

ACS Cancer Conference 2025

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Iterative Process for Improving Compliance with Synoptic Operative Reports in a Large Healthcare System

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Disclosures

- No financial or other disclosures related to this project

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Background

- Synoptic operative reports improve completeness and accuracy of documentation¹
- Effect on outcomes? Evolving research
- CoC standards 5.3 to 5.8 released in July 2020²
 - 5.3 Sentinel Node Biopsy for Breast Cancer
 - 5.4 Axillary Lymph Node Dissection for Breast Cancer
 - 5.5 Wide Local Excision for Primary Cutaneous Melanoma
 - 5.6 Colon Resection
- **Objective:**
 - **Assess and improve compliance with synoptic reporting for Standards 5.3-5.6 across a large multi-state hospital system**
 - **Describe process of improvement**

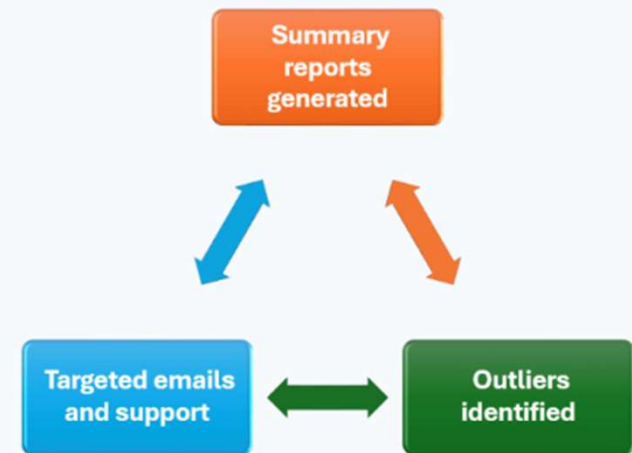
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Project Design and Process

- About AAH Midwest Region
- Surgeon group + Health Information Technology drafted smart phrases
- Summary reports generated with data populated through EMR
- “Iterative process”
 - improved accuracy of data pulls over time
 - Identification of “outliers”
 - Routine email reminders → **targeted emails and peer support to surgeons with “outliers”**



Figure 2: Monthly Process Refined



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Process

- Example smart phrase

FINDINGS:

Wide Local Excision for Primary Cutaneous Melanoma - Excision 1 (Region ▾)

Operation performed with curative intent	CoC; Performed with Curative Intent ▾ - Melanoma
Original Breslow thickness of the lesion	CoC; Breslow Thickness: Melanoma ▾ in situ (MIS)
Clinical margin width	CoC; Clin Margin Width: 0.5 cm ▾
Depth of excision	CoC; Depth of Excision: ▾ Full-thickness skin/subcutaneo...

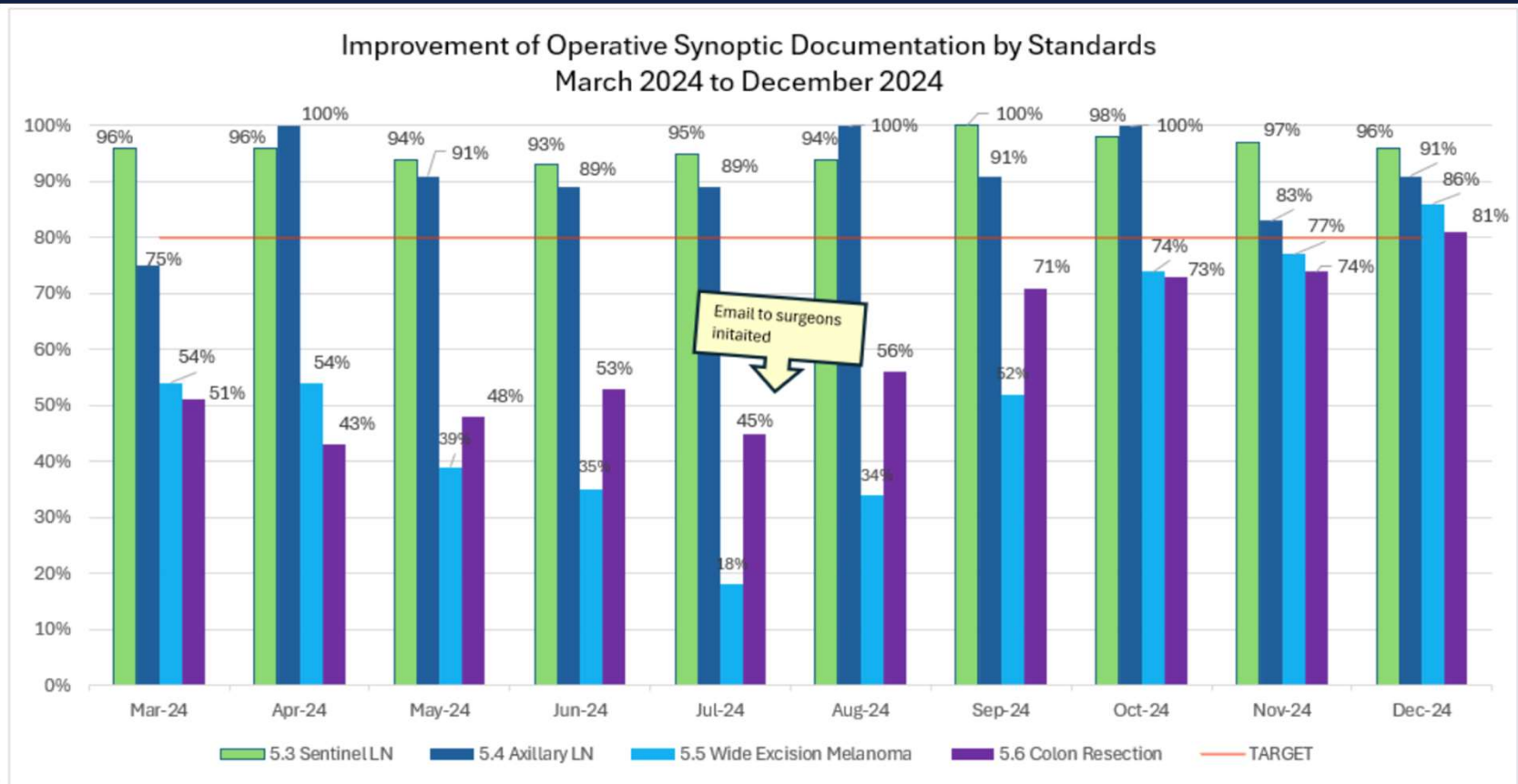
☒ Full-thickness skin/subcutaneous tissue down to fascia (melanoma)
☐ Only skin and superficial subcutaneous fat (melanoma in situ)
☐ Other with explanation

- Example summary report

CoC Standard 5.4 Axillary LN Dissection			
March 2024			
Surgeon	Compliant	Total	%
MIDWEST	9	12	75%
Dr. A	0	1	0%
Dr. B	1	1	100%
Dr. C	1	1	100%
Dr. D	3	3	100%
Dr. E	1	2	50%

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Results



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Conclusions

- Achieving compliance across a large system and many specialties is possible
- **Why do we think this is working?**
 - 1. Simplifying the process**
 - Smart phrases
 - Emails to surgeons with specific, actionable feedback
 - 2. Surgeon “champions” and peer support**
 - 3. Great team and institutional support for QI**
- **Next steps**
 - Sustained compliance
 - Correlate with outcomes

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Thank you!

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- CoC Operative Standards (Standards 5.3–5.8) Frequently Asked Questions.; 2024. <https://accreditation.facs.org/accreditationdocuments/CoC/Resources/FAQs/CoCOperativeStandardsFAQs.pdf>.
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