

Letter to the Editor

Reply to: Synoptic operative reports for quality improvement in pediatric cancer care

Surgical Protocol Violations in Children with Renal Tumors Provides an Opportunity to Improve Pediatric Cancer Care: A Report from the Children's Oncology Group

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The letter to the editor (Synoptic operative reports for quality improvement in pediatric cancer care) by Cundy et al. [1] was in response to our research report *Surgical protocol violations in children with renal tumors provides an opportunity to improve pediatric cancer care: A report from the Children's Oncology Group*. [2] In our study we used real time central review of surgical reports, pathology and cross sectional imaging to identify protocol adherence and suggested that this could be a surrogate for surgical quality and identify opportunities for improvement. Cundy et al. suggest another evidence-based tool to improve surgical quality, the synoptic operative report. Review of the literature on synoptic operative reports demonstrates significant advantages over standard dictations for rectal cancer and breast. [3-5] It is electronic and web-based with dropdown menus; this form of operative report was associated with more complete and reliable documentation. [6] What is unclear from the literature is whether it was associated with actual improved performance, which was the main problem we addressed in our study. Surgical care includes doing the correct operation as well as documentation of what has been done. Pre-surgical timeouts and checklists have been shown to avoid errors and we agree with Cundy et al that the synoptic operative report has good evidence to be a tool to improve care and should be embraced and studied to see if it helps with adherence to protocols. [7] In addition, with the widespread use of electronic medical records, we now have the flexibility to develop smart templates that would allow for development of templates for pediatric renal tumors or other pediatric cancers. These templates could contain dropdown menus that incorporate the principles of synoptic operative notes. This in conjunction with other best practices would be helpful in reducing protocol violations and improving pediatric surgical cancer care.

This article is linked to a Research Article by Ehrlich et al

(<https://doi.org/10.1002/pbc.26083>) and a Letter to the Editor by Cundy et al

(<https://doi.org/10.1002/pbc.27238>).

REFERENCES

1. Cundy TP, Kirby CP, Kirby M: Synoptic operative reports for quality improvement in pediatric cancer care. *Pediatr Blood Cancer*. In press.(production editor will provide doi)
2. Ehrlich PF, Hamilton TE, Gow K, Barnhart D, Ferrer F, Kandel J, Glick R, Dasgupta R, Naranjo A, He Y *et al*: Surgical protocol violations in children with renal tumors provides an opportunity to improve pediatric cancer care: a report from the Children's Oncology Group. *Pediatr Blood Cancer* 2016;63(11):1905-10. doi: 10.1002/pbc.26083.
3. Donahoe L, Bennett S, Temple W, Hilchie-Pye A, Dabbs K, Macintosh E, Porter G: Completeness of dictated operative reports in breast cancer--the case for synoptic reporting. *J Surg Oncol* 2012, 106(1):79-83.
4. Maniar RL, Hochman DJ, Wirtzfeld DA, McKay AM, Yaffe CS, Yip B, Silverman R, Park J: Documentation of quality of care data for colon cancer surgery: comparison of synoptic and dictated operative reports. *Ann Surg Oncol* 2014, 21(11):3592-3597.
5. Maniar RL, Sytnik P, Wirtzfeld DA, Hochman DJ, McKay AM, Yip B, Hebbard PC, Park J: Synoptic operative reports enhance documentation of best practices for rectal cancer. *J Surg Oncol* 2015, 112(5):555-560.
6. Schechter WP: Synoptic operative reports: comment on "The computerized synoptic operative report". *Arch Surg* 2012, 147(1):74-75.
7. Ellis R, Izzuddin Mohamad Nor A, Pimentil I, Bitew Z, Moore J: Improving Surgical and Anaesthesia Practice: Review of the Use of the WHO Safe Surgery Checklist in Felege Hiwot Referral Hospital, Ethiopia. *BMJ Qual Improv Rep* 2017, 6(1).