

Why do we need the CSSP?

- Data shows that adherence to surgical standards improves survival^{1,2}
- ACS launched the [CSSP](#) in 2020 with the mission of improving the quality of surgical care provided to people with cancer

What is the value of synoptic reporting? The Big Picture

- Documentation in clinical care has many downstream implications including quality processes, billing, compliance, registries, and patient care coordination
 - Quality information is required for all of these to be done in an efficient and useful fashion
- Synoptic reporting offers several advantages over narrative dictation, such as:³
 - Improving accuracy and efficiency of documentation and data abstraction
 - Reinforcing education
 - Reducing variability and cost
- TNM staging information may be missing or vary in different notes → registrars must sort through and interpret narratives to manually enter information into a registry, leading to issues with quality and cost
- Utilizing data from EHRs is limited by the poor quality of information trapped differently within silos
 - Standardized documentation will facilitate interoperability which can lead to advanced analytics, greater availability for research, real-time data analysis, facilitated downstream usage, etc.
- Standardizing operative reports will allow us to directly impact the quality and delivery of care

What are the synoptic reporting requirements for the CoC?

- Synoptic reporting takes standardized data elements and organizes them into a structured template
 - Pre-defined response options allow information to be easily collected, stored, and retrieved
- CoC-accredited programs are required to include specific elements and responses in synoptic format, as detailed in the [Optimal Resources for Cancer Care \(2020 Standards\)](#) (republished in February 2021)
- CoC-accredited programs will need to achieve [compliance with Standards 5.3–5.6](#) starting in 2023. Operative reports from 2023 will be reviewed at site visits in 2024 for 70% compliance

How can my CoC-accredited program meet these synoptic reporting requirements?

- Create your own basic template (*currently available*)
 - Must include elements and response options from CoC standards to demonstrate compliance
- Use third-party vendor tools (*currently available*)
 - Work with [third-party vendors](#) to integrate their tools, which should allow programs to meet compliance with CoC operative standards. These companies are not owned by or affiliated with the ACS. This may involve an additional cost to programs.
- Build complete templates with ACS Application Programming Interface (API) (*in development*)
 - Provides content, formatting, and logic model of ACS templates, allowing local IT to build a synoptic reporting tool into their EMR software
 - Offers a comprehensive list of data fields including CoC-required elements and can potentially replace narrative reports
 - Details on availability of the API will be released in the coming weeks
- Request EMR-integrated templates (*in development*)
 - Programs interested in integrating ACS templates directly into their EMR systems should contact their institution's EMR representative to request this functionality

Frequently asked questions

Question	Answer
Do the synoptic reports need to be a separate note or can these elements be baked into a standard descriptive operative report as a separate section as long as it meets the language and specifications?	The required elements and responses need to be in the operative note in a distinct section. It can be part of your standard operative note or embedded into your narrative operative report, but it has to be separate and have all the required elements/responses together in synoptic format.
Can the required synoptic information be in the immediate post-op note/brief op note and still be compliant?	No. To demonstrate compliance with CoC standards, the elements/responses required for CoC accreditation must be included in synoptic format in the operative report of record.
Are we only required to put the elements/responses (that are listed in each standard in the updated 2020 Standards Manual) into the synoptic report? Or is there more information required to be in the synoptic report?	To be compliant with CoC Standards 5.3–5.6, in addition to fulfilling the surgical/technical measure of compliance, the required elements and responses listed in the 2020 Standards must be included in the operative note in synoptic format. No additional information is required to be in the operative note in synoptic format.
Do you anticipate that the synoptic report will replace the narrative report or be added to the narrative report?	A basic synoptic report that includes only the required CoC elements cannot replace the narrative report. However, more generally speaking, synoptic reporting can be made fully comprehensive in a manner that can replace narrative reports. A more comprehensive report, such as that now offered by third party vendors or as will be pushed via an API, is designed to replace the narrative report if a surgeon so chooses. The templates developed by the ACS CSSP are designed to capture the most important aspects of surgical care and meet many surgical reporting requirements. These templates have the functionality to add narrative text for purposes of capturing findings or other details the surgeon feels important to include.
If my facility's next site review is in 2023, what are we required to show for that site review? When do we need to start synoptic operative documentation?	In 2022, programs must document their final plan for implementing Standards 5.3–5.6 at their institution. Those plans will be reviewed at site visits in 2023. Sites should start synoptic operative documentation by January 1, 2023. Assessment of operative reports will begin with site visits in 2024, which will review operative reports from 2023 for 70% compliance. For additional details on ratings and compliance, please visit the Timeline and Compliance Information webpage.
You said 7 cases will be reviewed for compliance per operative standard. How many cases for a network? Is this determined by the number of facilities?	These details are still under consideration. We are evaluating networks and different types of integrated systems and will share additional details in the coming weeks.
When programs have their site reviews, will the site reviewer request these synoptic operative reports from our EMR or will these reports be uploaded to the CoC for the site reviewer to pull?	Programs will need to provide the synoptic operative report for the selected patients. Whether this is done through live review of the EMR or through a printed copy of the report has yet to be determined.

<p>Is it expected that the synoptic format be built in such a way that data reports can be built/pulled to assess the compliance? It sounds like the review will be more manual by the CoC site reviewer.</p>	<p>Yes, the review process will be more manual to assess the elements and responses. Ideally, for the future, the responses will be digitalized so you can mine that data/information to assess quality metrics and for other purposes. However, for the purposes of assessing compliance with Standards 5.3–5.6, starting with site reviews in 2024 (looking at operative reports from 2023) as long as you have the element and response to that element, it will fulfill that measure of compliance. Please refer to the 2020 Standards for all compliance criteria.</p>
<p>Are any of these options for CoC programs to meet the synoptic reporting requirements of Standards 5.3–5.6 free?</p>	<p>The first option (creating your own templates including the required elements and responses from the CoC Standards Manual) does not involve any cost to programs.</p>
<p>Is there an estimated date when the ACS template will be available? Will there be a fee for the ACS API templates?</p>	<p>The templates are now available for facility-designated contacts at CoC-accredited cancer programs to view at no cost via the ACS Learning Content Management site. Please refer to this announcement in the Cancer Programs News for details.</p> <p>We expect there will be a nominal fee for the API, which includes coding and formatting for those programs who want to use the ACS templates to build a synoptic reporting tool for their facility.</p>
<p>Will STORE surgery codes be directly mapped in the templates?</p>	<p>The templates that are currently available for CoC programs do not include STORE surgery code mappings.</p>
<p>What EMR vendors will have the templates?</p>	<p>The third-party vendors have relationships with most of the major EMR vendors. Please check with them if their tools will work with your EMR system. In terms of integrating the templates directly into your existing EMR, we suggest that you reach out directly to your EMR contact to make this request. ACS is also in discussions with some major EMRs to get this content incorporated into their systems.</p>
<p>Are you still publishing PDFs like the CAP protocols?</p>	<p>We expect to publish PDFs of the full protocols, which include the evidence behind the standards and data elements.</p>
<p>Do you have any sense of timelines around when the major EMR vendors might have content available?</p>	<p>We would encourage you to reach out to your EMR representative for timelines on availability of this content within their systems.</p>
<p>Has any program estimated the cost of the complete implementation?</p>	<p>To date, we do not have an estimate of the cost of complete implementation.</p>
<p>Given the plans for future standards, how are you preparing EMR vendors to be agile for your future plans?</p>	<p>The ACS has been in discussions with the EMR vendors about the requirements for these standards and the future of operative standards and synoptic reporting since early 2020.</p>
<p>Are there plans for more than 2 pathology-based surgical standards, or additional pathology reported data elements? Or are plans to stick with the operative notes only in the future?</p>	<p>While there are currently only two CoC accreditation standards that assess pathology reports (Standards 5.7 and 5.8), additional standards may be built in the future which are best evaluated by data in the pathology report. The CSSP is focusing on building out synoptic operative reporting templates, as synoptic pathology reporting templates are already offered by CAP.</p>

<p>Are there any preliminary standards for synoptic operative reporting for other cancers than those in Standards 5.3–5.6, such as sarcoma?</p>	<p>The CSSP is developing synoptic operative reports for other disease sites beyond those currently covered in the CoC Standards. The CoC and CSSP will work together on operative standards that are released in the future. The focus will be on 5.3–5.8 first and ensuring that CoC sites have the resources they need to be compliant with the existing standards.</p>
<p>Are there plans for synoptic radiology reports in the future?</p>	<p>There are no plans for incorporation of synoptic radiology reports into the CoC Standards at this time.</p>
<p>Are there articles published in surgical journals about these standards and the use of templates?</p>	<p>Yes, we are publishing a series of articles in the <i>Annals of Surgical Oncology</i> on synoptic reporting and operative standards. We have also developed additional manuscripts on specific individual standards from the Operative Standards for Cancer Surgery manuals. In addition to these efforts, there already exists robust literature about the benefits of synoptic reporting in general. These resources will be added to the CSSP Resources webpage in the near future.</p>

References

1. Zhao B, Tsai C, Hunt KK, Blair SL. Adherence to surgical and oncologic standards improves survival in breast cancer patients. *J Surg Oncol*. 2019;120(2):148-159.
2. Zhao B, Blair SL, Katz MHG, Lowy AM, Kelly KJ. Adherence with operative standards in the treatment of gastric cancer in the United States. *Gastric Cancer*. 2020;23(3):550-560.
3. Stogryn S, Hardy KM, Abou-Setta AM, Clouston KM, Metcalfe J, Vergis AS. Advancement in the quality of operative documentation: A systematic review and meta-analysis of synoptic versus narrative operative reporting. *Am J Surg*. 2019;218(3):624-630.