

As required under the *Bylaws* of the American College of Surgeons (ACS), I submit to the Board of Regents, the current Officers, and the Past-Presidents this annual report on the College's activities. This account is presented as I near the end of my ninth year as ACS Executive Director.

This report provides information on the major activities carried out by the ACS staff and volunteers from August 2017–August 2018. It points to our accomplishments and to the areas in which we are striving to better meet the needs of surgeons and their patients.

ADVOCACY AND HEALTH POLICY

The ACS has made successful inroads toward achieving its legislative and regulatory priorities this year.

Payment

Congress passed and President Trump signed into law February 9 the Bipartisan Budget Act of 2018, P.L. 115-123. The law addresses many key physician and patient issues, including important technical corrections to the Merit-based Incentive Payment System (MIPS) that the ACS strongly favors. MIPS was established under the Medicare Access and CHIP (Children's Health Insurance Program) Reauthorization Act of 2015.

The Bipartisan Budget Act addresses several other ACS priorities, including:

- A 10-year funding extension for CHIP, ensuring that children continue to have access to surgical care
- Language that eases electronic health record (EHR) meaningful use requirements, alleviating some of the administrative burdens physicians and their practices face
- Funding to address the opioid epidemic and to support the work of the National Institutes of Health (NIH)
- Repeal of the Independent Payment Advisory Board

Frank G. Opelka, MD, FACS, Medical Director, Quality and Health Policy, ACS Division of Advocacy and Health Policy (DAHP), testified July 26 before the U.S. House Committee on Energy and Commerce Health Subcommittee. The subcommittee conducted the hearing, titled MACRA and MIPS: An Update on the Merit-based Incentive Payment System, to get an update on the implementation of MACRA. In his testimony, Dr. Opelka thanked Congress for repealing the sustainable growth rate (commonly known as the SGR), a flawed physician payment system, and replacing it with MACRA, a program intended to tie payment more closely to quality and value.

Most of Dr. Opelka's testimony was focused on the difficulties that have resulted from the Centers for Medicare & Medicaid Services' (CMS) implementation of the law. Dr. Opelka stated that CMS needs additional

guidance from Congress and stakeholders to ensure the intent of moving the physician payment system toward quality and value is upheld. In addition, the ACS expressed interest in working with CMS to develop quality and cost measures that are more relevant to the surgical profession. Dr. Opelka concluded by offering the ACS as a resource to Congress and CMS as they continue to implement MACRA and MIPS.

The ACS responded to proposals in the calendar year (CY) 2019 Medicare Physician Fee Schedule proposed rule on changes related to evaluation & management (E/M) codes. The proposals fall into two categories: documentation and payment. The ACS generally supported the documentation changes, the most significant of which would allow clinicians to document E/M using medical decision-making or time alone as an alternative to the current documentation guidelines.

The ACS opposed proposals that combined payment for levels 2 through 5 office/outpatient E/M, along with various modifications that CMS put in place to avoid significant changes in payment for the specialties that would have been most affected by this policy. The biggest concerns include a primary care add-on code, a specialty care add-on code that most surgeons cannot use, and a new E/M just for podiatry. The ACS comment letter also raised concerns about the timeline for this proposal and the lack of feasibility of implementation by January 1, 2019, if finalized in early November 2018.

The ACS provided feedback to CMS on seven significant changes in the CY 2019 proposed rule pertaining to MIPS, including the increase of the overall performance threshold, adjustment of the quality and cost performance category weights, redefining the low-volume threshold, the new clinician opt-in proposal, the requirement to use 2015 certified EHR technology, adjustments to the small practice bonus, and the use of facility-based scores for the Quality and Cost performance categories. The ACS has responded to each proposal.

ASCs

The College met with Anthem regarding the insurer's policy to use medical necessity criteria as a mechanism to shift outpatient procedures from hospital-based facilities to ambulatory surgical centers (ASCs) and physician offices. The College met twice with Anthem regarding this policy. At these meetings, the College asked for the following: an opportunity to review a list of the policy's applicable Current Procedural Terminology codes, information regarding when the policy will be rolled out and enforced, and details about whether and how Anthem intends to rebalance payments for other hospital services to preserve the fiscal viability of hospitals.

SOMO

Surgeons today are inundated with a growing number of administrative requirements set forth by both Congress and federal agencies, which add

unnecessary barriers to providing essential services and increase spending on nonclinical activities. To combat policies that impede surgeons' ability to provide timely, high-quality care, the ACS launched the Stop Overregulating My OR (SOMO) initiative, through which the College's Division of Advocacy and Health Policy (DAHP) highlights specific regulatory and legislative actions that should be taken to reduce burdens and enable surgeons to reinvest their time and resources in patient care.

With the SOMO initiative, the ACS DAHP has positioned the College at the forefront of the regulatory relief movement, allowing the College to provide meaningful feedback to government officials regarding the impact of unnecessary regulations on clinical workflow and surgical care. Over the last year, congressional and Executive Branch leaders have invited the ACS to provide expert testimony on methods to reduce administrative burdens and improve payment and quality measurement programs so that they work more effectively for patients and physicians. As a result, the ACS has been successful in generating government action, such as the removal of redundant or outdated clinical documentation requirements and the initiation of processes to make EHRs interoperable. These efforts have helped to ease administrative requirements and align regulations with the current practice of medicine. More information about the ACS DAHP's regulatory relief efforts can be found on the SOMO website at <https://www.facs.org/advocacy/regulatory/somo>.

Trauma

The ACS has supported efforts to pass the Mission Zero Act, H.R. 880, which authorizes \$15 million in grant funding to help civilian trauma centers that partner with military trauma professionals and creates a pathway to provide patients with excellent trauma care in times of peace and conflict. In addition, this legislation requires use of trauma data reporting for the grant program.

EDUCATION

The Division of Education continues to maintain its national leadership position in surgical education, training, validation, credentialing, and accreditation.

Programs for surgical educators

The ACS Academy of Master Surgeon Educators inducted its first class of Members and Associate Members October 3 in Chicago, IL. The Academy's goals are to recognize Master Surgeon Educators, advance the science and practice of surgical education and training, foster innovation and collaboration, support faculty recognition, and underscore the importance of surgical education and training in the changing milieu of health care. Acceptance into this Academy is a high honor and carries with it the responsibility to contribute actively to the Academy's mission.

The three levels of Membership are Member, Associate Member, and Affiliate Member. Members are nationally and internationally renowned surgeon educators who have made landmark contributions to surgical education, have advanced this field significantly, and have mentored future leaders in surgery. Associate Members are surgeons who have made noteworthy contributions to surgical education and have achieved local and regional recognition. Affiliate Members (who will be inducted in 2019) are non-surgeons from a variety of professions and disciplines who support the goals of the Academy and are willing to contribute to its activities.

The Academy Members will meet annually at Clinical Congress starting in 2019, and specific projects will be pursued between these meetings. Proceedings of the ACS Academy of Master Surgeon Educators will be published annually starting in 2020.

Plans are under way to design a Certificate Program in Applied Surgical Education Leadership (CASEL) for surgeon educators who have successfully completed specific faculty development courses and possess sufficient experience in surgical education. The curricular requirements and assessments to demonstrate achievement of specific standards are in development. Practical activities will occur in the workplace and will involve translation of the science and principles of surgical education to work environments with guidance from mentors.

CASEL is set to launch in July 2019 with a formal program offered to the inaugural group of participants at the ACS Headquarters, followed by applied work at the participants' home institutions. Their work will be presented the following year during the Annual Meeting of CASEL in July 2020.

The 25th Annual Surgeons as Educators Course took place in August 2018 in Atlanta, GA. The Surgeons as Educators Course has had a positive impact on the careers of surgeon educators across the country. Abbreviated content from this course is used to present a one-day course, Surgical Education: Principles and Practice, at Clinical Congress.

A new Section on Comprehensive Faculty Development has been established, which will further advance the Surgeons as Educators Course and the Surgical Education: Principles and Practice Course, and will pursue faculty development interventions that are especially relevant to implementation of innovative surgical education and training programs. Regional faculty development courses and online faculty development products will be developed. Additional activities of this section support surgeon educators at their home institutions through mentoring, coaching, and advising in surgical education.

A new Comprehensive Faculty Development Program will address a spectrum of national needs through a portfolio of courses and products that are anchored to

the four levels of professional accomplishment—Teacher, Master Teacher, Educator, and Master Educator.

Programs for surgeons in clinical practice

A National Symposium on Surgeon Retooling Reimagined: Achieving and Maintaining Lifelong Excellence, took place at the Methodist Institute for Technology, Innovation, and Education (MITIE), Houston, TX, in January 2016. Participants included key stakeholders from across the House of Surgery and leaders from academic medical centers, regulatory bodies, and the insurance industry.

In follow-up to this seminal event, the College has formed a Steering Committee for Retraining and Retooling of Practicing Surgeons composed of leaders from across the surgical specialties and other key stakeholders. The committee's focus is on defining standards for surgeons to retrain and retool and on establishing a national infrastructure to achieve the best outcomes. The ACS-Accredited Education Institutes (ACS-AEIs) will be at the center of this infrastructure.

The Committee on Coaching the Next Generation is charged with engaging senior surgeons who are winding down their clinical practices and want to remain professionally active in the College's education and training programs. The committee's focus is on two domains: training senior surgeons to use simulation-based teaching methods and engaging senior surgeons in coaching of surgeons and surgical trainees.

An Introduction to Simulation-based Teaching course for senior surgeons was developed and offered at the ACS-AEI at the University of North Carolina at Chapel Hill in December 2016 and 2017. Senior surgeons who participated in the two-day courses acquired fundamental knowledge of simulation-based surgical education, participated in hands-on simulation-based experiences, and taught novice learners a number of procedures using simulation.

At the 2018 Annual Surgical Simulation Summit (previously the Annual Meeting of the ACS-AEIs), a Special Session linked 2016 and 2017 course participants with leaders of ACS-AEIs and facilitated involvement of the trained senior surgeons in teaching activities at ACS-AEIs. The long-range goal is to create a cadre of senior surgeons trained in simulation-based education methods, remain engaged in surgical education and training, and serve as preceptors at ACS-AEIs. Another major thrust of the committee is to create a model for coaching surgeons in procedures, as well as in nonclinical skills, such as administration, practice management, and other professional activities.

The Committee on Emerging Surgical Technology and Education (CESTE) is being reconfigured with a new charge and will continue to play a pivotal role in evaluating new technology, providing guidance regarding the appropriate time

for introducing new technology into surgical practice, and training in new technology.

Systematic reviews are being conducted in collaboration with the *Australian Safety and Efficacy Register of New Interventional Procedures - Surgical* to guide safe introduction of new technologies and procedures into surgical practice. Systemic reviews are available through the Division of Education webpages. A Strategic Planning Retreat of CESTE will be convened in 2018-2019 to define new directions for this committee.

Simulation-based surgical education and training

Many innovative programs of the Division of Education are based on the use of simulation and are highlighted in later sections of this Report. A few key programs are as follows:

The Program for Accreditation of Education Institutes (ACS-AEIs) is aimed at improving access to simulation in education and training. The Consortium of ACS-AEIs provides regional skills training, preceptoring and proctoring following skills courses, supporting innovations, and pursuing collaborative research and development. It should be helpful in supporting efforts to ensure excellence and expertise and retraining and retooling of practicing surgeons.

The ACS is a subcontractor on a Department of Defense (DoD) grant to the University of Washington, Seattle, and the University of Minnesota, Minneapolis, and is responsible for the validation program of the Advanced Modular Manikin Project. A number of ACS-AEIs will be recruited to participate in this collaborative venture.

The ACS continues to be involved in the Component Group on Simulation of the Council of Medical Specialty Societies (CMSS). The four areas of interest for the group are cognitive, clinical, technical, and nontechnical skills. At the Annual CMSS Meeting in November 2017, the leaders of the Continuing Professional Development Directors and the Information Technology and Informatics Directors were invited to share a forum with leaders of the Simulation Component Group to discuss specific opportunities for collaboration in the domain of cognitive skills learning and assessment.

A Section on Simulation-based Surgical Education and Training has been established within the Division of Education. A strategic agenda has been defined to further advance the field.

The ACS Fundamentals of Surgery Curriculum[®] (ACS FSC) is a simulation-based curriculum for surgery residents. Assessment models have been developed for each module to provide program directors with information regarding resident performance. Pilot testing is under way, and development of advanced cases for senior residents and practicing surgeons has commenced.

The ACS Entering Resident Readiness Assessment (ACS-ERRA) is an online, case-based program to assess the clinical decision-making skills of entering surgery residents focused on cases frequently encountered at the beginning of resident training. The ACS-ERRA provides psychometrically rigorous measures of key skills needed to safely assume new clinical responsibilities. Short case scenarios address essential clinical topics through key questions that specifically assess clinical decision-making skills instead of simple recall of factual knowledge. Results can be used to identify strengths, develop learning plans for areas that may need reinforcement or remediation, and support decisions regarding the transition from direct to indirect supervision. The ACS-ERRA Program launched in May.

The College offers a simulation-based program aimed at surgical residents that includes 10 integrated, long Objective Structured Clinical Examination (OSCE) stations focused on patient safety. A comprehensive package including videos and practical information relating to implementation of the OSCE is available. Regional collaboratives are being pursued for broad dissemination.

Skills training and assessment

The Clinical Congress remains the premier annual surgical meeting, offering a range of education and training opportunities to practicing surgeons, surgery residents, and medical students. The Annual Program Committee Retreat took place in July to discuss new strategic directions of the Clinical Congress program and to review submissions for Clinical Congress 2019.

Now in its 46th year, the *Surgical Education and Self-Assessment Program (SESAP®)* remains the premier self-assessment and cognitive skills education program for practicing surgeons. *SESAP 16*, released in October 2016, includes more questions than past editions and features an innovative self-assessment model. *SESAP* is available in web and print versions; the web version is optimized for use on mobile devices. *SESAP Sampler* is an additional web-based resource and comprises monthly modules designed to enhance surgical decision-making through ongoing self-assessment and review of surgical content.

The Annual ACS Comprehensive General Surgery Review Course offers a 3.5-day intensive review of the essential content areas in general surgery. The course uses a robust educational design, with online pre- and post-tests, and includes a unique, interactive educational model in concert with the Medical Director and Core Faculty. A combination of didactic and case-based formats is used to create an efficient review, while enhancing comprehension and retention. The course is designed to help practicing surgeons fulfill Continuing Medical Education (CME) requirements.

Evidence-based surgery

In January, *Selected Readings in General Surgery (SRGS®)* entered its 11th year of publication, offering evidence-based reviews of the medical literature in all facets general surgery in 48 months. The Editorial Board of *SRGS* selects the content of the publication, furnishes expert commentaries, and editorials on health care. In 2017, *SRGS* introduced a new audio offering, further expanding accessibility by allowing subscribers to listen to an audio recording of each issue's literature review.

ACS Case Reviews in Surgery launched in 2017. The journal is published six times per year, and each issue features 10 peer-reviewed case reports from an array of surgical specialties.

Evidence-based Decisions in Surgery includes concise, focused modules derived from practice guidelines for general surgery. Each module includes information on the source of the guideline, an analysis of the strength of the evidence supporting the recommendations, a flow diagram of a typical patient (when appropriate), a page summarizing the resources necessary to implement the guideline in a surgeon's practice, and a listing of the data necessary to determine if the guideline is working in practice. A list of items that can facilitate patient education is included. Each module concludes with a list of recommended articles that provide additional information. The modules are intended to be used at the point-of-care and can be accessed through handheld devices. A new educational model is being designed and will include discussions of key articles based on the review of evidence. Category 1 CME Credits will be provided.

E-learning programs

The ACS offers a number of e-learning resources to promote the provision of quality, ethical, professional patient care. Last October, the College released *Ethical Issues in Surgical Care*, a textbook that also is available in hardback form and covers key topics in surgical ethics as it has evolved in the past 10 years. This unique resource provides a foundation for understanding many of the central ethical issues in surgical practice and organizes the essential principles in a practical way. The 21 chapters are written by experts in surgical ethics and are organized by the broad areas of general consideration, the surgeon-patient relationship, the surgeon and the surgical profession, and the surgeon and society. Case scenarios are included to ground the ethical discussions in the realities of clinical practice.

Other examples of e-learning opportunities on related topics are as follows:

- Preventing Errors and Near Misses in Surgery: Strategies for Individuals and Teams
- Communicating with Patients about Surgical Errors and Adverse Outcomes
- Disclosing Surgical Error: Vignettes for Discussion
- Professionalism in Surgery: Challenges and Choices, Second Edition
- Case Studies in Ethics

The ACS/Association of Program Directors in Surgery (APDS) Surgery Resident Skills Curriculum is a proficiency-based national surgical skills curriculum aimed at the training needs of all surgery residents. A variety of simulations are used to achieve specific learning objectives. Phase I modules focus on basic surgical skills and tasks; these modules have undergone thorough review and have been revised significantly in the last three years. Revised modules include enhanced demonstration videos and new assessment tools that permit summative assessment of proficiency. Specifically, skills stations for Objective Structured Assessment of Technical Skills (OSATS) have been added, along with a guide for administering OSATS. Review and revision of the Phase III modules that focus on team-based skills are under way. The Phase II modules on advanced procedures will be addressed next, and opportunities to replace certain cumbersome and resource-intensive models with state-of-the-art simulators will be pursued.

The ACS/APDS/Association for Surgical Education (ASE) Resident Prep Curriculum is designed for fourth-year medical students to help them prepare for surgical training. It comprises 20 peer-reviewed modules on clinical, procedural, and nontechnical skills that have been pilot tested at medical schools across the country. Modules cover operative anatomy, radiology, transfers of care, and expectations of other providers. The Prep Curriculum Builder website launched in 2017 and allows course directors to align the curriculum goals, objectives, and modules with the needs of the students, as well as available resources.

The ACS/ASE Medical Student Simulation-based Surgical Skills Curriculum includes 25 innovative simulation-based modules and is aimed at all year one to three medical students. The curriculum provides medical school and clinical faculty with simulation-based modules to teach clinical and procedural skills to students. Each module includes objectives, readings, step-by-step descriptions, expert performance videos, information on common errors, assessments, and guidance for administering the skills stations. A number of articles describing use of the curriculum have been published, and a presentation at the 2018 Surgical Education Week centered on alignment with Entrustable Professional Activities.

An ACS/ASE Medical Student Core Curriculum is in development. The online core curriculum will focus on the cognitive skills all medical students should develop prior to graduation. Modules include assumptions, goals and objectives, case scenarios, skills, prevention, teaching hints, and special considerations.

The Fundamentals of Laparoscopic Surgery® (FLS) program, now in its 14th year, is a collaborative program between the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) and the ACS. The web-based program was initially developed by SAGES and is now led jointly by SAGES and ACS and

includes hands-on skills training and assessment. The American Board of Obstetrics and Gynecology recently announced that FLS will become a requirement for board certification in that specialty.

Other e-learning programs that the College offers include the following:

- Ultrasound for Surgeons: The Basic Course, 3rd Edition
- *Multimedia Atlas of Surgery*
- Webcasts from the Clinical Congress
- Practice Management for Residents and Young Surgeons, which will be revised and updated over the next year
- ACS Pearls in General Surgery

Programs for residents and medical students

The third Annual ACS Summit on Surgical Training took place at the ACS headquarters May 23-24. Various surgical specialties presented updates on challenges and opportunities from their respective disciplines, followed by small group discussions on resident autonomy.

The Future of General Surgery Training Collaborative focuses on challenges in general surgery training, contemporary education and training strategies, resident assessment, faculty development, and models for general surgery training. The collaborative includes leaders from the ACS, American Board of Surgery (ABS), APDS, Accreditation Council for Graduate Medical Education, and Residency Review Committee for Surgery.

The Mastery in General Surgery Program has evolved from the Transition to Practice (TTP) Program in General Surgery. Experiences from the TTP Program have yielded invaluable information regarding individualized training in diverse locations with different mentors and strategies to provide sufficient autonomy to increase confidence and competence in early-career surgeons. Steps are being taken to build on this foundation with an emphasis on practice management, business skills, negotiation skills, risk management, quality improvement, and organizational leadership, in addition to the core clinical training.

The 12th Annual Residents as Teachers and Leaders Course was offered at the ACS headquarters in April.

The 15th annual surgery resident program, Starting Surgical Practice: Essentials for Success, was offered at Clinical Congress 2017. This one-day program focused on preparation of residents for practice and addressed key nonclinical topics, such as job-seeking strategies, negotiation skills and contracts, reducing risk in practice, financial planning, and lessons from a seasoned surgeon. At Clinical Congress 2018, the Resident and Associate Society, Division of Member Services, and Division of Education will offer a two-day joint program.

The College offers awards for residents at the Clinical Congress, including the Resident Award for Exemplary Teaching and the Jameson L. Chassin, MD, FACS, Award for Professionalism in General Surgery.

The ACS also offers two educational fellowships. The ACS – MacLean Center Surgical Ethics Fellowship, established in 2015 under the aegis of the ACS Committee on Ethics, is jointly sponsored by the Division of Education and the MacLean Center for Clinical Medical Ethics at the University of Chicago. It prepares surgeons for careers that combine clinical surgery with scholarly activities in surgical ethics. The ACS – University of Wisconsin Fellowship in Surgical Education Research is a two-year fellowship with mentorship provided by the faculty from the Division of Education and the University of Wisconsin-Madison, department of surgery and School of Education.

The Medical Student Program at Clinical Congress focuses on topics of interest to medical students, including decision-making on the path to residency, interviewing skills and mock interviews, and others.

Patient education

The Surgical Patient Education Program recognizes patients and caregivers as integral members of the surgical team and encompasses a range of educational resources aimed at delivering effective, high-value patient education and promoting quality improvement and patient safety. The program supports the active involvement of patients and their families in health care decisions and engages their participation in perioperative care. The goals of the program support excellence in surgical care and address a range of national mandates.

Home Skills Kits remain the centerpiece of this program. The opportunity to learn and practice the skills needed for safe recovery are critical to the surgical patient, who is routinely required to administer complex care following discharge. The kits enable patients and caregivers to learn, practice, and demonstrate necessary self-care skills and to recognize potential complications. The skills kits include a structured teaching and verification program that uses engaging media, simulation, and checklists to educate patients and their caregivers. Skills are taught with proven methods, including videos, booklets, checklists, simulators, and practice equipment.

A new Surgical Professional Home Care Training Course is being designed to ensure a well-trained patient education workforce involving a variety of professionals. Through a new Patient Education Committee of the ACS-AEIs, a strategy has been developed to create training programs focused on complex postoperative care after hospital discharge, with the goal of improving outcomes and decreasing readmissions. The first pilot program will launch in October 2018.

Education for Better Recovery is for cancer patients and includes instructional media, skill demonstrations, and checklists. The program meets the National

Patient Safety Joint Commission standards and the Commission on Cancer accreditation guidelines. All patients who used the Your Lung Cancer Surgery Program reported that they were prepared or very prepared to participate in their care.

Informed Surgical Prep Brochures and E-Learning Materials prepare patients for operations. Each brochure supports patients at all levels of literacy using images and conversational language to explain surgical processes, risks, and discharge education. The materials are available in English, Spanish, and Italian.

The Safe and Effective Opioid Use and Pain Control Program addresses the opioid epidemic. Professional and patient resources are available and include patient brochures, office signs, and professional courses (both live and e-learning). Introductory CME courses are offered at no charge to members. The materials were developed with input from all surgical specialties, health systems, nursing, and patients. They are aimed at educating patients and caregivers about informed choice and include options and safety for opioids and nonopioid alternatives. A new didactic course will be offered at Clinical Congress 2019 to provide guidance and resources for implementing and evaluating opioid-sparing pain management at hospitals or surgical centers.

Accreditation, verification, and validation activities

The Program for Accreditation of Education Institutes has grown significantly since its establishment and a variety of new endeavors are being pursued through the Consortium of ACS-AEIs. The Consortium is working on a new Maintenance of Accreditation model that would involve assessment of outcomes and review of robust annual reports with longer accreditation cycles. The goal is to promote continuing improvement of the activities of the ACS-AEIs. This new model has been phased in over the last year.

The ACS CME Accreditation Program now ranks as one of the largest within the Accreditation Council for Continuing Medical Education (ACCME) provider system. Accorded ACCME Commendation in 2014, the CME Accreditation Program encompasses all ACS educational programs that provide CME Credits, as well as the Joint Providership Program which continues to grow and now includes most U.S. surgical societies.

ACS members have the opportunity to use the MyCME Program to request transfer of their CME Credits to the ABS. Discussions are under way with plastic surgery, cardiothoracic, and otolaryngology boards to offer the same service for ACS members certified in those specialties.

Steps are being taken to support efforts of surgeons to meet a spectrum of regulatory requirements for Continuing Certification and re-licensure and to meet educational requirements of the ACS Clinical Accreditation and Verification Programs. Enhancements have been made to the collection, review, and analysis

of self-assessment questions and responses as part of CME activities. To support surgeons' efforts to comply with state requirements, an interactive listing of state mandates has been created as a reference source for practicing surgeons. Additional content is being developed to address these regulatory mandates and identified for CME Credit. CME content that meets ACS Clinical Accreditation and Verification Program Requirements is now designated as such.

New LMS

A new learning management system (LMS) has been successfully deployed to support many ACS education and training programs. Several Division of Education programs are being transferred to this new LMS. A similar effort is under way to enhance the database system to house educational data from various education and training programs.

MEMBER SERVICES

The Division of Members Services has purview over a number of key College activities and committees.

Recruiting and retaining members

The ACS has 80,979 members; 64,587 of these individuals are Fellows (56,727 U.S.; 1,263 Canadian; and 6,597 International). Of the Fellows, 9,346 are senior Fellows and 17,563 are retired Fellows, both of which are dues-exempt. The College also has 2,773 Associate Fellows, 10,480 Resident members, 2,689 Medical Student members, and 450 Affiliate members.

The ACS will welcome 1,970 Initiates at Convocation, including 1,332 U.S., 26 Canadian, and 612 international Fellows representing 73 countries; 497 Initiates are women, and 1,473 are men. Class size has continued to rise for the last 17 years and is at its highest point since 2001.

As part of its recruitment strategy, the ACS has revised member benefits brochures and corresponding web pages for each category of membership. Furthermore, the Division of Member Services has completed the following projects:

- Developed two communication campaigns for graduating residents—one to encourage the transition to Associate Fellow membership and one to encourage the membership renewal
- Created a survey for senior and retired Fellows to determine the types of services and resources they need from the College, as well as their interest in assisting with the development of programs and resources for retirement
- Implemented projects to increase Affiliate membership
- Conducted a Resident-get-a-Resident recruitment campaign in summer 2018 that resulted in 46 new Resident members

- Developed an online orientation program for new Fellows

Projects for 2019 include the development of: an ambassador and mentorship program, a new member onboarding process, international member resources, and a specialty member recruitment campaign.

Recruitment and retention efforts targeted toward each membership category have been launched.

Chapters

The College continues to add chapters and expand the range of services available to them. Examples are as follows:

- The Qatar Chapter was chartered in October 2017
- The second annual Chapter Officer Leadership Program took place in May 2018
- The popular Chapter Networking Event took place at the Clinical Congress 2017 and will take place at this year's meeting as well
- Chapters were provided with a list of Initiates and a chapter recruitment letter
- Chapters were asked to encourage Associate Fellows to apply for Fellowship
- Four chapters presented their Success Stories at the 2018 Leadership & Advocacy Summit
- All 112 chapters completed the required Annual Report summarizing their activities in 2017 and were asked to identify resources ACS could provide to help strengthen their chapters
- Chapters were informed of ACS members who recently moved to their chapter area and were provided with a sample letter inviting them to join the chapter
- The ACS chapter e-newsletter provides information to chapter leaders about new initiatives, events, scholarships, and best-practices in chapter management

The Chapter Activities Domestic Workgroup continues to establish a process to capture the health of ACS chapters. In January, chapters were asked to complete an annual report on their efforts in the following areas: administration and management, member recruitment and retention, communications, finances, advocacy, and educational programming and events. The leadership of each chapter received a report with suggested areas of focus. The workgroup also continues to review the *Chapter Guidebook*, advises on the Chapter Officer Leadership Program, and participates in the Chapter Networking event at Clinical Congress.

The Chapter Activities International Workgroup continues to assist ACS international chapters in implementing and promoting ACS programs. The 38

Governors on the workgroup have divided into smaller subgroups to work on the following key objectives:

- Create best practices and tools to help chapters improve their communications
- Analyze data from the 2017 International Chapter Annual Reports to prioritize and determine next steps
- Review the online *Chapter Guidebook* and identify gaps and areas where updates are needed
- Review and provide feedback on the international questions in the annual Governors Survey

B/G

ACS Governors serve as liaisons between the Board of Regents (B/R) and the Fellows. The ACS has 289 Governors: 158 Governors at-Large, representing each U.S. state and Canadian province; 86 specialty society Governors; and 45 international Governors.

In June, the Board of Governors (B/G) Executive Committee held its annual Strategic Planning Retreat, during which committee members evaluated the work of the Pillars and Workgroups, developed future plans, and finalized preparations for the Annual Business Meeting at Clinical Congress. The Executive Committee also hosted two New Governor Orientation sessions in January and a meeting at the Leadership & Advocacy Summit in Washington, DC.

The Advocacy Pillar focuses on government legislation and regulations at the local, state, and national levels, working closely with the ACS DAHP. This year, the primary focus of the Health Policy and Advocacy Workgroup has been telemedicine, developing talking points and a white paper, as well as several session proposals for Clinical Congress 2019. The Grassroots Advocacy Engagement Workgroup and the Young Fellows Association (YFA) submitted a proposal for a session on surgical autonomy at Clinical Congress 2019.

The Communications Pillar is a conduit for bidirectional communication between the Regents and the Fellows. In addition to producing *The Cutting Edge: News and Notes from the Board of Governors* biennially, the Newsletter Workgroup this year, developed and implemented a plan to more effectively communicate with Governors, Regents, and Fellows to promote the B/G's activities. The Survey Workgroup published the results of the 2017 Board of Governors Annual Survey in several formats over the last year, including two articles in the *Bulletin*. The results of the 2018 survey are being analyzed.

Through the work of the three workgroups within the Education Pillar, the ACS has advanced several initiatives in 2017–2018. The Continuing Education Workgroup has collaborated with the Division of Education to provide guidance in the development of the LMS described previously. The Patient Education Workgroup has developed a PowerPoint presentation on ACS patient education

resources and is developing an article for the *Bulletin* on the results of a recent member survey on the availability of quality patient education materials in surgical practice and how the ACS might further support patient education. The Surgical Training Workgroup developed the ACS Statement on Medical Student Use of the EHR, which the B/R approved in February. Nine online essays also were created to address key concepts about the early years of practice. In collaboration with the YFA and ACS Women in Surgery Committee (WiSC), the workgroup submitted four session proposals for Clinical Congress 2019 addressing mentorship, burnout, effective teaching, and entering surgical practice.

The Member Services Pillar updates and develops resources, surveys chapters about their activities and needs, and provides best practices and strategies for chapter operations and activities. The Surgical Volunteerism and Humanitarian Awards Workgroup conducted outreach through the ACS Communities, the *Bulletin*, military Governors, and the Advisory Councils to further boost awareness of the awards. The workgroup has selected five recipients, who will be honored at the B/G dinner at Clinical Congress.

The Quality Pillar focuses on efforts to ensure that ACS Fellows can provide the best care to surgical patients. The Best Practices Workgroup this year reviewed the *EBDS* modules and finalized guidelines on perioperative anticoagulation management. The Physician Competency and Health Workgroup reviewed the Physician Well-Being Index on the ACS website and developed Clinical Congress 2019 session proposals on disruptive surgeons and contributions beyond the operating room. The Surgical Care Delivery Workgroup revised the ACS “Statement on Patient Safety in the Operating Room: Team Care,” which the Regents approved in June, revised the Onboarding Checklist for Surgeons, and drafted a *Bulletin* article on locum tenens surgery to complement the ACS Statement on Maintaining Surgical Access with a Locum Tenens Surgeon.

Advisory Councils

The Advisory Councils continue to work with the Central Judiciary Committee (CJC) to review expert witness testimony, nominate members for boards and specialty review committees, and recommend members to represent the ACS on specialty guidelines authoring and review panels. The Advisory Councils participated in several recruitment and retention activities, and a new Advisory Council for Oral and Maxillofacial Surgery was approved by the Regents in June.

YFA

The YFA offered new Mentor Program Workshops for young Fellows at the Leadership & Advocacy Summit and at Clinical Congress and continues to offer a Speed Mentoring Program at Clinical Congress. The YFA also has created a new speakers bureau and invited young Fellows to offer their expertise on clinical topics and has published 12 essays online that address the joy and privilege of patient advocacy.

RAS

The Resident and Associate Society offered 16 webinars for Associate Fellows in 2017-2018 and formed an Associate Fellow Workgroup that created a Becoming an FACS campaign.

Members of the RAS wrote an article on drug shortages that will be published in the November *Bulletin* and an article on EHR for *the Journal of the American College of Surgeons*. In addition, more than 30 residents contributed articles on resident autonomy for the August *Bulletin*.

The RAS collaborated with the Division of Education on a two-day Surgery Resident Program at Clinical Congress and led a Resident-get-a-Resident Campaign. The RAS also helped to develop the resident-medical student Hangouts previously mentioned.

The RAS worked with the ACS Foundation to secure funding to support the second annual Skills Competition – So You Think You Can Operate? at Clinical Congress and developed two new Surgical Jeopardy trivia games for ACS Chapters. The RAS also hosted a resident leadership workshop at the Leadership & Advocacy Summit.

IRC

The subcommittees of the International Relations Committee (IRC) are engaged in multiple efforts to improve the experiences of International members and guest physicians.

The International Fellowship Subcommittee implemented a new interview process for International applicants for Fellowship.

The Education, Quality, and Communications Subcommittee submitted proposals for 40 panel sessions for Clinical Congress 2019, and the Lebanon, Nigeria, and Italy Chapters presented educational programs as International Chapter Initiative awardees.

The Scholarships Subcommittee has invited 21 international scholars and travelers to Clinical Congress 2018. They are working to improve publicity and outreach to low-resource countries and international women in surgery. Three international scholars participated in the 2018 ACS Quality and Safety Conference, and three will attend the Surgical Education: Principles and Practices course at Clinical Congress. The 2018 ACS/American Society of Breast Surgeons (ASBrS) International Scholar attended the annual meeting of the ASBrS and visited the ACS National Accreditation Program for Breast Centers (NAPBC) in spring 2018. The ACS/American Association for the

Surgery of Trauma International Scholar attended the annual meeting of the AAST and visited the ACS National Trauma Data Bank (NTDB®) last month.

OGB

Operation Giving Back's (OGB's) Domestic Subcommittee identifies domestic volunteer opportunities for surgeons. In the aftermath of Hurricane Maria in September 2017, OGB has been working with state Departments of Health and local nongovernment organizations to create an infrastructure for the efficient use of volunteers. A new domestic partnership with Health Career Academy—a surgeon-led domestic volunteerism effort—also is under way.

OGB's International Subcommittee has been working on developing an ACS-COSECESA (College of Surgeons of East, Central and Southern Africa) Surgical Training Collaborative. Over the past year, a location in sub-Saharan Africa has been identified, and stakeholders participated in a planning meeting in July. At the meeting, representatives from the ACS, Hawassa University in Ethiopia, and 13 U.S. global surgery programs discussed establishing an ACS-COSECESA Surgical Training Hub.

OGB's Advocacy Subcommittee members participated in the 2018 Leadership & Advocacy Summit. A subgroup of members met with leadership at Fogarty International at the National Institutes of Health (NIH) to discuss grant opportunities.

In addition, OGB applied to the World Health Organization to participate as a non-state actor, which would allow the ACS to play a larger role in global surgery advocacy. The ACS continues to advance policy to address rural health disparities and the paucity of surgical care providers.

The Education Subcommittee developed Clinical Congress proposals and reviewed ACS educational resources for use in resource-limited settings. OGB is sponsoring seven sessions at Clinical Congress 2018. One course of note is Global Health Competencies for Surgeons: Cognitive and Systems Skills, a Postgraduate Course aimed at preparing residents and faculty for work in resource-limited settings. OGB also will host the second Global Surgery Program Leaders meeting, leading the formation of a Consortium of Academic Global Surgery Programs.

Five women surgical residents were awarded ACS-COSECESA scholarships in cooperation with the Association of Women Surgeons. This scholarship is intended to promote gender equity in the surgical workforce.

OGB's volunteer database registration continues to grow, comprising 69 registered partner organizations that provide ongoing volunteerism opportunities and 519 registered surgeon volunteers.

MHSSPACS

The Military Health System Strategic Partnership ACS (MHSSPACS) is funded by the DoD and the ACS, and the charter has been extended through 2023. The MHSSPACS Trauma Systems Committee convened two meetings of military and civilian participants to discuss and codify best practices for Military-Civilian Partnerships (MCPs) for trauma training and sustainment. Proceedings of the first meeting were published in *JACS*. The committee has initiated work on a manual—the “blue book”—to assist in the selection criteria and performance evaluation for MCPs and conducted a mock trauma site visit at Tripler Army Medical Center, Hawaii.

The Quality Committee convened the annual two-day Military Health System/Surgical Quality Consortium, which included Military Treatment Facility Surgeons Champions and Surgical Clinical Reviewers (SCRs). The committee initiated efforts for a site visit to Walter Reed Military Medical Center, Bethesda, MD, based on the “red book” and reviewed the dashboard of ACS National Surgical Quality Improvement Program (ACS NSQIP) data across the entire MHS.

The Education Committee wrote and reviewed more than 400 questions for an exam to test the knowledge points of the expeditionary military surgeon. The result was two 200-item computerized tests that were piloted. Both tests are being beta tested among 40 additional surgeons to develop a passing cut score. The committee convened three meetings on the skills portion of the test and two meetings to develop the curriculum aligned with the expeditionary surgeon readiness project.

The Military-Relevant Research Committee plans to bring together multiple stakeholders with an interest in trauma research to identify gaps in trauma research relevant to the military and to pursue federal funding.

The Excelsior Surgical Society will host an annual full-day educational program at Clinical Congress. The society is developing social media streams and an ACS Military Community, an online platform for dues collection, and bylaws. The society also solicited abstracts for a Surgical Forum military session, selected the Annual Churchill Lecturer, and reinitiated the Senior Visiting Surgeon Program at military hospitals.

WiSC

Among its activities, WiSC administers the Women Surgeons Community, which has more than 5,300 members.

The WiSC Awards Subcommittee nominates worthy women surgeons for leadership roles in the College, Honorary Fellowship, and other awards. The subcommittee administers the Dr. Mary Edwards Walker Award, which was first presented in 2016 to honor of Mary Edwards Walker, MD, the first woman surgeon in the U.S. Army and the only woman to receive the Medal of Honor.

At Clinical Congress 2018, the Program Subcommittee is sponsoring a course on negotiation skills, Meet the Expert sessions on scaling back or leaving clinical

practice, and two panel sessions on improving parity in surgery and recognizing and responding to distress in your colleagues and yourself. The subcommittee also identifies the Olga Jonasson Lecturer at the Clinical Congress.

The Mentorship Program Subcommittee pairs women surgeons for one year to address topics such as career development, research goals, work-life balance, practice development, and leadership. The number of participating pairs continues to climb.

The Personal Empowerment Subcommittee worked with the Intimate Partner Violence (IPV) Task Force to develop a revised Statement on Intimate Partner Violence and will be collaborating with the task force to develop and disseminate resources to assist surgeon members in addressing IPV. In addition, a sexual harassment statement and related resources are in development.

The International Subcommittee has created slides for ACS leaders and volunteers to use when traveling to international surgical meetings to talk with women surgeons about becoming more engaged in their organization(s) and the profession.

The WiSC also continues to develop programming to support women surgeons throughout their career through an annual leadership seminar for women presented at the ACS Leadership & Advocacy Summit.

IPV Task Force

The IPV Task Force was formed in January 2018 with ACS President Barbara Lee Bass, MD, FACS, and ACS Division of Member Services Director Patricia L. Turner, MD, FACS, as Co-Chairs. The task force seeks to raise awareness about IPV in the surgical community; educate surgeons to recognize the signs and consequences of IPV in themselves and their colleagues; provide resources for survivors, including prevention and escape strategies; and create resources and curricula in partnership with other national professional and educational organizations to instruct surgeons about how to recognize IPV in colleagues and trainees.

In addition to working with the WiSC to develop the revised ACS Statement on Intimate Partner Violence, the task force has developed a brief survey that will be deployed to ACS members by the end of 2018 to gauge the level of awareness, incidence, and educational needs of surgeons as they relate to IPV. The task force will use the results to determine the resources that would be of value to the surgical community; an IPV toolkit for surgeons will be made available later this year.

Committee on Diversity Issues

The Committee on Diversity Issues has updated the ACS Statement on Diversity, which all ACS Committees use to ensure diversity among membership

and leadership. The committee is presenting a webinar on cultural competency and unconscious bias as part of the RAS Grand Rounds webinar series.

In the last year, the committee created the following resources:

- Needs Assessment Tools to elucidate deficiencies in diversity, inclusion, and equity at both the individual and organizational level and provide a stimulus to implement change
- Cultural Competency at Work Resources to ensure effective and equitable care for patients of all backgrounds by helping surgeons recognize and understand the potential influence of culture, divergent beliefs, and values on the way care is delivered and received
- Resources for Recognizing Implicit Bias and its effects on health care disparities and our interactions with colleagues, trainees, and other members of the health care team, as well as a series of quick tests for assessing one's own implicit biases in the workplace
- Creating Diverse Surgical Teams resources provide some theory, evidence, and tips on how to foster diversity in the workplace and the health care team

The committee is working on a Profiles in Diversity project for 2019 to spotlight ACS Fellows who have overcome obstacles or created or led diversity initiatives within their institutions. This series will focus on three to four Fellows in the *Bulletin* in 2019 and will include podcasts of the full interviews.

CJC

The CJC reviewed 20 new cases in 2017–2018 involving issues such as expert witness testimony, inappropriate use of social media related to patient care, substandard patient care, excessive and unlawful billing practices, substance and alcohol abuse, sexual harassment, criminal convictions, and limited right to practice medicine by a state medical board. The CJC made nine recommendations to the B/R for disciplinary action.

SSC

The Society of Surgical Chairs (SSC) is a self-sustaining program of the ACS. Since 2010, membership has grown from 157 to 189 dues paying members. The agenda for the 2018 annual meeting focuses on diversity and inclusiveness in academic surgery. In April, the SSC Women's Committee hosted a one-day leadership symposium for 65 women surgeons, titled *Managing Up, Down, and Sideways*.

Leader and Advocacy Summit

More than 500 ACS leaders and members attended the Leadership portion of the May 19-20 ACS Leadership & Advocacy Summit in Washington, DC. Attendees enjoyed presentations from notable speakers from the medical and academic worlds on such topics as mentoring future surgical leaders, applying

ethics in surgical leadership, having an impact on lives beyond your practice, leading in times of crisis, managing change, leading complex teams, and thinking strategically.

Leaders from four ACS Chapters shared success stories focused on advocacy, new ways to engage residents and young surgeons, member recruitment, and bleeding control training. Leadership Summit attendees also participated in state breakouts to network and identify strategies to enhance and strengthen their chapters. The 2019 Leadership & Advocacy Summit is scheduled for March 30-April 2.

Archives

The ACS Archives responded to 169 research requests in 2017–2018, including 13 in-person research visits. The Archives has received 31 new accessions, including records from Cancer Programs, Advanced Trauma Life Support®, photographs, records from the Division of Integrated Communications, B/R materials, and various College committee records.

The Surgical History Group and its subcommittees published six “From the Archives” columns in the *Bulletin* in 2017–2018, as well as compilation of papers from the 2017 history poster submissions. The group is sponsoring the Surgical History Poster Session at Clinical Congress 2019, as well as the Surgical History Breakfast, a Panel Session on World War I, and a tour of Massachusetts General’s Ether Dome.

In addition, the Member Engagement booth in ACS Central will feature a digital exhibit on the ACS and the Great War, and packets of ACS Presidential portrait cards will be distributed. The first Archives Fellowship was awarded this year. The recipient will receive a \$2,000 award and will use the Archives to study how the WWI accelerated the transfer of global leadership in Europe to America and the ACS’ contributions to this transition.

CONTINUOUS QUALITY IMPROVEMENT

Following are high-level updates on the activities of the Continuous Quality Improvement (CQI) programs within the Division of Research and Optimal Patient Care (DROPC).

Quality and Safety Conference

More than 1,800 health care professions attended the 2018 ACS Quality and Safety Conference held July 21-24 in Orlando, FL. The conference theme, Partnering for Improvement, showcased the value of a collaborative approach to quality and safety improvement. Attendees had the option of choosing content from seven tracks, including the National Surgical Quality Improvement Program (ACS NSQIP®) Adult, ACS NSQIP Pediatrics and Children’s Surgery Verification, Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

(MBSAQIP), Geriatrics, Cancer Quality Programs, Trauma Quality Programs, and the “red book.”

The 2018 keynote speaker, former National Football League (NFL) San Diego Chargers place kicker Rolf Benirschke, motivated the attendees with his story of surviving life-threatening ulcerative colitis and undergoing multiple operations. Other well-received general sessions focused on the opioid crisis, ACS Quality Programs, and patient-centered care. More than 400 abstracts across 18 categories were considered. The 2019 conference will take place July 19-22 in Washington, DC at the Walter E. Washington Convention Center.

ACS NSQIP

A total of 826 hospitals participate in ACS NSQIP—705 in ACS NSQIP Adult and 121 in ACS NSQIP Pediatric—representing a growth of 3 percent in the last year. Another 27 hospitals are in various stages of the onboarding process. Fourteen percent of enrolled hospitals are international, and there is additional interest from sites in Australia, Asia, the Middle East, and South America.

ACS NSQIP collaboratives allow participating hospitals to formally organize in smaller groups to share outcomes and best practices and to work on quality improvement (QI) projects. Approximately 70 percent of ACS NSQIP Adult hospitals participate in more than 55 collaboratives, and several others are in development. The collaborative risk-adjusted reports have been redesigned with improved and enhanced modeling and expanded dashboards. With more systems joining and the launch of the new quality data platform, collaborative reports are being adapted for system-level reports.

ACS NSQIP sampling was streamlined and released with the new platform launch. Sites now can select a mix of cases from targeted and specialty areas. A single participation module allows sites to measure outcomes in their clinical areas of choice. Sites that choose to collect cases from both subspecialty and targeted areas will first collect cases from targeted areas and can opt to round out cycles with non-targeted cases from the selected subspecialty areas.

Beginning with the July 2018 Semiannual Report (SAR) cycle, ACS NSQIP Adult, ACS NSQIP Pediatric, and MBSAQIP are all using the same dual-criteria approach to identify sites that are “Exemplary” or that “Need Improvement.” The criterion for these assignments is either statistical significance (low or high outlier) or having a “smoothed” rank among the 25 percent of hospitals with the smallest odds ratios (first adjusted quartile) or a smoothed rank among the 25 percent of hospitals’ largest odds ratios (fourth adjusted quartile). Adjusted and smoothed ranks and quartiles refer to an extension of the hierarchical-model shrinkage methodology that was first incorporated into CQI programs in July 2011. This approach yields more accurate assessments of quality and will reduce the number of “Exemplary” and “Needs Improvement” assessments that could be attributed to chance rather than to true quality differences.

All programs will have access to an Interactive SAR Site Summary Report, meaning that participants will have the option to view/download select models from their SAR Site Summaries in addition to viewing/downloading a report with all models. Among other features: associated bar plots for the models can be displayed; there is a direct connection to the Case Occurrences Reports, which can be accessed by clicking on a model name, allowing for more direct access to patient-level data; and for ACS NSQIP Adult and ACS NSIPQ Pediatric hospitals, clicking on a model name in the over-time section will display a graph of observed/expected rates to assist with monitoring performance.

A new ACS NSQIP Outcome-Specific Heat Map will be available to Adult participants. It provides a visual overview of hospital performance for each reported outcome modeled. After choosing the outcome of interest, results are presented in a structure that reflects how model data can be a subset of other model data (for example, colorectal is a subset of general, which is a subset of general/vascular, which is a subset of all cases). This format assists sites in drilling down and visually assessing overall case volume.

ACS NSQIP continues to conduct, evaluate, and improve its analytic strategies. A recent study in *JACS* supported ACS NSQIP Adult reliance on a single Current Procedural Terminology code to risk adjust for the operative scenario.

ACS NSQIP continues to collaborate with specialty groups and other interested parties on important initiatives and pilots. Since 2014, ACS NSQIP has been working with the American Society for Transplant Surgeons (ASTS) on the TransQIP Pilot Project. This project is designed to uniquely capture clinically meaningful variables on patients undergoing liver and kidney donation/transplant procedures. The pilot officially began in June 2016 with eight alpha-phase sites collecting data on more than 300 kidney and recipient variables. The beta phase of the pilot ran from March 2017 to March 2018 at 30 sites. Following the close of the beta phase of the pilot, the ACS TransQIP Pilot Project team and members of the TransQIP Steering Committee met to evaluate the beta-phase data and discuss the future of this effort. Review of the beta phase data showed variability between centers in 30-day surgical outcomes. The preliminary results for kidney and liver recipient cases also indicate the ability to profile hospitals. No other established database is collecting comparable data, essentially filling a gap in surveillance and data collection for the transplantation community. Beta testing has been extended, and discussions to create a full TransQIP program are under way.

Children's surgery

The Children's Surgery Verification (CSV) Program seeks to improve surgical care for pediatric and children surgical patients through standards, verification, and the ACS NSQIP Pediatric registry. Since program launch in January 2017, enrollment in ACS NSQIP Pediatric has increased by 12 percent to 121 active

sites. Approximately 45 of these centers are in the various stages of verification, and 11 are fully verified Level I children's surgery centers.

The ACS NSQIP Pediatric Process Measures Pilot project, which was developed with the intent of expanding beyond the typical morbidity and mortality outcomes, concludes this fall. The Process Measures Pilot was developed to prompt local cross-disciplinary QI at individual institutions by allowing sites to assess their readiness to deliver care for urgent diagnoses. Data will be reported as comparison to average/median times of all participating hospitals. The pilot complements the requirement for Performance Improvement and Patient Safety program for ACS Children's Surgery Verification. The Process Measures Pilot includes five diagnoses across three surgical specialties. At present, 46 sites are participating and data were submitted this past spring. A comprehensive report will be provided to all participating hospitals this fall.

MBSAQIP

MBSAQIP has 894 participating sites, 804 of which are fully accredited—a growth of 5.5 percent from last year. From October 2014 through August 2018, 1,186 MBSAQIP site visits were completed. Nearly 65 surgeon surveyors are expected to perform approximately 250 site visits in 2019.

MBSAQIP's national enhanced recovery initiative, Employing New Enhanced Recovery Goals to Bariatric SurgerY (ENERGY) recently concluded. The 36 participating centers measured their adherence to the enhanced recovery process measures. In addition to the process measures, preoperative, immediate postoperative (prior to hospital discharge), and long-term postoperative (more than 40 days, patient experience surveys were collected to measure each patient's experience throughout the protocol. The full 12 months of data for ENERGY just ended, so the final results and analysis are unavailable. However, previous analysis comparing the first six months of ENERGY data (July 1-December 3, 2017) to calendar year CY 2016 and showing a relationship between increased ENERGY protocol adherence and decreased odds of extended LOS. At the same time, no increase in adverse events (bleeding, reoperation, readmission), were found.

Overarching goals of the ENERGY project were to enhance patient experience through improved pain management, fewer opioid side effects, decreased readmissions, and quicker return to normal activity. Specific interventions in the project have focused on multimodal pain strategies using nonopioid analgesics and long-acting local anesthetics, minimization of opioid use, appropriate fluid management, rapid anesthesia reversal, minimizing insulin resistance, early postoperative diet advancement and ambulation, and avoidance of nasogastric tubes and abdominal drains. MBSAQIP will release all of the enhanced recovery tools to all participating sites over the course of the next year.

The ENERGY project was selected as a Top 10 paper for the 2018 Obesity Week Meeting (ASMBS' annual meeting) in November. Additionally, more than 20 abstracts were submitted for the 2018 Obesity Week meeting, representing original metabolic and bariatric surgery research using data from the MBSAQIP Participant Use File (PUF)—a significant milestone for the program and its contribution to scholarly literature. The second PUF was released in December 2017 with 30-day outcomes for operative dates of 2016.

SSR

The new Surgeon Specific Registry (SSR) launched on the new ACS Quality Data Platform (described below) in 2017 and continues to evolve as an online software application and database. The SSR allows surgeons to track their cases and outcomes conveniently from their computer or mobile devices. The following reporting options are available through the SSR for surgeons participating in the 2018 MIPS performance year:

- General Surgery Specialty Measures Set (MIPS-Qualified Registry)
- ACS Surgical Phases of Care Measures Set (MIPS-Qualified Clinical Data Registry)
- ACS Trauma Quality Measures (MIPS-Qualified Clinical Data Registry)

Additionally, the SSR helps individual surgeons to meet regulatory requirements, such as the MIPS and the ABS Continuous Certification program requirements, including the submission of the 12-month case log to the ABS. More than 1 million cases have been entered in the new SSR, with a user base of approximately 5,000 surgeons.

Participation in any set of measures allows for the inclusion of reporting Improvement Activities (IA) to CMS. For the 2017 MIPS performance year, the SSR also allowed various levels of participation. A total of 591 surgeons submitted MIPS 2017 data using the SSR; 396 participated in the General Surgery Specialty Measures Set and 19 in the ACS Surgical Phases of Care Measures Set quality reporting option. Other surgeons reported on the Quality and the IA components; 176 submitted IAs only.

The SSR continues to collaborate across DROPC and with DAHP to ensure measure development meets surgeons' needs. Future SSR development includes improved reporting functionality, including benchmarking reports based on ACS NSQIP data.

ACS Quality Data Platform Project

All ACS clinical data platforms continue to migrate into the single ACS Quality Data Platform to allow a common data entry platform, data warehouse, and

advanced reporting and data visualization tools. Program-specific needs for all databases and data flow between registries are top considerations.

An additional part of the project is designed to improve data quality and reduce the data entry burden through the use of an Electronic Health Record (EHR) Adapter, which will allow certified EHR to communicate directly to the platform to upload surgical case data. The EHR Adapter has successfully been piloted with several ACS NSQIP sites. The EHR Adapter is being modified with pilot hospital feedback, updated with the newest technological features, and will be released for all programs over the next year.

Finally, the new platform will incorporate both financial data and patient-reported outcomes (PROs) to give participating hospitals insights into the value of care they are providing as well as the quality of that care as experienced by patients. PROs are being piloted within ACS NSQIP and MBSAQIP and used by the SSR as described previously.

Strong for Surgery

Strong for Surgery (S4S) released an online toolkit to the public in July 2017. Subsequently, the program grew from 110 sites to 346 sites as of August of 2018 for a remarkable growth of more than 300 percent in one year. Hospitals continue to use the remote version of the toolkit to implement S4S. The four original S4S checklists include nutrition, medication, blood glucose control, and medication. Four new checklists will be introduced at Clinical Congress and will center on delirium, prehabilitation, advance directives, and safe and effective pain control. The S4S checklists are used to screen patients for potential risk factors that may lead to surgical complications and to provide appropriate interventions to ensure better surgical outcomes.

CQGS

The four-year geriatric surgery project, the Coalition for Quality in Geriatric Surgery (CQGS) Project, is funded by the John A. Hartford Foundation and aims to improve care for older patients through standards, verification, measures, and education. The third year of the project recently concluded with many major milestones completed, including the launch and completion of an eight-hospital beta pilot, release of the *CQGS Beta Pilot Resource Manual*, and testing of the verification processes and standards implementation.

Late last year, the CQGS invited hospitals across the U.S. to be considered for the CQGS Beta Pilot. An overwhelming number of sites showed interest, allowing the team the opportunity to select a group of eight sites that reflect hospital diversity with respect to size, location, management structure, and patient population. The pilot launched in December 2017, and the manual was developed and distributed to all participating sites. The manual describes the

rationale behind each standard, strategies for implementation, and specifics on how sites can meet each standard.

The Core Development Team conducted eight site visits in June and July to understand the feasibility of implementing the standards. A questionnaire was distributed to the participating sites, asking them to outline how to satisfy each standards' requirements and provide site surveyors with information and resources available at each site. The program is on schedule and will likely be ready for release in 2019-2020.

ISCR

The Agency for Healthcare Research and Quality (AHRQ) Safety Program for Improving Surgical Care and Recovery (ISCR) is a collaborative program between the ACS and the Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality, Baltimore, MD, to enhance the recovery of the surgical patient. The ISCR is a five-year, AHRQ-sponsored project that seeks to meaningfully improve clinical outcomes by support implementation of evidence-based enhanced recovery pathways that promote the delivery of evidence-based perioperative care and reduce variability. ISCR will be composed of five anticipated cohorts, each lasting 12 months. Hospitals may implement enhanced recovery pathways for colorectal, orthopaedic, gynecology, and emergency general surgery patients. A total of 132 hospitals participated in the first colorectal cohort, which began July 2017. At present, 130 hospitals are focused on the second colorectal surgery cohort, and 119 are focused on the first orthopaedic cohort; both began in March. The next cohorts are set to begin early 2019.

The ISCR program enrolls both ACS NSQIP and non-ACS NSQIP hospitals. A national in-person training session for the enrolled program team members occurred in conjunction with the 2018 ACS Quality and Safety Conference. Ongoing support to hospitals includes monthly webinars with staff experts and other national leaders in perioperative care, coaching calls, clinical support, as well as one-on-one quality improvement implementation support from a nurse consultant.

Red book

The College released *Optimal Resources for Surgical Quality and Safety*, in July 2017. Since then, 9,000 copies have been disseminated, and the surgeons in China and Brazil have requested copies translated into their languages. The manual is intended to be a trusted resource for surgical leaders seeking to improve patient care in their institutions, departments, and practices. The College has begun development of adjunctive resource standards aligned with the Red Book to ultimately develop a Surgical Quality Verification Program. An initial draft of the standards has been completed, and pilot site visits began with a targeted group of hospitals in the summer of 2018 and will continue throughout the remainder of the year.

Specialty-specific standards

The College is actively developing standards for several other surgical specialties. A steering committee has been appointed to develop standards and a verification program for High-Risk GI (gastrointestinal) Surgery. The group met three times this year to discuss and define potential standards of care in QI. Work is underway to further edit the standards document with plans begin development of a pre-review questionnaire that can be used for potential site visits in the first half of 2019.

The College has also begun work with the Society of Vascular Surgeons (SVS) and the Society of Thoracic Surgeons (STS) to develop specialty-specific verification programs. Additional work groups in the areas of rural and emergency general surgery have convened, and preliminary standards have been drafted, all with the goal of conducting pilot site visits in 2019.

Aptify 19/15

Under the Aptify 19/15 Project, all verification programs will move the administrative functions onto a single platform to create efficiencies and shorten development time. The project is also designed to minimize the resource burden on hospitals that want to participate in multiple programs by offering a streamlined verification process across all programs and supporting the ability to potentially bundle program participation. Development of the Aptify 19/15 portal is on track for completion in early 2019, when new and existing programs will begin transitioning to the new platform.

Committees

The DROPC Committee continues to focus on overarching issues and providing specific, meaningful, and achievable recommendations to enhance DROPC programs. At its February meeting, the committee focused on the strategic goals and work of each program and discussed registries, QI, and regulatory requirements. At the June meeting, the committee focused on advocacy and health policy developments.

The Committee on Perioperative Care (CPC) sponsored nine sessions and courses at Clinical Congress 2017, including the I.S. Ravdin Lecture in the Basic and Surgical Sciences, and will sponsor 10 sessions and courses at the Clinical Congress 2018.

The CPC is developing three new ACS position statements:

- Statement on the Use of Intraoperative Audiovisual Recording
- Inter-facility Transfer of Patients
- Statement on Surgical Recovery Outside of the Hospital Setting

After these are drafted and reviewed by the committee, they will be submitted to the Board of Regents for final approval. In addition, the CPC continues to review and comment on proposed guidelines from the Association of

periOperative Nurses (AORN). The CPC has reviewed 10 AORN guidelines since May 2017. Upcoming topics may include: the safe environment, sterilization, transmissible infections, the pneumatic tourniquet, and OR attire.

SRC

The Surgical Research Committee (SRC) sponsored four sessions at Clinical Congress 2017, and members continue to contribute to the series “Profiles in Surgical Research” in the *Bulletin*. In addition, SRC selected the recipient of the 2018 Jacobson Promising Investigator Award (JPIA).

The 2018 Health Services Research Methods (HSRM) Course, sponsored by the SRC, will take place December 6–8. Approximately 50 attendees are expected. Previously the Outcomes Research Course, the program has been redesigned for clinical and health services researchers with varying degrees of experience.

Clinical Scholars in Residence Program

The ACS continues to provide opportunities for surgical residents to become involved in ACS Quality Programs through the ACS Clinical Scholars in Residence Program. At present, the ACS has five Clinical Scholars in Residence. Two scholars are receiving support through the John A. Hartford Foundation for the CQGS program. Two others are receiving support from the AHRQ ISCR, and the fifth scholar has funding from his home institution and is focusing on quality in complex oncologic and high-risk gastrointestinal surgery.

Hospital Compare

The voluntary public reporting on Hospital Compare is available to ACS NSQIP participating sites through a sole source contract from CMS. Through this agreement, ACS NSQIP sites have the opportunity to voluntarily publicly report three surgery-related, risk-adjusted outcomes performance measures on the Hospital Compare website. The Hospital Compare website was last refreshed July 2018 with 125 sites selecting measures to report.

Grants and studies

The ACS was awarded a three-year R01 from the National Institute on Minority Health and Health Disparities. The goal of this project is to determine surgical disparities-sensitive metrics across the continuum of care that can be used to develop targeted interventions aimed at eradicating disparities.

Funding for the AHRQ Safety Program for ISCR started September 30, 2016 and is set to end September 29, 2021. The project aims to meaningfully improve clinical outcomes by supporting hospitals in the implementation of evidence-based enhanced recovery pathways for perioperative care.

The four-year AHRQ project on Leveraging Advanced Informatics to Automate Data Collection of Healthcare Associated Infections (HAI) and Other Surgical Performance Measures is aimed at achieving the following: develop and

automate abstraction of five surgical performance measures (HAI and non-HAI) using advanced informatics techniques at a single development site; validate automated performances measure and infrastructure scalability at four additional hospitals; and prospectively determine the accuracy of automated EHR-derived outcomes measures compared with hospital billing data and ACS NSQIP data at five hospitals.

Comparative Effectiveness of Metabolic and Bariatric Surgery using Patient Reported Outcome Measures (PROMs) is a four-year project funded by the Patient-Centered Outcomes Research Institute via Massachusetts General Hospital. Expected to run through the end of 2019, the major goals of this study are to develop, pilot, and nationally implement PROMs for metabolic and bariatric surgery and to perform comparative effectiveness analyses of the three-primary metabolic and bariatric operations: laparoscopic Roux-en-Y gastric bypass; laparoscopic adjustable gastric band; and the laparoscopic sleeve gastrectomy.

CANCER

Heidi Nelson, MD, FACS, Mayo, Clinic, Rochester, MN, has replaced David Winchester, MD, FACS, as Medical Director of ACS Cancer Programs.

Accreditation

The Commission on Cancer (CoC), National Accreditation Program for Breast Centers (NAPBC), and National Accreditation Program for Rectal Cancer (NAPRC) accreditation staff have been fully integrated into one accreditation team. At present, 1,533 programs have CoC accreditation, 647 are NAPBC accredited, and three are NAPRC accredited. In addition, 383 CoC programs are due for survey, 220 NAPBC centers are due for survey, 37 CoC programs have applied, 25 these centers have applied, 28 NAPRC programs have applied, 46 CoC programs have withdrawn, and 31 NAPBC centers have withdrawn.

The CoC standards are being rewritten to strengthen the focus on improving patient care, eliminate redundancies, retire the commendation criteria and Outstanding Achievement Award, and most importantly, introduce standards from *Operative Standards for Cancer Surgery (OSCS), Volume I*. The standards from OSCS begin pilot testing in January 2019.

The NAPBC Standards and Accreditation Committee is reviewing and making minor corrections to the standards that were released in fall 2018. Following the model for the CoC standards revision, a full re-write (with harmonization across all cancer accreditation programs) will get begin in late 2019.

National Cancer Database

Work to integrate all ACS quality registries into a single platform continues. Internal deliverables for the National Cancer Database (NCDB) include a new file uploader and submission reports and a Rapid Cancer Reporting System (RCRS). This new infrastructure will simplify the data submission process, decrease the time between when a patient is diagnosed with cancer and when the NCDB receives an initial record of disease, and will integrate a QI platform for data driven-quality measures for CoC, NAPBC, and NAPRC institutions.

The NCDB completed a call for data in 2018. To support launching the RCRS system, this year's call was a full analytic caseload from 2004-2016. More than 16.9 million cancer patient records were submitted to the NCDB, 1.47 million of which are new cases diagnosed in 2016, representing approximately 70 percent of all newly diagnosed cases in the U.S. The NCDB is preparing to release the 2018 NCDB Data Quality Tools this fall. The NCDB curates more than 39 million records from diagnosis years 1985-2016.

NCDB continues to implement and test the changes necessary to support the American Joint Committee on Cancer (AJCC) eighth edition staging manual, the departure from the collaborative stage, and significant changes to the NCDB's data definition manual, the Facility Oncology Registry Data Standards (FORDS) manual. The multiyear FORDS Revision Project resulted in an updated manual, renamed the Standards for Oncology Registry Entry manual published in August. Significant updates to Site Specific Data Items, Radiation Data Items, and Recurrence variables have been included for ongoing data collection.

RQRS participation is required for all CoC-accredited programs. Continued infrastructure enhancements are being made to accommodate the addition of new programs and increased data submission. RQRS infrastructure accepts data submissions daily and updates quality measure compliance rates nightly. RQRS design and functionality was the centerpiece for the RCRS design. RCRS will replace RQRS.

Performance-based reports now contain 23 quality measures across 10 disease sites and are provided by the NCDB Cancer Program Practice Profile Report (CP³R) to CoC programs to aid local quality improvement (QI) efforts. Leadership and staff continue to manage this growth in both scale and scope of measures, prepare for future growth, and integrate with new, more rapid technologies. The Quality Integration Committee (QIC) met in May and approved a new breast measure and four prostate measures for further implementation. A total of 27 additional measures are in different stages of development for the NCDB.

The Participant User File (PUF) program accepted 904 (up from 847 last year) applications from principal investigators affiliated with CoC-accredited hospitals in 2017. To date, approximately 1,200 peer-reviewed publications have cited NCDB PUF data.

The fourth annual Cancer Quality Improvement Program (CQIP) report was released in February. The CQIP report contains 30- and 90-day mortality for six complex operations, risk-adjusted survival, a facility-specific top 10 disease sites by volume, and a reorganized and linkable deck of more than 120 PowerPoint slides.

NCDB continues to refine customer outreach and educational services to its constituents, especially through expansion of the NCDB Tools Workshop and its integration with the Cancer Programs Annual Conference.

Member organizations

The CoC accepted applications from American Association of Pathologists' Assistants and the American Association of Endocrine Surgeons. To date, the CoC has representatives from more than 50 cancer care-related professional organizations.

At the May CoC Meeting, the Member Organization Steering Committee conducted small group discussions to better define the CoC/Member Organization Partnership. A number of the member organization representatives are working on the CoC standard revision project task forces. For standards that have a connection to a discipline represented by a current member organization, it is proposed that the draft standard will be shared with the member organization representative to solicit their feedback. Many member organizations cite the CoC Survivorship standard as an important tool in delivering care to patients. The group also expressed a desire to create more strategic partnerships in terms of communications from the CoC.

Cancer Liaison Program

The Cancer Liaison Program (CLP) collaborated with DAHP to host a Virtual Hill Day in conjunction with the 2017 Cancer Conference. CLP members also attended an October 2017 meeting of the National Colorectal Cancer Roundtable's Hospital/Health Systems Advisory Group & Professional Education and Practice Implementation Task Group to develop strategies to increase screening rates; hosted the Fall 2017 Comprehensive Cancer Control National Partners meeting; serve as faculty for the American Psychosocial Oncology Society's project on distress screening; and participated in the Centers for Disease Control and Prevention's (CDC's) Cancer Conference.

In October 2017, the CoC Executive Committee eliminated the Cancer Liaison Committee, retaining participation of the program's Chair. CoC State Chairs now serve on the CLP Advisory Groups: Meeting Planning; Education; Program Improvement; Recognition; and Paper Competition.

The CLP/American Cancer Society presented the 2017 State Chair Outstanding Achievement Awards at Clinical Congress 2017 and will present these awards at

Clinical Congress at 2018. The State Chair Town Hall at Clinical Congress 2017 focused on physician leadership, and the CLP Breakfast at Clinical Congress 2017 included updates from the NCDB.

Other CLP activities are as follows:

- Participated in the American Cancer Society Collaborations Summit in October 2017
- Worked with the Accreditation & Standards team and George Washington University, Washington, DC Cancer Institute to create a toolkit for implementing the CoC Standard 3.1 Patient Navigation Process
- Worked with the American Cancer Society on a PROs study
- Collaborated with the American Cancer Society Cancer Action Network on a clinical trials project to better demonstrate an estimated percentage of cancer patients accrued to a trial
- Assisted the Healthy Behaviors for Cancer Survivors Work Group of the Comprehensive Cancer Control (CCC) National Partners in developing resources and technical capabilities
- Participated in the American Cancer Society Navigation Round Table to bring partners together to address evidence-based interventions, training and certification, and policy
- Wrote and contributed to articles on cancer control in state/tribal/territorial coalitions and at the national level
- Met with staff of more than 40 members of Congress in Washington, DC in February to discuss cancer-related legislation
- Continued to participate in One Voice Against Cancer to request funding for cancer related research and programs
- Partnered with NCI on the Screen to Save project
- Sponsored CoC State Chair attendance at the ACS Leadership and Advocacy Summit
- Attended National Academies of Sciences, Engineering, Medicine's How to Transform Cancer Control workshop
- Facilitated CCC National Partner HPV (human papillomavirus) Uptake Forums

ACS Clinical Research Program

The ACS Clinical Research Program has released *Operative Standards for Cancer Surgery Volume II*, which focuses on esophagus, gastric, melanoma, rectum, and thyroid cancer. Members of the CRP interviewed five surgeon researchers for videos that are being posted incrementally on the ACS website.

ACS CRP has submitted a proposal to PCORI to serve as a subcontractor on the Dissemination & Implementation of a Decision Support Tool for Contralateral Prophylactic Mastectomy project. The program also has received approval of three NCI Community Oncology Research Program (NCORP) Cancer Care Delivery Research (CCDR) protocols, two of which are surgery-focused, and has applied

for CCDR section for the NCORP grant renewal through the Alliance. Moreover, the ACS CRP has completed work on the PCORI-funded award Optimizing the Effectiveness of Routine Post-Treatment Surveillance in Prostate Cancer.

In addition, CRP co-sponsored a course at the Society of Surgical Oncology (SSO) 2018 annual meeting; sponsored two session sessions at the 2018 ACS Quality & Safety Conference; and published seven peer-reviewed articles and 11 other articles and presented five abstracts. The CRP publishes a regular column in the *Bulletin*.

The ACS CRP sponsored or co-sponsored seven sessions at Clinical Congress 2017 and will sponsor two sessions at Clinical Congress 2018. CRP has submitted seven panel session proposals and one didactic/experiential course proposal for Clinical Congress 2019.

The CRP also sponsored sessions to present open surgical clinical trials to investigators to enhance knowledge and enrollment at the SSO Cancer Symposium and American Society of Breast Surgeons, and presented a breast investigator webinars and gastrointestinal investigator webinars.

In the coming year, the CRP intends to produce *Operative Standards for Cancer Surgery, Volume III*, focused on adrenal, bladder, hepatobiliary, neuroendocrine, pediatrics, and peritoneal malignancies, as well as sarcoma. The CRP will assist the CoC in integrating operative standards into the CoC accreditation program. Other plans include the following:

- Implement first Alliance/ACS CRP NCORP CCDR protocol—Improving surgical care and outcomes in Older cancer Patients Through Implementation of an efficient pre-Surgical toolkit, (OPTI-Surg), including targeted enrollment/recruitment of surgeons
- Evaluate potential grant funding opportunities to expand current portfolio
- Complete special study activities for the PCORI-funded project— Comparison of Operative to Medical Endocrine Therapy (COMET) for Low-Risk DCIS
- Work with the ABS to incorporate operative standards into Surgical Council on Resident Education SCORE modules
- Investigating opportunities to publish videos of critical elements from OSCS manuals
- Investigate ways to expand the completed pilot study for Tumor Board Education Series: Devising a Package for Dissemination and Implementation of Alliance Trial Data with Stakeholder Input other clinical trials
- Meet with disease site committees at the November Alliance meeting to begin discussing the process of disseminating and implementing recently completed and published clinical trials

- Analyze Society of Thoracic Surgeons' data for the Proven Care Lung Cancer Collaborative
- Identify strategies for comprehensive survivorship care plan implementation
- Address patient and provider preferences around discussions of cost of cancer care
- Test decision aids to improve prostate cancer decisions for minority men
- Activate the following protocols:
 - Improving surgical care and outcomes in OPTI-Surg
 - Access to and Value of Treatment Innovation in Blood Cancers
 - Increasing socioeconomically disadvantaged patients' engagement in breast cancer surgery decision-making through a shared decision-making intervention

Education

The 2018 ACS Cancer Programs Conference, Learn. Interact. Transform., took place September 5-7. This program provided integrated education, including content from all ACS Cancer Programs.

The CoC submitted proposals to sponsor or co-sponsor 17 sessions at Clinical Congress 2019. The Keynote Speaker at the CoC Annual Meeting at Clinical Congress 2018 will be Clifford A. Hudis, MD, FACP, FASCO, chief executive officer, American Society of Clinical Oncology. Dr. Nelson will deliver the CoC Oncology Lecture on the History of Clinical Trials. The CoC is sponsoring or co-sponsoring 10 other sessions at Clinical Congress 2018.

AJCC

The standards in the AJCC's *Eighth Edition Cancer Staging Manual* went into effect January 1 after a year of orchestration with vendors and partner organizations that all needed to incorporate the Eighth Edition into software, protocols, guidelines, and infrastructure. The transition year provided the oncology community the time necessary to properly implement the Eighth Edition and ensure higher quality data collection into the NCDB. Content from the manual will be distributed in an electronic format to better meet the needs of the practicing clinician, the data collection community, and patients.

TRAUMA

The Committee on Trauma (COT) celebrated its quadrennial change of leadership. Eileen Bulger, MD, FACS is COT Chair; Ronald Stewart, MD, FACS is Medical Director, Trauma Programs; and Patrick Reilly, MD, FACS is Vice-Chair, COT and Chair, Regional Committees on Trauma.

Strategic planning

The COT embarked on a strategic planning process to define its direction for

the next three to five years. Members and leaders were surveyed to identify strengths, weaknesses, and threats and provided perspective on how to best position the COT for the future. Survey results were used in a two-day retreat by the Executive Committee and key COT committee chairs to identify, confirm, and prioritize strategies and general initiatives. Strategic priority areas are as follows:

- Member engagement
- Global engagement
- Education
- Trauma systems
- Trauma center quality
- Injury prevention
- Advocacy

Workgroups have been formed to address each priority area. These plans will be shared with the Regents at their February 2019 meeting. Additionally, the COT's Vision and Mission Statements have been refined and updated.

Trauma Quality Improvement Program

A total of 800 hospitals and 15 collaboratives participate in the Trauma Quality Improvement Program (TQIP). In addition, 529 trauma centers have ACS verification.

This year, TQIP has focused on the transition to the ACS' unified registry platform. Our new technology vendor now provides the data collection and validation platform, as well as a portal for hospitals to access their benchmark reports. The vendor also delivers the data infrastructure used for TQIP analytics.

More than 1,800 health care professionals attended the 2017 TQIP Conference. The 2018 TQIP Conference will take place November 16-18 in Anaheim, CA. To accommodate our growing program, we have increased the number of breakout sessions for all members of the TQIP team, pediatrics centers, collaboratives, and hospitals participating in all COT quality programs. Sessions of note this year focus on TQIP collaboratives, the TQIP Academy, mass casualty incidents in a new era, the halo effect of Trauma QI, and the continued integration of ACS trauma programs. The Keynote Speaker is John B. Holcomb, MD, FACS, who will describe his experience leading a high-functioning team during the Black Hawk Down incident during the Gulf War. Kristina Anderson, a survivor of the active shooting incident at the Virginia Polytechnic Institute and State University, Blacksburg, will describe her experience. The 2019 TQIP Conference will take place November 16-18 in Dallas, TX.

Firearm injury prevention

The ACS Firearm Injury Prevention Strategic Workgroup has developed a nine-point action plan on firearm injury prevention. The FireArm Strategy Team (FAST) workgroup, composed of firearm-owning Fellows, met in June and is

finalizing a consensus statement. An ACS membership survey on topics related to firearm injury prevention is under way, with preliminary results available this fall.

Best practice guidelines

The COT has developed Best Practice Guidelines for Imaging in Trauma. The guidelines are intended to assist trauma centers and their referring facilities in determining best practices for optimal imaging to diagnose injuries, while managing radiation exposure and avoiding potential adverse events. This document consolidates recommendations from existing guidelines of national organizations and provides concise, evidence-based protocols and practices to improve trauma imaging. In addition, appropriate performance indicators have been identified that can be used to evaluate imaging services.

The COT is working on guidelines for non-accidental trauma. The guidelines will focus on child abuse, elder abuse, and intimate partner violence and are expected to be released in 2019.

NHTSA data linkage project

The ACS has received a grant from the National Highway Traffic Safety Administration (NHTSA) to develop a policy statement on the concept of data linkage across the trauma/emergency medical services care continuum. The ACS, in partnership with additional stakeholders, will draft the statement over a 15-month period. The final policy statement will be completed in November. A second phase of the project will involve obtaining broader stakeholder input and finalizing and disseminating the statement.

Trauma education programs

The 10th Edition of the Advanced Trauma Life Support® (ATLS®) course launched January 22. All course materials have been finalized, and all faculty members updated to the 10th Edition are eligible to access the materials electronically.

A total of 36 course sites have been selected to participate in the initial limited release of the mobile mATLS course. The first hybrid course took place in September. The limited release phase will conclude in spring 2019. During this process, the technology and the associated processes for this course will be tested by both the participating sites and COT staff to ensure that all technology is working optimally before release to all ATLS course sites.

In parallel to pilot testing the 10th edition, in-person update training for faculty and coordinators has been conducted incorporating education on content changes and education methodology. The 10th Edition update for faculty and coordinators is integral to the successful launch of the program, and because the manner in which the content is taught, the course schedule has been transformed to increase student engagement and cognition.

In addition, an online update course leveraging the ACS LMS platform launched in August. A total of 221 individuals have registered for the course; 73 have completed the online training.

In its 35 years, 63,000 ATLS courses have been presented to approximately 1.2 million students in 85 countries worldwide.

The Advanced Surgical Skills for Exposure in Trauma (ASSET) program has experienced a surge of international growth in the last year, with courses now offered in South Africa, Australia, Finland, and Estonia. Expansion in the U.S. has been pronounced as well, with 14 new course sites added in the last 18 months. The course is being revised and a nearly final version will be presented at Clinical Congress. Add-on materials tailored to military participant training needs are in development.

Basic Endovascular Skills for Trauma (BEST) has added six course sites in the last year, and now has a total of nine sites in the U.S.

The Pan-American Trauma Society Congress in August included the second international workshop version of the course. The ACS has received many international requests for the workshop version of the BEST course, and a plan for global dissemination is being developed. The full BEST course will be offered at Clinical Congress, followed the next day by a full ASSET course.

The Trauma Evaluation and Management (TEAM) course for medical students is undergoing revisions. A workgroup has been formed and will focus on creating more interactivity in the course and additional recourse for skills training.

The COT has embarked on a Global Trauma Education Initiative. The COT has convened a new workgroup to develop advanced trauma education for physicians that combines some of the foundational principles of the ATLS course with more flexibility and adaptability.

Stop the Bleed

The ACS Stop the Bleed® (STB) program has trained more than 450,000 civilians and has nearly 30,000 registered instructors across the U.S. and in 77 other countries. The rapid adoption of the program around the world required enhanced organizational support. Consequently, Dr. Bulger restructured the program within the COT. The strategic vision is to inform, educate, and empower the public to create a well-trained immediate responder force that has ready access to bleeding control supplies.

To best inform, educate, and empower the public, different educational tactics will need to be created to target different populations. An instructor pool composed of volunteers from different backgrounds deemed appropriate by the committee will be developed. Instructor requirements should be reviewed

periodically to ensure an adequate delivery force that is able to address the training needs of both the public and targeted constituencies.

Creating and developing strategic partnerships with organizations and community programs will increase visibility and ensure the promulgation of the STB program. Communications and marketing activities need to convey a consistent message that reflects the program's aims and objectives. A strategic communications plan should be developed to ensure consistent themes, messaging, tone, and organization with the goal of increasing overall awareness of the STB program.

The bleedingcontrol.org website is the primary information repository for both the public and instructors, containing training and information materials for public reference, informational articles and news about the program, and a course search function. Additionally, the site houses a private instructor portal through which the instructor processes are managed, instructor materials are maintained, and courses are managed. Data from the instructor/course portal is instrumental in analyzing the program's progression.

Within the COT, the STB Steering Committee and Work Groups provide oversight and organization to advance the mission of the STB program.

- COT Executive Committee provides high-level oversight and guidance.
- STB Program Director is responsible for overall direction and leadership of the STB Program, providing guidance and oversight for regular strategic planning sessions and coordinating collaborative efforts with partner organizations.
- STB Steering Committee oversee the activities of the workgroups, address issues as they arise, interface with the larger ACS efforts and partner organizations, and engage in strategic planning to advance the program.
- Stop the Bleed Workgroups have been assigned to address the following areas: STB Education; STB Outreach and Dissemination; and STB Advocacy/Policy.

INTEGRATED COMMUNICATIONS

The Division of Integrated Communications (IC) is responsible for the ACS website; public information; social media; ACS publications, including *JACS*, *Bulletin*, and *ACS NewsScope*; and marketing and design.

Website

The ACS website, www.facs.org, remains a vibrant source of information for members of the College, other surgical health care professionals, and the general public, providing content on College programs, initiatives, and surgical

news. New content to enhance members' experience with the College and to assist them professionally has been added, including a resource section on opioids, information on the College's new Academy of Master Surgeon Educators, an advocacy and health policy section titled Stop Overregulating My OR, and ACS Case Reviews in Surgery. Several sections of the website have been expanded, including sections pertaining to the red book, NAPRC, Medical Students, and National Trauma Systems.

In terms of functionality upgrades, visitors to the site can now search for Clinical Congress sessions using two new fields: Regulatory Mandate and Credit to Address ACS Accreditation/Verification requirements. We continue to add new content focused on quality surgical care, advocacy, education, and membership.

We set a goal of 10 million page views for the year and exceeded it. From August 1, 2017, through July 31, 2018, the ACS website had just over 10.6 million page views. Details are as follow:

- More than 3 million online sessions (3.44 page views per session).
- New visitors represented 79 percent of our audience
- Peak traffic occurred during the week of Clinical Congress.
- Our monthly average web traffic is 257,441 sessions and 884,768 page views.

Approximately 77 percent of the visitors are from the U.S., with Canada, India, the U.K., and Australia rounding out the top five. These countries account for 84 percent of visits.

The College's bleedingcontrol.org website had 909,768 page views August 1, 2017 through July 31, 2018. Approximately 90 percent of the visitors are from the U.S., with Canada, Mexico, Spain, and Italy rounding out the top five.

Public profile and visibility

Many ACS programs and initiatives receive noticeable external exposure. We promoted the first National Stop the Bleed Day March 31 with an advanced national press release and informational video explaining how this national day of awareness presents an opportunity to take or teach a bleeding control course. This effort garnered 76 media mentions, which cited the ACS as a key player in the STB movement, including articles in the *Washington Post*, *Chicago Tribune*, *Indianapolis Star*, and *EMS World Online*, as well as mentions on local television newscasts or station websites in Ohio, Alabama, and Louisiana. The total media reach for the College's message about the STB Day exceeded 164 million impressions.

The College's Out of the Crucible Capitol Hill Briefing for congressional staffers July 23 brought attention to the importance of the Mission Zero Act, military-

civilian partnerships, and the work of MHSSPACS. An ACS press release was distributed on PR Newswire the afternoon of the event on July 23, which was picked up by 216 news outlets, and was viewed 2,435 times. Live tweets from the event (with photos) received a combined total of 19 retweets and 23 likes, and a Facebook post received 25 likes, two shares, and reached 2,147 people.

Through its interactions with the media, the ACS is gaining recognition as a national leader in two important areas for surgical patients: improving surgical care for older adults and addressing the opioid epidemic. The work of the CQGS has been highlighted in *Kaiser Health News*, *CNBC*, and *US News and World Reports*. Furthermore, the work the surgical community is doing to limit or eliminate surgical patients' exposure to opioids has been reported in the *Baltimore Sun*, *ABC News* online, and *Health Leaders Media*. These news reports were sparked in part by peer-reviewed studies appearing in *JACS* and by the ACS Patient Education program.

Other media mentions for the College in the last year include bleeding control training and kit stories in *TIME Magazine* and *Newsweek*; a *Wall Street Journal* article on the need for better screening to detect cancer before gynecological procedures, and a report in *San Antonio Express* on the COT's efforts to lead a national consensus-based discussion on firearm injuries. The media team also promoted two articles published online in *JACS* reporting that many women feel uninformed about their breast cancer treatment options and a new decision-making tool as a potential solution to the problem. This story was covered by more than 40 news outlets, including the nationally syndicated *Reuters*.

Bulletin

In January 2017, the *Bulletin* transitioned from a largely print publication to a mostly online publication. In the months following that transition, the *Bulletin* heard from several Fellows who expressed a desire for the publication to return to print. In response, IC launched a strategic planning process.

More specifically, the *Bulletin* team reviewed the 2017 ACS Division of Member Services survey of all College members, which showed that approximately 78 percent of the domestic member respondents read the *Bulletin* (16 percent, always; 29 percent frequently; and 33 percent, sometimes). The *Bulletin* also surveyed all domestic members to determine whether they were satisfied with the transition to an online platform. A total of 1,446 ACS domestic members responded. Key findings are as follows:

- Nearly 85 percent of the respondents said they read the *Bulletin* before it transitioned to an online format. Of these respondents, nearly half (48.42 percent) said they read every issue, and 38.87 percent said they read most issues.
- Since the *Bulletin* transitioned to a mostly online publication, less than half of the survey respondents (49.69 percent) said they still read the *Bulletin*.

Of those respondents, 18.59 percent read every issue, 38.62 percent read most issues, 34.58 read it occasionally, and 8.21 percent rarely read it.

- Most online readers (68.81 percent) access the publication via the monthly e-mail announcing its availability.
- More than half of the respondents (58.75 percent) said they preferred to read the *Bulletin* in print; 41.25 said they prefer to read it online.

IC used Google Analytics to determine the number of page views. We found that the *Bulletin* website is widely accessed, and the number of hits had continued to climb in the last year, up to 449,121 in 2017 from 361,473 in 2016, a 24.25 percent increase in total *Bulletin* sessions. The total number of page views increased 27.58 percent to 565,563 in 2017 from 443,296 in 2016.

In response to these findings, IC contacted all domestic members via e-mail and postcard (developed by the Marketing team) in spring 2018 to announce that individuals who would prefer to receive the *Bulletin* in print could opt in for this member benefit. A total of 4,567 individuals opted in as a result of this effort, bringing the total number of print copy recipients to more than 6,000. These individuals started receiving hard copies in October.

Many Fellows and their staff continue to access the *Bulletin* online. In July 2018, the *Bulletin* website had a total of 60,152 page views and 52,386 unique page views. Average time on a page was 2:44 minutes.

IC staff will convene in the coming months to discuss redesigning both the print and online versions of the publication.

ACS NewsScope

Staff continues to work to streamline and modernize the weekly newsletter. Plans are under way to make *ACS NewsScope* a biweekly publication with one issue focused on advocacy and health policy and the other on the College's educational and quality programs and others. This new publication may also contain information gathered from outside news services.

Clinical Congress

The IC team contributes in multiple ways to the Clinical Congress. Specifically, IC is responsible for branding the conference and marketing it, managing production and editing the *Clinical Congress Program Book* and for publishing *Clinical Congress News* during the annual meeting. The on-site publication is distributed four times during the Congress, and can be accessed online at ACSCCNews.org.

JACS

At the end of 2017, *JACS* successfully achieved a subscription benchmark of converting 30 percent of College members to an online-only format. Per the

contract with Elsevier, the publisher of *JACS*, the College received a royalty bonus of \$100,000 for 2017 as a result of hitting this benchmark. *JACS* is currently on pace to hitting the next benchmark of 40 percent online-only subscriptions, which will earn the College an additional \$100,000 royalty bonus for 2018.

JACS recently launched a monthly electronic table of contents, providing streamlined access to *JACS* content via member-direct access, which is distributed via e-mail to all ACS members who are eligible to receive *JACS*.

In 2018, *JACS*' impact factor increased by 10 percent to 4.767, ranking *JACS* in the top 10 of 200 surgery journals. *JACS* also is working to launch a redesigned cover for 2019.

Social media

The College's social media presence continues to grow. The 117 state-of-the-art ACS Communities continue to attract a range of members. In its first four years, the Communities have become home to more than 5,300 unique discussion contributors who have posted 75,000 messages in 10,376 discussion threads. During this four-year period, the Communities have received more than 3.5 million page views.

Furthermore, the ACS continues to see upward trajectories on our Facebook, Twitter, and LinkedIn sites. By August 16, a total of 29,602 individuals had "Liked" our Facebook page, up more than 2,065 at the same point last year. The ACS has 41,552 Twitter followers—6,734 more than at the same point last year. The College now has 13,689 LinkedIn followers, an increase of 3,070 followers over the last year. In addition to sharing ACS news on LinkedIn, we have a "Careers" tab to recruit top talent.

Marketing and design services

The marketing campaign for Clinical Congress is a year-long effort, incorporating a multi-media mix of print and digital advertising, social media, the website, e-mail, and direct mail. Demand for IC marketing and design services continues to grow, reflecting the growth and success of ACS as a whole. Projects range in scope from program branding, advertising, and support materials, to developing and executing comprehensive marketing plans and signage for ACS conferences and meetings. Marketing and design for ACS conferences accounted for more than half of the projects completed this year.

A series of new Member Services brochures were developed centering on what ACS can provide to surgeons at each stage of their career and how the College can support them. Graphic elements and messaging from these brochures are being incorporated into other forms of communication and will aid in new member recruitment.

Collaboration with Weber Shandwick

Over the past year, the ACS and Weber Shandwick have been developing the next phase of the Inspiring Quality campaign, focused on driving even greater engagement among surgeons, solidifying the College as the “North Star” for surgeons during a time of significant industry change, and continuing to provide the College with a platform to be a leading voice for improving health care and doing what’s right for the patient. The ACS will achieve this goal by sharing an insider’s view of surgeons and why they are uniquely qualified to lead the nation into the next stage of health care.

At Clinical Congress 2017, Weber Shandwick will conduct a series of one-on-one interviews with 20 surgeons from diverse backgrounds. Additional research in 2017–2018 included 30 ACS Fellows, surgeons who are not ACS members, hospital leaders, and leaders from payor organizations. The in-depth research provided a rich source of information and helped solidify the strategy. Weber Shandwick then developed several creative concepts and refined them with input from ACS leaders. The campaign is now in the final stages of development.

For the fourth year, Weber Shandwick supported the Division of Education and IC in producing *Clinical Congress Daily Highlights*, an e-newsletter that elevates the prominence of the scientific sessions. In 2017, the newsletter was distributed twice daily to all ACS Fellows, including those not in attendance at the Clinical Congress. A total of seven issues included stories on 36 sessions and 78 Science Forum abstracts, as well as three video interviews.

The 2017 newsletter achieved its highest number of page views and highest click-through rates to date. It achieved 38,217 page views (vs. 23,806 in 2016), a 15.7 percent click-through rate (vs. 12.4 percent in 2016), and a 52.6 percent overall open rate (vs. 52 percent in 2016). These metrics significantly outperformed industry average click-through rates of 7 percent and open rate of 15.7 percent as measured by Constant Contact in Oct. 2017.

Weber Shandwick also is supporting ACS and the Health Services Platform Consortium to develop a strategy aimed at addressing the health care data interoperability challenge. The group’s focus is on turning health data into useful knowledge and information by leveraging open-source tools and setting standards. ACS and Weber Shandwick are partnering to provide communications strategy and messaging support.

ACS FOUNDATION

The ACS Foundation had a strong year in its mission to obtain financial support for the charitable and educational work of the College. Thanks to the generous support of Fellows and ACS friends, the ACS Foundation experienced a 40

percent increase in individual contributions over the previous year while lowering its cost per dollar by 30 percent.

The Foundation continues to expand its portfolio of new projects and programs to expand its outreach to College Fellows. Support a Student offers Fellows the opportunity to cover the cost of medical students attending Clinical Congress and provides mentoring opportunities. The Board Chair and Foundation staff, in conjunction with ACS leadership, created a master list of key projects requiring funding, thereby offering a defined catalog of giving opportunities for supporters.

Generous philanthropic gifts from Fellows continue to support Operation Giving Back, international scholarship travel awards, fellowship research awards, as well as providing materials for Stop the Bleed training in rural communities. An anonymous donor provided funds as a Challenge Grant match at the San Diego Congress, raising more than \$100,000 for the ACS Greatest Needs Fund.

Corporate grants secured by the ACS Foundation provided support for 13 Skills Courses at Clinical Congress, Patient Education materials, and the first annual Residents Surgical Skills Competition.

CONVENTION AND MEETINGS

This area of the College is responsible for managing the Clinical Congress, internal and external meetings of the ACS, and the business affairs of several surgical associations and ACS Chapters.

Association management

The Association Management (AM) team oversees services for nine ACS Chapters and 18 affiliate organizations, which account for more than \$1 million in contract revenues. AM hired an additional full-time employee in fiscal year (FY) 2018 and plans to onboard four new clients in FY 2019, with projected gross revenues of more than \$200,000.

Exhibits

The Exhibits team manages booth sales and sponsorships for 16 clients, internal and external, and has generated \$1.6 million in total combined revenue for these meetings. Booth space sales for Clinical Congress 2018 are down by 4 percent from 2017, and net revenue as of August 29 was at \$1.3 million. Advertising, promotion, and satellite symposia are on pace with last year, and combined revenue for these two areas is at \$311,000.

Meetings

Events at the ACS Headquarters have increased by more than 136 percent in the last six years. Hotel and service contract negotiations yielded a savings of more than \$3 million, benefitting both ACS and Association Management clients.

Registration and Travel Services

Registration serviced 27 meetings with approximately 31,000 attendees, remaining flat, while Travel booked a record 4,747 tickets, saving the College approximately \$371,000.

20 F Street

The Washington Office Conference Center hosted 260 meetings in the last budget year—a 15 percent increase from last year. This increase was mainly due to expanding our client base for university classes and government training programs. Roof terrace rentals have generated a 5 percent increase in revenue over the last year, mainly due to positive word of mouth by clients that have used the space in the past and have referred other organizations.

PERFORMANCE IMPROVEMENT

The Performance Improvement (PI) team aims to foster a culture of continuous QI that will catalyze rapid and sustainable change at the College, bind the Executive leadership and staff with a common language and a connected purpose, and integrate proven business models and processes into our everyday activities to strengthen the College's mission and objectives. We are applying a three-stage process to achieve these goals: continuous organization assessment; PI training and best practices; and activation of strategic imperatives.

Current projects

The PI staff provides leadership to major cross-College initiatives. Current projects are as follows:

- LMS system customization and workflow integration
- Strategic planning
- Managing change/organizational restructuring
- Information technology (IT) architecture and business plan development
- APTIFY strategic projects IT discovery analysis
- Accreditation/verification standardization
- Project consultation as needed
- Assist IC and Human Resources

Sustaining change

In collaboration with Human Resources, PI has developed a full year of training activities to sustain change at ACS.

The entire Executive team will continue our leadership training initiative, U-Lead. Throughout the year, our Executive team will be trained in self-assessment, innovation, coaching, and team building. This year we have partnered with the business schools at Loyola University and the University of Chicago.

The PI team offers monthly four-hour orientation sessions for onboarding new staff and introducing them to our Values and PI.

ACS Works is the College's 12-hour basic PI training course that introduces PI tools to participants and gives them an opportunity to apply them to actual ACS projects. We have accomplished our goal of training all ACS staff and will continue to offer the program twice a year for new hires. PI presents monthly sessions to review and refresh ACS Works tools and introduce new tools and ideas to sustain PI. These sessions also provide an opportunity for ACS staff to share their projects with their peers. We are now developing Stage II ACS Works training to provide additional technical PI training.

FACILITIES AND FINANCE

An architectural firm and general contractors have all been selected and have developed plans for the restack. The goals of the project include relocating staff so common work units, providing for growth, allowing for more natural light, increasing meeting space, reducing physical file storage, and providing more areas for collaboration. The entire project is expected to take at least 18 months. The 2019 budget for this project is \$18 million.

Record retention

The College is in implementing a record retention project. The functional category listing will help staff determine how long documents should be retained and how and when to store documents that may be needed for future reference. Documents requiring retention, but infrequent reference will be housed off-site.

Payment card industry compliance

The College is modifying its billing systems to produce tokenization of customer credit card numbers. This change will reduce the risk of disclosure for the College and the customer.

Centralized billing

The Finance/Accounting area has embarked on a project to assume responsibility for billing for the accreditation and verification programs. The goal is to improve automation, standardization, customer service, collections, and fiscal discipline.

John B. Murphy Auditorium

After four years of working with the Illinois Attorney General's office and Dr. Murphy's heirs, on May 1, 2018, the College received the final order permitting the sale of the Murphy Building and the ability to begin the process of marketing the property for possible sale.

IRS audit

The Internal Revenue Service (IRS) 2012 audit is near completion. The IRS has agreed not to tax the revenue from *JACS*, which would have had a significant long-term negative impact to the College. There are two unresolved issues regarding the net operating loss carryforwards. Barnes & Thornburg, LLP, was engaged to litigate the case if necessary.

Investment management

The Investment Subcommittee continued a full underwriting of the investment managers over the past year. They reviewed each manager's strategy, role, and performance. Six new managers were hired and three were removed from the lineup of 49 managers. This includes six new commitments to private investments as we methodically increase this allocation from 5 percent to 20 percent. FY 2018 produced an investment return of 7.6 percent.

Staff retirement plan

The Finance Committee met with the actuarial firm for the Staff Members Retirement Plan, which presented, discussed, and recommended metrics that the College should monitor annually to ensure the plan's continued financial viability. The committee determined that the plan is well-funded and well-positioned for the future.

Leasing activity

Leasing activity at 20 F Street has been active, primarily with tenants that want to renegotiate their lease early and reduce their base rental. The College's goal is retaining existing tenants.

The College renegotiated the lease with the Society of Thoracic Surgeons this last year, while the Society of Vascular Surgeons (SVS) decided to move its offices to the suburbs. The College agreed to exchange a portion of the SVS lease liability for free meeting room space once SVS is operational in its new space.

GDPR

The College reviewed the new General Data Protection Regulation (GDPR) for European countries and adopted a policy for compliance, along with a matrix to understand the legitimate purpose in data processing for each area of the College. The College's privacy policy was adjusted and procedures put in place to respond to requests for the deletion of data.

HUMAN RESOURCES

The following is a summary of key accomplishments in Human Resources (HR).

Benefits

The total account value of the 403(b) Long-Term Savings Plan increased from nearly \$25.3 million in April to nearly \$27.25 million in August. The average participation rate increased from 86.2 percent in April to 87.65 percent in August with an average deferral rate of 6 percent.

Two representatives from Conduent presented at the Board of Regents Finance Committee meeting in June to discuss the Staff Members Retirement Plan (SMRP), providing a review of the four funding measures, a dashboard for use in future meetings, and stochastic projections based on different scenarios.

In July, 401K Advisors facilitated a meeting with three vendors for recordkeeping/compliance services for the SMRP, 457(b), and severance pay plan. The Employee Benefits Committee met with representatives from three firms.

The College has reviewed and evaluated the leave of absence policy. Manager training on leave of absences took place in September.

Compensation

In 2017, the HR team piloted an online compensation/merit increase process with three divisions/departments. In June, two more teams were added to the pilot group. The remainder of the organization will transition to completion of the merit increase process online in 2019.

HR has participated in four compensation benchmarking surveys to date. This process is instrumental in the organization's compensation planning and ensures we remain competitive in the marketplace.

Talent

The College has filled 41 positions this year with 31 new staff members and the promotion or transfer of 10 employees.

The LinkedIn career page now has 13,784 followers. The College has made a concerted effort to hire former military personnel and has participated in a number of job fairs.

Staff development

The College continues to offer ULearn, UConnect, ULead, and ULive programs to help staff improve their performance, management and leadership skills, and personal wellness.

Employee engagement

The College has established a Buddy Program through which all new hires are now connected with two "buddies," who are available to help the new hire build relationships and acclimate to the ACS culture. The program will be evaluated on an ongoing basis.

ACS Active continues to provide staff with opportunities to engage in wellness programs, social activities, and charitable functions.

INFORMATION TECHNOLOGY

IT plays an integral role in expediting many of the projects described in this report.

ACS database platform

Our membership database runs on a platform called Aptify and is the record of authority for all membership information. Aptify is a highly customizable database that allows us to build functionality beyond membership tracking. It also allows employees to manage contacts and provides access to hospitals participating in ACS quality studies.

Aptify also is used to provide ACS accreditation to hospitals seeking accreditation in trauma, bariatric, breast, colorectal, and pediatric surgery. The College's accreditation process includes an application survey, verification of hospital documentation, the appointment of a site surveyor, the scheduling of this site surveyor, results gathered by the surveyor, and billing to the hospital for accreditation fees. Until this year our various accreditation departments have conducted these processes in many different ways. Some accreditation departments relied upon a manual process involving phone calls and postal mail. Other departments had a "portal" to manage this process. However, these departments surveying processes had evolved in silos.

The College has undertaken a mammoth standardization of these disparate processes with the goal of creating a single accreditation portal whereby all ACS programs can manage accreditation via a single website and common language.

For the last 10 months, IT has worked with the College's internal groups to reach a consensus on terminology, survey questions, and the on-site surveying process. The benefit of this project will be the ability of ACS staff to move between accreditation requests with a standard process and nomenclature. Additionally, it will allow participating hospitals to enjoy a standard user experience for multiple accreditation requests. IT intends to launch this new accreditation portal by February 2019.

ATLS website

Our incumbent ATLS course management system has become increasingly complex. The system code is outdated and each new course requirement and ATLS version release means more complicated changes. This legacy system proved difficult to manage and was aesthetically displeasing.

IT has undertaken a rewrite of the full ATLS system, making the system simple to navigate, configurable for future ATLS releases, and incorporating the common look and feel of other ACS websites. The system will be fully functional in January 2019.

CME reporting

The Division of Education must approve vendor courses that count toward CME credits. The approval process requires multiple steps and forms to be completed by a facility and reviewed by ACS staff. The ACS must in turn provide these program activity reports to the ACCME through its Program Activity Reports System (PARS). IT is developing a new web-based system to easily facilitate the approval of CME courses.

"Middleware" for priority projects

The College has partnered with "best of breed" companies, including IQVIA for our quality programs and Ethos DLC for our new LMS. Our IT business analysts and programmers are responsible for developing "APIs" between the above companies. An "API" is a system application that creates and delivers data between two unrelated entities. One example is the College and IQVIA, both of which transmit and receive large quantities of data to and from each other. A second "API" is our communication engine with Ethos DLS, which houses our robust new LMS. This system allows members and non-members to attend online courses and have related CMEs recorded and reported back to our Aptify database.

New data center

IT has completed the full move of our data center from the ACS Headquarters to a secure computing facility in a Chicago suburb. This project required tremendous planning to move more than 700 terabytes of data, applications, and websites with very little downtime. With completion of the move, ACS data is protected from air conditioning (A/C) failures, power outages, and fire or water incidents that are more commonplace in unsecured office spaces. The new ACS computing facility has three redundant power sources, redundant A/C, bunker-like physical protection, non-water fire suppression, and around-the-clock security presence.

Outside consultants

For some time, the College's IT team relied on outside vendors to develop new websites and databases on our Aptify system. Aptify is a robust yet complicated toolkit, and the knowledge transfer to our internal programmers was proving slow. In 2018, IT built a new internal team with significant experience on Aptify development. This team produced training materials and provided mentoring to non-Aptify programmers. This training has demonstrated a tremendous cost savings to the College.

Windows 10 / Offices 2016 upgrade

To improve our staff member's IT experience, we are standardizing on a single endpoint. In the past staff often waited long periods for workstation repairs. Going forward, we will have replacement devices ready to go, so a dead workstation / laptop can be swapped out in minutes versus hours. This process also allows IT to better support our Advocacy team in Washington, DC.

With the new touch-screen features on Windows 10, we intend to deliver internal applications that are optimized for a touch screen, with applications designed more like an app on a mobile phone. Touch screen interfaces will allow staff to better utilize features in Aptify. A beta test of two ACS divisions has been completed and an aggressive rollout will begin after Clinical Congress.

Recurring dues

Our members have often requested the ability to set up automatic dues renewals. After a recent upgrade to our payment system, we are now able to setup automated dues payments.

Data security

The GDPR security and privacy standard developed by the EU requires any organization with data for EU citizens to quickly remove all traces of that person at the individual's request. IT developed and implemented a database tool in our Aptify systems to complete this task.

Restack project

IT will be working directly with the architects and project managers on the redesign of the Chicago headquarters. Each floor and each data closet must be rewired with high-end network cable to support the new wiring being installed on each floor. Additionally, what was once our computer room needs to be systematically dismantled without affecting any of our fiber-optic cables. IT meets weekly with Syska, the primary contractor, to work on solutions to move all fiber-optic runs to their new location without disruption of any IT services.

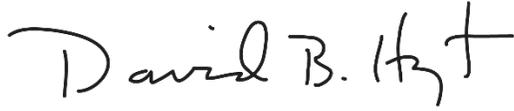
New telephone system

IT has begun evaluating vendors for a highly sophisticated phone system with the intent of beginning the installation in mid-October. This new phone system will provide high-quality sound and high reliability while reducing recurring expenses.

Closing remarks

I'd like to conclude this report by thanking all of the ACS volunteers and staff for their dedication to improving the care of the surgical patient. Through their hard work and commitment, the ACS continues to lead the way in ensuring all Americans have access to high-quality surgical care. It is my honor and privilege to work with all of you as your ACS Executive Director and to help lead this organization.

Respectfully submitted,

A handwritten signature in black ink that reads "David B. Hoyt". The signature is written in a cursive style with a large, prominent 'D' and a distinct 'H'.

David B. Hoyt, MD, FACS
Executive Director
American College of Surgeons