

REGISTRAR PIP

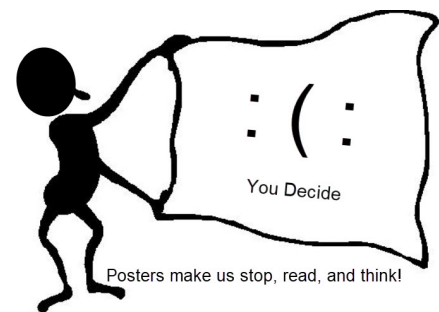
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July 2024 Registrar PIP Poster Presentations are Microlearning Opportunities

NCRA Conference Poster Sessions

The majority of us spend most of our time at annual conferences listening to presenters scheduled for the educational sessions offered during these multi-day events. The poster presentations promoted on the conference webpage and in meeting handouts never seem to generate as much interest or foot traffic as I believe they deserve. This is especially true if the posters are displayed anywhere near free food and drink!

Let's face it, during the breaks scheduled between plenary sessions, it's difficult to lure us away from the refreshments to check out posters often hanging in a corner of the same room. We are more focused on grabbing a beverage and a treat or talking with friends we haven't seen for a while. To make matters worse, the posters typically also have to compete for attention with the exhibitors sharing this multi-use space. Exhibitors tempt us with their swag! Who among us hasn't grabbed a give-away from a table that we likely will never use simply because it's a freebie? How many tote bags, keychains, water bottles, lanyards, and stress relieving squeeze balls do we really need? So, I've decided one thing I must do at conferences is take a walk through the posters in order to report on those that grabbed my attention.



Personal Preference

Personally, I'm drawn to posters that highlight a hospital or central registry's process used to improve data quality or create novel data usage approaches. These posters share a new way in which the data we collect is going to be used as the starting point to investigate cancer occurring in different groups of people and theories as to why. For that reason, I appreciated Maria Leuchert's explanation and comparison of the District of Columbia Cancer Registry's (DCCR) audit results for a two-year period and the poster by Cheryl Sheridan and Sarah Cannon highlighting the creation of the National Firefighter Registry.

**QUALITY
STANDARDS**

The DCCR registry staff performed a **visual review of 25 randomly selected abstracts** each time data was submitted from a reporting hospital to the central registry. The focus of these two reviews was data field accuracy and text field completeness. The first year's audit results demonstrated an average of 2 errors per abstract. The largest number of coding errors involved the address at diagnosis, usual occupation, place of diagnosis, and class of case data items. The most common problems in text fields included cut and paste errors and the use of non-standard abbreviations. The audit team presented its results during their DCCR Annual Conference, focusing on the most problematic areas they needed to see improvement from their reporting registrars. During the audit conducted in the second year, the error rate dropped to an average of 1.5 errors per abstract. Registrars achieved the most improvement in the data items and text fields with the highest overall error rates seen in the first year's audit. The DCCR results were not surprising given the fact we've seen similar results after presenting targeted training sessions based on SEER*Educate assessment results. Targeted training improves year over year audit results when those results are shared with staff.

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The second poster highlighting **National Firefighter Registry (NFR) for Cancer** was also interesting. The Centers for Disease Control and Prevention's (CDC) National Institute for Occupational Safety and Health (NIOSH) will be expanding the recruitment of firefighters across the country by asking them to voluntarily sign up for this registry. NIOSH researchers plan to capture work history details and then match firefighter profiles by linking with state cancer registries.

More than ever, progress in cancer research hinges on the ability to combine datasets to be better able to understand cancer and its risk factors related to different aspects of the fire service. This is necessary to ultimately be able to reduce cancer incidence among firefighters for generations to come. We will probably be hearing much more about the recruitment and data collection effort for this registry and the resulting research being conducted over the next decade.

Most Popular Poster Topic

Rarely is the same topic covered multiple times by different poster submissions at a national meeting. However, this year at the NCRA annual conference in Indianapolis, 4 of the 26 posters covered some aspect of the **Commission on Cancer's Operative Standards** that aim to improve surgical care and outcomes for cancer patients in the United States. Implementing standards can also lead to other benefits, such as improved documentation and better coordination of care. Given its popularity as a poster topic this year, I'd be remiss if I didn't highlight the different aspects of the topic presenters featured in the posters in this edition of our newsletter.

The synoptic operative standards represent an investment by the American College of Surgeons (ACS) and Commission on Cancer (CoC) to improve surgical quality and evidence-based cancer care. These posters reminded us of the College's four synoptic operative standards, the expected compliance rates for cases diagnosed in 2023 and 2024, and the fact that approved programs need to be able to demonstrate during their next survey that their surgeons' are compliant in recording the required findings in their operative reports.

To summarize, the topics associated with the various operative standards include:

- Standard 5.3 - Breast sentinel node biopsy
- Standard 5.4 - Breast axillary node dissection
- Standard 5.5 - Primary cutaneous melanoma wide local excision
- Standard 5.6 - Colon resection

The College identified specific data elements and outlined the response options required for each Standard. Poster presenters highlighted the steps taken to ensure the data elements/response options were included in their facility's operative reports, reported their process in tracking surgeon compliance with the Standards, or both. To achieve success more quickly, it seems important to adopt a uniform synoptic reporting format for each procedure and require that all surgeons at a facility use it when preparing operative reports. This will help registrars track surgeon compliance and recognize when to suggest a change in the procedure if they don't see the expected results.

Approach

Depending on the resources available, there are currently three ways a facility can create synoptic operative report templates that conform to CoC Standards:

- Develop a homegrown system integrated into the facility's electronic medical records (EMRs)
- Purchase an off-the-shelf software package and attempt to incorporate it into the facility's EMRs
- Abstract the data manually on paper using PDFs of the various templates available on the CoC website

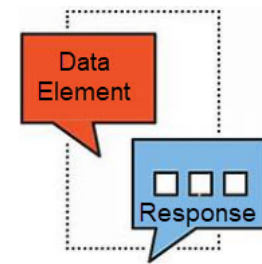
Synoptic operative reports use standardized data elements/response options structured as a checklist or template to allow for easy collection and retrieval of data. Such formatted reports reinforce the critical elements of oncologic surgical

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procedures. To improve documentation efficiency, completeness, and accuracy, EPIC Systems, (example of a type of EMR software system), has a variety of tools that can make writing operative reports faster and easier.

The templates must include the required data elements/response options as outlined in the [Optimal Resources for Cancer Care \(2020 Standards\)](#) using the same wording as in the CoC standard. All required data elements/response options must be listed together in one location in the operative report.



Per the poster from the **City of Hope**, staff opted to create a template using a SmartPhrase tool in their version of EPIC and used an iterative process to refine their procedure to improve their compliance rate over time.

NOTE: Be aware that all EPIC Systems' EMRs are not created equal! There is variability in how staff can create operative report templates for a facility. Facility staff should collaborate directly with their vendor representative so they can create a template using a SmartPhrase tool that meets the needs of the surgeons at the facility.

The Phase 1 deployment of this new process at the City of Hope consisted of only instructions outlining how surgeons could **manually** add the SmartPhrase tool to the operative report. Surgeons had to recognize on their own which operative reports required synoptic formatting, then follow the instructions to manually add the SmartPhrase tool to the operative report they were dictating so the appropriate data elements/response options displayed. The compliance rate for Phase 1 was 74%.

To encourage more surgeon participation, in Phase 2 the tech support team embedded the SmartPhrase tool in the operative report templates. This served as a standing reminder of the documentation requirements for each report rather than having physicians manually add it after they selected a surgical procedure from the dropdown. The compliance rate improved to 85%.

After meeting with surgeons who did not comply with the documentation requirements in Phase 2, the implementation team discovered an issue in the procedure if the surgeon inadvertently clicked directly on the SmartPhrase. After tech support addressed the issue, the compliance rate jumped to 98%! To summarize, the City of Hope moved from a compliance rate of 74% to 98% in an impressive seven month time period.

The standardization of operative reports, using an assist from a template, is intended to ensure the critical components of the surgery are recorded and to facilitate data collection. Use of templates also allows registrars to assess compliance and perform audits more easily. In addition, templates can serve as an educational tool for surgeons who had different training backgrounds on how to perform procedures. Enforced standards get all surgeons on the same page. Surgical standards help to both ensure patient safety and prevent adverse events associated with surgical procedures.

Monitoring Compliance

The tenacity of the poster presenters was impressive. Key to their success was establishing a tracking procedure to monitor compliance. In doing so, the registrars were able to identify both areas of success and needed improvement. This information proved critical for the registrars who oftentimes needed to seek additional support within their facilities to implement changes to improve the procedure and design of the operative report creation process.



Keep in mind that others will typically be more willing to listen and help us promote the need for these changes if we present data to demonstrate the level of surgeon noncompliance. It's far easier to enlist the help of others within the facility when data is used to help make our point regarding the need for change. To help maintain accreditation, these Standards must demonstrate the specified level of compliance for each diagnosis year.

When monitoring compliance of their initially proposed procedures failed to demonstrate the results hoped for, these poster presenters were quick to suggest

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new procedural options to their physicians, administrators, and tech support staff to achieve the goals outlined in the College's Standards. Remember, implementing new procedures is rarely a "one and done" process. Concurrently setting up a process to monitor compliance when rolling out a new procedure will ensure that the procedures we expect to occur are working as they should.

Conclusion

The presenters demonstrated that while achieving the CoC's four synoptic operative standards was **not impossible**, it did prove **challenging** for all of them. The reality is that change is hard for most of us. We all need to become, as author Erika Andersen puts it, more "change-capable" and that includes the surgeons we work with.

To improve the chances of having others embrace the required changes in operative report creation, we need to be responsive to questions related to why these documentation changes are happening, who is directly impacted by these changes, and make certain the data gathering tools to be used by surgeons and any necessary training are available. Our goal is to provide support to drive the change we want to see.

If tracking compliance rates for our facility indicates there is still work to be done to get the surgeons on board with these CoC changes, we should probably consider the implementation and audit strategies used by others who have been successful. As I've often said when it comes to improving registry operations, somebody else's good idea is worth not only considering . . . but "stealing" when I think it could help our registry reach the desired goals!