where the required data elements had not been coded yet
- Identify coding and/or billing issues
- Identify missing synoptic reports

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Challenges and Opportunities

- Initial high discordance between our EPIC & registry build
- Manual comparison of EPIC build and registry allowed our team to identify issues impacting accuracy of our data collection and make changes to our EPIC build
- EMR data extract does not take into account:
 - Class of Case 32
 - Change in standard of care for rectal tumors

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Key Takeaways

- Visual dashboard with real time data is an effective tool to monitor system changes and provider adoption
- Validate data recorded in the Registry Abstract
- Identify cases to be abstracted in real time improving the efficiency of our abstractors
- Identify cases missing synoptic reports and address in real time

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Acknowledgements



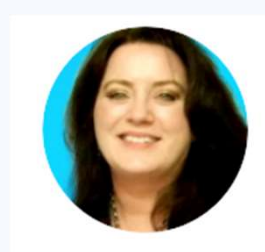
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