Creation of Synoptic Operative Reports for Breast Surgery within a Multi-Hospital Healthcare System

Thomas W Smith Jr, MD, MS, Casey Silver MD, Mary Ahn MD, Nitzet Velez MD, Sharfi Sarker MD, Denise Monahan MD, Miraj Shah-Khan MD, Swati Kulkarni MD, Seema Kahn MD, Kevin Bethke MD, Nora Hansen MD, Anthony Yang MD, MS

Introduction

Past breast surgery operative reports have been limited to either dictated narrative descriptions with varying degrees of information, or templated statements of standard operative steps that lack individual detail. The Commission on Cancer (CoC) has instituted new synoptic operative reporting standards for cancer surgery, which require important steps of the operation be described in a synoptic operative report (SOR) format (in specific, pre-defined fields). SORs are intended to improve completeness, accuracy, and ease of data extraction, with the overall goal of improving the quality of cancer care. Our objective was to create a complete breast surgery SOR for implementation across the Northwestern Medicine (NM) health system.

Methods

Although CoC operative standards only require SORs for sentinel lymph node biopsy and axillary lymph node dissection, it was decided to add mastectomy and partial mastectomy to the NM breast surgery SOR to create a complete, standardized SOR for all breast surgery within the entire NM system. A stakeholder survey was administered to surgical, radiation, and medical oncologists, pathologists, radiologists, and referring providers. The survey assessed present standards of practice regarding operative reports and identified areas of need for improvement. A complete breast surgery SOR, based on the CoC’s synoptic operative reporting standards, was then created and iteratively revised for use within the NM health system. Feedback was obtained through stakeholder surveys from multidisciplinary providers, input from billing, coding, and compliance officers, and ongoing participation from breast surgeons. Frequent content feedback from stakeholders allowed for creation of an efficient and complete SOR while minimizing implementation barriers.

Conclusions

Stakeholder surveys indicated that SORs were not being utilized for breast surgery and there was interest from clinicians in implementing SORs. Four separate breast surgery SORs (mastectomy, partial mastectomy, sentinel lymph node biopsy, and axillary dissection) were created based on the CoC operative standards. A tool within the electronic health record was then built with information technology developers that allows for easy incorporation of the breast surgery SOR templates within surgeons’ usual workflow.

Figure 1: Information Used in Breast Cancer Operative Reports

Figure 2: Surgeon Concerns Regarding SORS

Results

The breast surgery SORs are now being implemented system-wide at NM and statewide through the Illinois Cancer Collaborative. Although SORs are a novel practice for healthcare providers (including the surgeons populating the operative data), they have potential to significantly improve the quality of breast cancer care. Thoughtful implementation involving stakeholder input throughout the process can improve buy-in while minimizing the burden on surgeons.

Figure 3: Partial Mastectomy SOR