Cancer Surgery Standards PROGRAM
AMERICAN COLLEGE OF SURGEONS

Commission on Cancer®
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Cancer Surgery Standards Program (CSSP)
Implementing Synoptic Requirements for CoC Operative Standards 5.3-5.6 Webinar

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

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 from the operation
- 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

Survey on the Implementation of CoC Operative Standards

- This survey was originally sent to CoC accredited cancer programs in January 2022 seeking information about sites' experience with the implementation of the CoC Operative Standards
- The survey was re-released, from July 14th – August 1st, to understand sites' progress on the implementation of CoC Operative Standards 5.3-5.6
- 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

Implementation Timeline for Standards 5.3-5.6

- Standards 5.3-5.6 will be implemented at CoC-accredited programs beginning January 1, 2023. Standards 5.7 and 5.8 took effect on January 1, 2021
  - Threshold compliance levels begin at 70% for the first year of site visits and will increase to 80% for following years

Visit Year	Standard	Materials Assessed	Requirement
2022	5.3-5.6	No requirements for this site visit year.	N/A
	5.7	7 rectal pathology reports from 2021	70% compliance
	5.8	7 lung pathology reports from 2021	70% compliance
2023	5.3-5.6	Implementation plan for Standards 5.3-5.6	Plan documented in 2022
	5.7	7 rectal pathology reports from 2021-2022	80% compliance
	5.8	7 lung pathology reports from 2021-2022	80% compliance
2024	5.3-5.6	Implementation plan for Standards 5.3-5.6	Plan documented in 2022
	5.3	7 breast SLNB operative reports from 2023	70% compliance
	5.4	7 breast ALND operative reports from 2023	70% compliance
	5.5	7 melanoma operative reports from 2023	70% compliance
	5.6	7 colon operative reports from 2023	70% compliance
	5.7	7 rectal pathology reports from 2021-2023	80% compliance
	5.8	7 lung pathology reports from 2021-2023	80% compliance

Guidelines for Implementation Plan for Commission on Cancer (CoC) Standards 5.3-5.6

- In 2022, CoC-accredited programs will need to document their final plan for how they will meet the requirements of Standards 5.3, 5.4, 5.5 and 5.6 starting on January 1, 2023 (see Table 2)
    - Guidelines for development of these final plans can be found in the Operative Standards Toolkit
- We recommend that the plan be developed by the cancer committee and, at a minimum, include the following information:
    - Describe how the cancer committee reviewed the CoC Operative Standards, their intent, and the requirements, including the date of the meeting(s) at which this was discussed
    - Describe all education and training activities conducted or planned for surgeons, pathologists, and registrars for Standards 5.3-5.6
    - Describe any internal audit process undertaken or planned to review compliance levels prior to the site review (if applicable)
    - Describe any processes put in place or planned at your facility to integrate the CoC required elements and responses in synoptic format and data collection, including any coordination with IT, the surgery department, the registry, etc.
    - Outline the implemented or planned approach for integration of the CoC required elements and responses for Standards 5.3-5.6 and proposed timeline for complete implementation by January 1, 2023

Implementation of CoC Required Elements and Responses– Panel Session

- Tara Breslin MD FACS is a Cancer Liaison Physician (CLP) in Michigan, and a Breast Surgeon at Trinity Health IHA Medical Group.
    - Trinity is an integrated Network Cancer Program (INCP) with approximately 600 cancer cases a year. They have identified this as an opportunity to streamline processes between the health system and practices and between their Epic Support and Clinical informatics
    - Additionally, the integration of the CoC required elements and responses have helped surgeons remain consistent with surgical procedure documentation
- Madison Deutsch CCS, CDIP, Clinical Documentation Improvement Coordinator, and Megan Buchanan, Cancer Programs Coordinator, at Marshall Medical Center, a Community Cancer Program.
    - Marshall has approximately 90 cancer cases a year, applicable to Standards 5.3-5.6
    - Madison and Megan have customized the operative report templates, within the EMR, to include the CoC required elements and responses. Additionally, they educate providers on the

purpose and benefits of the required CoC elements/responses. The Cancer Committee will perform peer to peer follow-ups

- Jill Mathison, RRT/RCP, CPHQ is a Cancer Programs Administrator at USC Arcadia Hospital
  - USC Arcadia Hospital is a comprehensive community care program with an analytic caseload of 645
  - This program built a structured document in Allscripts that includes the CoC elements and responses. USC Arcadia also conducted a pilot synoptic reporting effort that was successful and subsequently presented this solution at the Tumor Board and to the Cancer Committee
- Rogerio Neves, MD, PhD, FACS, FSSO is Senior Member of the Cutaneous Oncology Department at Moffit Cancer Center, an NCI-Designated Comprehensive Cancer Center
  - Moffit Cancer Center has a caseload of 4,000 patients
  - The Moffit Cancer Center has created an auto-text in Cerner that includes the CoC required elements and responses for melanoma
- Michael D. Sarap, MD FACS is the CLP and CoC Co-Chair in Ohio, he practices at the Southeastern Ohio Regional Medical Center
  - The Southeastern Ohio Regional Medical Center is a Community Cancer Program that has 170 applicable cancer cases
  - At this site, surgeons dictate their operative report. However, there is a laminated fact sheet that includes the standards and specific CoC elements/responses kept in the physician dictation station for providers to reference when dictating
- Lawrence Wagman, MD FACS is a CLP in California and practices at San Antonio Regional Hospital (SARH), a Comprehensive Community Cancer Program. This site has approximately 900 cancer cases per year
  - SARH integrated the required CoC elements and responses into the EMR. They also have one-on-ones in the surgical lounge to update surgeons on the implementation efforts
- We encourage programs to share this webinar recording at Cancer Committees, with surgeons, Cancer Programs administrators, and registrars to gather greater detail on the implementation plans mentioned