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AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:
Highest Standards, Better Outcomes*

Executive Director's report

As required under the *Bylaws* of the American College of Surgeons (ACS), I respectfully submit to the Board of Regents, the Officers, and the Past-Presidents this annual report on the College's activities. This account is presented as I near the end of my 11th year as ACS Executive Director.

This report provides information on the major activities carried out by the ACS staff and volunteers from August 2019–August 2020. It points to our accomplishments and to the areas in which we are striving to better meet the needs of surgeons and their patients.

The coronavirus pandemic 2019 (COVID-19) has changed everything—from the way we deliver care to patients to the way we spend our free time with family and friends. It has changed many aspects of our lives these past seven months and especially affected patient surgical care throughout the world. The American College of Surgeons (ACS) has sought to meet the evolving needs of its members in many ways, including how it delivers news, presents meetings, and conducts business to best support the membership during this time of uncertainty.

This report summarizes how the ACS has worked tirelessly to keep pace with the necessary changes COVID-19 has presented and to keep surgeons and surgical patients at the forefront while maintaining the highest standards of surgical patient care, surgical education, and service to the profession.

ADVOCACY AND HEALTH POLICY

The Centers for Medicare & Medicaid Services (CMS) released the proposed rule on the 2021 **Medicare Physician Fee Schedule** August 3, 2020. The 1,355-page proposal would, through cuts in the conversion factor and global fees, reduce payment for some surgical specialties by up to 9 percent. Meanwhile, some medical specialties would experience significant pay increases because of increased payments for evaluation and management (E/M) services. For example, family practice would get a 13 percent increase. The College is urging CMS to waive budget neutrality, which requires that payment hikes for some providers be offset by cuts to others, when developing the final rule due December 1, 2020.

Five times in the last 20 years, CMS has increased payments for E/M services. Each time, CMS has made adjustments to 10- and 90-day global fees to account for E/M services in postoperative visits. This year, CMS is not making those corresponding changes. In addition, CMS intends to reduce the conversion factor, which converts relative value units to dollars, from \$36.09 to \$32.26.

The College is leading efforts to negotiate changes with CMS, advocating for congressional action to stop the cuts, and partnering with other surgical organizations through the Surgical Care Coalition. Stopping these cuts by waiving budget neutrality has a 10-year budget cost of \$70+ billion (and could be as high as \$100 billion). While Congress is spending significant amounts on health care now, it is all specific to COVID-19. More than two years out, that spending won't necessarily be COVID-19-related.

Another major issue for the College at the present time is **surprise billing**. The ACS has been leading an effort to prevent Congress from passing bad surprise billing laws that would favor insurance companies over physicians. We have successfully held off Congress for the past two years, despite the efforts of many senior Democrats and Republicans.

Current legislative proposals call for a ban on all balance billing by out-of-network providers until January 1, 2022. After that, health plans would pay an interim median in-network rate for out-of-network care, where the patient doesn't choose the physician. If the physician is unhappy with that rate, the case would go to arbitration. The arbiter can consider a number of factors, including the median in-network rate. The College opposes this solution.

EDUCATION

The Division of Education remains on the forefront of establishing new benchmarks and continues to steer national strategic directions in surgical education, training, validation, credentialing, and accreditation.

ACS Academy of Master Surgeon Educators

Established in 2017, the mission of the ACS Academy of Master Surgeon Educators is to advance the science and practice of education across all surgical specialties, promoting the highest achievements in the lifetimes of surgeons.

Membership in the Academy includes three categories: Member, Associate Member, and Affiliate Member. Members of the Academy are selected through a stringent peer-review process that includes a structured formal application, supporting documents, letters of recommendation, and the Member's potential to contribute to the mission of the Academy. Associate Members are selected using a similar process, based on specific standards and criteria for Associate Membership. Associate Membership is time-limited, and the individual must either apply for full Membership before the end of the term based on further achievements in surgical education or reapply for Associate Membership. Affiliate Membership is open to nonsurgeons with professional expertise that would be of value to the Academy.

Recognizing the unprecedented impact of the COVID-19 pandemic on surgical practice and surgical education, the Academy has sought to identify and embrace innovative strategies to address the challenges of surgery residency training during the COVID-19 pandemic and transform surgical training for the future. A Special Committee of the Academy was appointed in March to address these challenges and opportunities and was charged with the following responsibilities:

- Identify major challenges that surgery residency programs, surgery faculty, and surgery residents are facing across all surgical specialties in the rapidly changing health care environment

- Define opportunities and solutions to address these challenges
- Design innovative residency training models that would be helpful in addressing the current complexities and, in the long term, transforming residency training across all surgical specialties
- Share scarce resources, provide valuable guidance, and disseminate novel educational methods and tools to positively impact surgery residency training across the surgical specialties
- Address key issues relating to governance of residency training programs and work collaboratively with national regulatory organizations to achieve the best outcomes

Three Subcommittees of the Special Committee have focused on the following domains:

- Development and implementation of surveys to obtain information from various constituent groups
- Identification and development of novel teaching and assessment methods and innovative educational resources
- Documentation and dissemination of experiences from institutions in the midst of the COVID-19 surge

The Academy's Survey Project has included development, refinement, and dissemination of a questionnaire to evaluate the impact of the COVID-19 pandemic on residency training and the response of the surgical education community.

In Phase I, the survey was sent to members of the Association of Program Directors in Surgery, Association for Surgical Education, and the Society of Surgical Chairs. Academy members were also encouraged to complete the survey. Data analysis was performed on various subsets including the specific roles of the respondents (department chair, program director, clerkship director). The Accreditation Council for Graduate Medical Education (ACGME) pandemic stages, region, and hospital size were used in the analysis.

Phase II of the project involved administering the survey to surgery subspecialty training program directors and chairs. A manuscript based on the Subcommittee's survey results has been developed and submitted to a peer-reviewed journal for consideration.

Phase III of the project involves working with a resident group to design and conduct focus groups with residents across the country. A workgroup has been assembled to oversee the implementation of the focus groups and provide guidance on resident selection, questions, and processes.

Phase IV involves the qualitative study of the pandemic's impact on medical students. The plan for the project includes four to six focus groups of fourth-year medical students. A demographic survey will be used to ascertain an aggregate description of the subjects, but not for selection.

Members of the Special Committee will be asked to share contact information for the clerkship director, liaison for the surgery interest group, or student contacts at their institutions. Once the medical student contacts have been collected through this process, the screening survey will be sent to the medical students.

Significant progress has been made in pursuing the following educational and assessment projects:

- Virtual Grand Rounds have been developed, aimed at making available to the Academy's membership and to faculty and learners important presentations and discussions by experts in surgical education through the following methods:
 1. Archived recordings of content from past ACS Clinical Congresses
 2. Inaugural Virtual Grand Rounds on "Virtual Surgical Practice and Education in the Post-COVID-19 Era" and the first Fireside Chat
 3. Curation of recorded grand rounds from across the country
- The COVID-19 pandemic has demonstrated the value of virtual technology in both patient care and surgical education. The Subcommittee is focusing on two areas:
 1. virtual interviews, which have led to an article published in the *American Journal of Surgery*, and
 2. The role of learner telemedicine

Major efforts have been undertaken to curate, review, and select valuable information regarding the experiences of institutions during the COVID-19 pandemic. These materials continue to be placed in specific categories on the Academy's new web page: <https://www.facs.org/education/academy>. The overarching goal for the web page is to serve as a resource for educators looking for innovative, cutting-edge materials. The Academy now has a listserv, which was established in May 2020 and serves as a useful communication tool for the exchange of ideas. Activity on the listserv has continued to increase. Topics on the listserv have included education responses to the increased rate of COVID-19 in more than 20 states in the nation, virtual didactics and virtual interviews in resident and fellow recruitment, virtual simulations, the role of surgical educators in promoting diversity and inclusion, and activities of the Academy including the Academy Virtual Grand Rounds and Fireside Chat Series.

A letter was sent to all international Members and Associate Members of the Academy to seek information on the challenges in residency training that have resulted from the COVID-19 pandemic and the successful solutions implemented in various countries.

Recognizing the importance of artificial intelligence and new technologies in surgical practice and surgical education, a Special Symposium on Emerging Technologies and Artificial Intelligence in Surgical Care and Education was held prior to the Annual Induction Ceremony of the Academy in October 2019.

The Steering Committee selected the 2020 cohort of new Members and Associate Members of the Academy. These individuals were inducted into the Academy at a virtual ceremony September 25, 2020.

ACS-Accredited Education Institutes

The Program for the ACS Accreditation of Education Institutes (AEIs) continues to develop new standards in simulation-based surgical education and training. This program serves as the flagship of the simulation-based education and training activities of the Division of Education. Activities of the ACS-AEIs continue to play a pivotal role in advancing simulation-based education and training, and in pursuing innovation collaboratively.

Over the past year, major progress has been made in advancing the activities of the Consortium of ACS-AEIs, a new relationship has been forged with the American Society of Anesthesiologists, and a novel program with engineers has been established.

The ACS-AEIs are continuing to explore new technologies to address the COVID-19 pandemic and other critical needs. During the COVID-19 pandemic, the ACS-AEI Consortium has made major contributions locally at the institutional and organizational levels. The ACS-AEIs have developed and implemented novel training programs during this pandemic to address the learning needs of various groups of professionals within the settings of the emergency department, operating room, and critical care units. Also, several AEIs have used three-dimensional (3D) printers to produce critical supplies, including personal protective equipment (PPE).

In an effort to disseminate vital information to the Consortium of ACS-AEIs, two well-attended webinars showcased the experiences of various AEIs and resulted in an exciting exchange of ideas. These webinars were hosted by the Division of Education and implemented under the aegis of the ACS-AEI Committee for Dissemination of Educational Resources.

The Technologies and Simulation Committee of the ACS-AEI Consortium has worked with the simulation companies to obtain information on the following resources to address various challenges resulting from the COVID-19 pandemic:

- Resources for Ventilator Management Training
- Resources for Airway Management (Intubation) Training
- Resources for Other Training—Short-term: During the crisis
- Resources for Other Training—Mid-term: Right after the crisis; Preparation for Upcoming Elective Surgeries
- Resources for Other Training—Long-term: Preparing for the Future

At present, there are 97 ACS-AEIs and 16 Accredited Simulation Fellowship Programs.

Committee on Technology-Enhanced Surgical Education

The COVID-19 pandemic has highlighted the need for further advancement of technology-enhanced surgical education against the backdrop of major advances in technology-supported patient care. A new Committee on Technology-Enhanced Surgical Education was appointed in mid-April 2020 and charged with the following tasks:

- To pursue innovative models of surgical education that are based on solid educational underpinnings and use cutting-edge technologies, including animations and simulations
- To link clinical care, technology, and surgical education to enhance outcomes of patient care
- To explore opportunities to link surgical education with emerging models of telemedicine and telehealth, and pursue telepreceptoring, teleproctoring, and telementoring
- To design new approaches to technology-enhanced surgical education that will be of benefit to all surgical specialties across the House of Surgery
- To identify opportunities to collaborate with engineers, technology experts, and others beyond the surgical profession to achieve the best outcomes

The Committee has underscored the need for innovative technology-enhanced surgical education to be based on a solid foundation of contemporary surgical education that uses well-established scientific principles based on educational theory. The Committee has embraced four areas of focus:

1. Use of new technologies to design innovative educational programs. Include animations, simulations, augmented reality, and virtual reality in such programs.
2. Pursue new online educational delivery systems to disseminate content and curate existing educational programs to link content that addresses similar domains.
3. Develop new educational programs that address use of telemedicine and telehealth and focus specifically on learner engagement
4. Pursue AI to design and implement novel educational models for personalized education and to analyze educational outcomes data

The committee has defined strategies to address these areas and is pursuing efforts to demonstrate the proof-of-concept regarding new models of technology-enhanced surgical education that focus on surgical trainees and surgical patients. This committee has the potential to catalyze major changes in surgical education that result in a positive impact across all surgical specialties within the House of Surgery.

Planning for a Virtual 2020 Clinical Congress

In view of the COVID-19 pandemic and concerns about travel and social distancing, a decision was made to convert the in-person Clinical Congress 2020 to a virtual meeting. The Virtual Clinical Congress 2020 to take place October 3–7, and ACS leadership has determined that the entire program will be offered at no cost. The program will span five days and include an array of exciting educational sessions. The sessions on Saturday October 3, and Sunday October 4, are especially designed to address the needs of surgical trainees and medical students.

On Monday, October 5, the Opening Session and the Martin Memorial Lecture are scheduled for 8:00–9:00 am Central Time and will be followed by the launch of the program across six parallel channels that will include one-hour blocks of time. The moderators and presenters have been asked to conclude each session at 55 minutes after the hour to allow a five-minute break for turnover between sessions. During the 12:00 noon–1:00 pm Central Time slot on October 5, a Symposium of the ACS Academy of Master Surgeon Educators will take place. On Tuesday October 6, two Special Sessions will be offered, and on Wednesday October 7, there will be a single Special Session. The Symposium and the Special Sessions will address timely topics focusing on the COVID-19 pandemic and activities of the ACS Task Force on Racial Issues.

The Named Lectures are spread across the three days of the meeting. The John H. Gibbon, Jr. Lecture, the Charles G. Drake History of Surgery Lecture, and the I.S. Ravdin Lecture in Basic and Surgical Sciences are scheduled for October 5. The Herand Abcarian Lecture, the Excelsior Surgical Society/Edward D. Churchill Lecture, the Scudder Oration on Trauma Lecture, and the Olga M. Jonasson, MD Lecture are scheduled for October 6. The John J. Conley Ethics and Philosophy Lecture and the Commission on Cancer Oncology Lecture are scheduled for October 7. There will be Panel Sessions on clinical and nonclinical topics during the three-day meeting. The five-day program will be available on-demand after the virtual Clinical Congress.

The Clinical Congress Program will offer more than 200 Category 1 Continuing Medical Education (CME) credits that may be claimed following participation in this five-day program or through review of the content for a period of time after these five days. The CME credits also will address a range of regulatory mandates, including state requirements for re-licensure. Such credits will address antimicrobial stewardship, cultural competency, domestic violence, end-of-life care, ethics, opioid/pain management, palliative care, and patient safety.

Advancement of innovative educational programs focusing on cognitive skills

Now in its 47th year, the *Surgical Education and Self-Assessment Program (SESAP®)* remains the premier self-assessment and guided cognitive skills education program for practicing surgeons and is a useful educational resource for surgery residents. The education and cognitive learning model of *SESAP* is especially designed to promote expertise in surgery and has been developed by the Division of Education in close collaboration with the *SESAP* Course Director.

The Division of Education introduced a totally redesigned educational model for *SESAP 17*, which has new features that further reinforce learning and support mastery of the content. For example, learners are able to highlight text and add notes, save favorite questions in customized “My Library” folders, scan flashcards to reinforce learning, compare performance with peers, and find items quickly with advanced targeted searches.

Other important features have been added to enhance the educational and clinical relevance of *SESAP 17*. The Division of Education is offering Education Credits of Excellence for the first time to those interested in achieving and demonstrating higher levels of cognitive skills. For each category, learners will have an opportunity for additional study to demonstrate a higher level of expertise in the content area.

Also, for the first time, *SESAP* content is being made available by category. Subscribers can purchase all 13 categories or select those categories most relevant to their surgical practice and learning needs, and learners can move among multiple categories without completing all the items. If all categories are not of interest, subscribers can choose from web packages with as few as three categories. Other categories can be added at any time based on surgical practice and learning needs. Participants can earn a maximum of 109 *AMA PRA Category 1 Credits™*, all of which can be used to fulfill self-assessment requirements. *SESAP 17* offers opportunities to earn Education Credits of Excellence. *SESAP* is available in web and print versions, and the web version is optimized for use on mobile devices.

An innovative addition is *SESAP 17 Advanced*, which will be released for the first time in 2020. *SESAP 17 Advanced* will feature additional in-depth content for surgeons seeking further knowledge in specific areas. Modules in abdomen and alimentary tract, breast, endocrine, surgical critical care, and trauma will address clinical problems and areas that are complex and may be ambiguous or still evolving. *SESAP 17 Advanced* also will offer Education Credits of Excellence.

The *ACS Fundamentals of Surgery Curriculum® (ACS FSC)* is a simulation-based curriculum for surgery residents that has established a new standard for cognitive simulation-based education and addresses diagnostic and patient management skills in surgery. Advanced cases are in development, with the goal of having 30 case scenarios ready by September 2021.

ACS Summit and Collaborative on Surgical Training

The **5th Annual ACS Summit on Surgical Training** was held virtually May 27–28, 2020, and focused on the impact of the COVID-19 pandemic on training across the surgical specialties. Representatives from the various certifying boards, review committees, professional societies, and program director organizations presented the challenges and opportunities from their respective specialties. Virtual small group discussions focused on how to address skills training and assessment in times of crisis; how to address required number of procedures, board and review committee requirements, and milestone achievement in times of crisis; how to address formal testing and certification in times of crisis; and how to address resident well-being in times of crisis.

The annual meeting of the **General Surgery Training Collaborative** was held virtually May 27, 2020. Progress on the following specific areas of focus were addressed:

- Resident Selection
- End-Product of Training
- Resident Attrition
- Boot Camps
- Core Training/Competency-based Education and Skills Assessment
- Assessment, Feedback, and Supervision
- Community Rotations/Continuity of Care
- Faculty Development and Support
- Career-Long Record Keeping
- Public Education and Federal Regulations
- Role of Surgeons in the Residency Accreditation Process

New professional development initiatives for medical students

The recent disruption of undergraduate medical education as a result of the COVID-19 pandemic has led to medical students experiencing difficulties in accessing the requisite guidance as they chart their professional careers and pursue their goals to enter surgical training. This is especially true of third-year medical students who are planning their fourth-year rotations, enhancing their knowledge and skills, and making decisions about interviews. The Division of Education launched the new **National Professional Development Seminar Series for Medical Students** to address this need. These webinars were well attended and well received.

A new series of **National Tutorial Seminars for Medical Students** that involves live webinars based on the ACS/ASE Medical Student Core Curriculum was recently implemented. The tutorials cover important topics in surgery for medical students in the core surgery clerkship, medical students planning to start the clerkship, and medical students who want to refresh their core knowledge after the clerkship. These tutorials are held several times a week and have been well attended and well received.

The Gold Book

Optimal Resources for Surgery Resident Training (the Gold Book) will serve as the authoritative reference for surgical education leaders to ensure educational excellence in the training of general surgery residents. It will be comprised of 15 chapters that are being written by renowned leaders in surgery resident training. This resource will include special emphasis on new technologies, animations, simulations and virtual environments in training, and assessing surgery residents.

CONTINUOUS QUALITY IMPROVEMENT

The following brief descriptions are high-level updates on the activities of the Continuous Quality Improvement (CQI) programs within the Division of Research and Optimal Patient Care (DROPC). For a more comprehensive report of CQI programs, initiatives, and sponsored activities, reference the CQI Board Report included in the BOR Agenda Book.

Quality and Safety Conference

The 2020 ACS Quality and Safety Conference (QSC) was originally scheduled for July 24–27, 2020 in Minneapolis, MN, with an expected audience of approximately 2,300 participants. Due to the COVID-19 pandemic, the ACS QSC shifted to a virtual platform on the same dates, which later were changed to August 21–24, 2020 with sessions released 8:00 am–12:00 noon CDT each day. Registration was made free of charge to further reduce barriers to participation. No fee to participate and the advantages of the virtual setting helped to reach an unprecedented global audience of more than 9,500 attendees from more than 100 countries. Early reviews have been extraordinarily positive and appreciative of the highly relevant content, the quality of the presentations, and the expertise of the speakers. The ACS received feedback from conference participants stating that they were so impressed by the virtual QSC conference that they are encouraging their teams to sign up to access the sessions. It is expected that the audience will continue to grow as registration will remain open and the conference portal will be available for viewing through at least October 31, 2020.

Content covered a wide range of topics presented in three formats; Panel Sessions, Fireside Chats, and Abstract Presentations. Each of the 62 panel sessions were approximately 50 minutes long, consisting of multiple presentations and a moderated Q&A with all speakers. Content covered the ACS Quality Programs, but also included fundamental concepts on quality improvement (QI) methods, the current COVID-19 crisis, global surgery, wellness, and quality verification/value.

The Panel Sessions included a live component where the session became available and presenters and attendees were able to engage in lively virtual chat. The 29 Fireside Chats brought together surgeon thought leaders in an interview format addressing important, timely, and wide-ranging topics. One popular Fireside Chat was Selwyn Vickers, MD, FACS, interviewed by ACS President-Elect J. Wayne Meredith, MD, FACS, which focused on diversity, disparities, equity, and inclusion. The 400-plus Abstract Presentations spanned 10 categories including Bariatric, Cancer, Collaboratives, Education, Efficiency and Value, Geriatric, Pediatric, Patient Centeredness, Surgical Potpourri, and Trauma. Abstracts also included a chat function to allow the presenter to respond to questions from attendees. In addition, ACS QSC VIRTUAL hosted 14 networking lounges where attendees could find resources and connect with ACS staff and other attendees. The 2021 ACS QSC is expected to take place July 10–13, 2021 in Denver, CO.

ACS NSQIP

The ACS National Surgical Quality Improvement Program (ACS NSQIP®) has 842 participating hospitals, with 695 participating in ACS NSQIP Adult and 147 in ACS NSQIP Pediatric. Another 25 hospitals are in various stages of the onboarding process. Sixteen percent of enrolled hospitals are international, and there is additional interest from sites in Japan, Singapore, and Taiwan. Hospitals facing challenges from the COVID-19 crisis are requesting assistance with managing participation requirements against significantly reduced surgical volumes, staff furloughs, and financial hardships. The College continues to work with sites on a case-by-case basis to support participation and to be responsive to local challenges.

ACS NSQIP collaboratives allow participating hospitals the ability to formally organize in smaller groups to share outcomes and best practices and to work on QI projects. Approximately 80 percent of ACS NSQIP Adult hospitals participate in more than 68 formally established collaboratives. Recently formed collaboratives include the ACS NSQIP GYN Collaborative for hospitals actively targeting hysterectomy/myomectomy, and/or reconstruction, and the Geisinger Surgery Institute NSQIP Collaborative. System collaboratives continue to expand as more hospital systems join ACS NSQIP. Most recently, ACS NSQIP Pediatric Collaboratives formally launched, allowing NSQIP Pediatric hospitals to form and join pediatric-focused Collaboratives.

The voluntary public reporting on **Hospital Compare** is available to domestic ACS NSQIP participating sites through a sole source contract from CMS to ACS. This CMS contract has been funded since the initial award in September 2011. The ACS NSQIP sites in this program may voluntarily publicly report three surgery-related, risk-adjusted outcomes performance measures on the Hospital Compare website. The Hospital Compare website was last refreshed July 2020, with 104 sites selecting measures to report. The next data refresh is scheduled for October 2020.

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**, 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 and then expanded into the beta phase. Review of the beta pilot data showed variability between centers in 30-day surgical outcomes, and the preliminary results for kidney and liver recipient cases also indicate the ability to profile hospitals. The beta phase has concluded; however, pilot sites were given the option to continue collecting data if they chose to do so. Two papers highlighting the value of transplant beta-phase data in quality profiling have been published. A Fireside Chat developed by transplant surgeons for the 2020 ACS QSC VIRTUAL was instrumental in maintaining the program's forward momentum.

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 the program launch in January 2017, enrollment in ACS NSQIP Pediatric has increased by 47 sites to 147 active Children's Surgery sites. Approximately 45 of these centers are in various stages of verification. As of August 2020, there are 25 Level I verified Children's Surgical Centers. Sites seeking verification are encouraged to apply, and verification site visits will be scheduled when they can be safely executed. Due to the travel restrictions and health and safety concerns resulting from the COVID-19 pandemic, and the subsequent suspension of site visits, the ACS extended the verification dates for all CSV-verified programs by one year. Before the pandemic-related suspension of site visits, 15 site visits for 2020 had been projected.

The CSV program, along with all the other verification and accreditation programs, has been trialing virtual visits since the summer of 2020 to test the feasibility and suitability of this format while ensuring high-value engagements focused on learning and sharing best practices. CSV focused visits have been conducted for sites that had previously scheduled onsite focused visits for corrective actions. Information gathered through the pilot visits will be used to refine the site visit process as necessary, with the intention to offer virtual site visits more widely in 2021.

CSV will be migrating into the unified ACS Q-Port IT platform, which will be an enhancement for hospitals and surgeon reviewers alike.

In November of 2018, CSV launched the ACS NSQIP Pediatric Antibiotic Stewardship Pilot with the intent of expanding beyond the typical morbidity and mortality outcomes provided in NSQIP Pediatric. This pilot was created as a joint effort between the ACS and the Children’s Surgery Data Committee to promote stewardship in the use of surgical antibiotic prophylaxis (SAP). Antibiotic stewardship was chosen as a focus based on the wide variation in SAP use among children’s hospitals and the increasing public health implications associated with antibiotic overuse, including antimicrobial resistance and *C. difficile*-associated colitis, among others. There are 89 centers participating in data collection for this pilot. The initial data report was sent to participating centers at the end of 2019 and showed variability across and within hospitals. A total of 70 percent of all hospitals were negative outliers with noncompliance for at least one measure, whereas 85 percent of all hospitals were positive outliers with noncompliance for at least one measure. A second report will be released this fall.

ACS NSQIP Pediatric Collaboratives officially launched this summer. ACS NSQIP collaboratives allow participating hospitals to formally organize in smaller groups to share outcomes and best practices and to work on QI projects. ACS NSQIP collaboratives allow for more specific benchmarking and reports and offer the opportunity to focus on specific procedures or outcomes, to identify QI initiatives, and to provide a forum to share and disseminate best practices. Like adult NSQIP Collaboratives, three types of collaboratives can be formed: System, State/Regional, and Virtual—procedure or outcome specific. ACS NSQIP provides each collaborative with technical support and guidance in developing data-sharing strategies, designing specialized reports, and publicizing the group’s efforts. Two ACS NSQIP Pediatric collaborative groups exist, and more are in development.

A total of 959 centers participate in the **Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)**, 845 of which are fully accredited. From October 2014 through August 2020, 1,597 site visits have been completed under the MBSAQIP Standards. A total of 66 Site Reviewers are expected to perform approximately 150 site visits in 2020—dramatically less than the typical volume as the result of COVID-19 restrictions. MBSAQIP is participating in the College-wide virtual visits pilot to assess if the format could provide an alternative to in-person visits without compromising the key elements of chart review, site tour, and interviews with hospital leaders and front-line staff.

MBSAQIP is nearly a year into its third national collaborative project, which launched in October 2019. Bariatric Surgery Targeting Opioid Prescriptions or “BSTOP” is a project focused on opioid reduction in metabolic and bariatric surgery, and the rigorous data collected throughout the project will examine providers’ practices relative to opioid use. The primary end point of this project at its conclusion in June of 2021 is to reduce opioids in both provider prescribing and patient use in the perioperative period. Preliminary data from the pre-protocol implementation versus protocol implementation phase of the project shows that the 300-plus participating hospitals have embraced the use of TAP (transversus abdominis plane) blocks (34 percent versus 49 percent) in addition to administering scheduled nonopioids while patients are in the hospital (65 percent versus 74 percent).

MBSAQIP continues to enroll centers in a patient-reported outcome (PRO) project with nearly 70 participants since the project launched in February 2019. This project will provide the first results from comparative effectiveness analyses of the two most common metabolic and bariatric procedures (gastric sleeve and gastric bypass) with patient-centered, patient-reported, one-year outcomes from data collected nationally through MBSAQIP. This information will provide both patients and providers with up-to-date robust metrics, capturing the issues that patients most care about, which will help to

inform decisions about which surgical procedure is best for them. MBSAQIP also wrapped up the final cycle of its Qualified Clinical Data Registry (QCDR) participation. MBSAQIP's six-year QCDR has afforded 100-plus surgeons per year the option to leverage MBSAQIP's data registry for the purposes of CMS Merit-based Incentive Payment System (MIPS) participation. MBSAQIP did not self-nominate for the 2020 QCDR program because the metabolic and bariatric surgery measures are topped out based on outstanding clinical performance, and the surgeons who have historically used MBSAQIP's QCDR will now be directed to use the ACS Surgeon Specific Registry as an option to participate in MIPS.

MBSAQIP has entered a new phase of collaboration with CMS; it has been selected by the Centers for Medicare & Medicaid Innovation (CMMI)'s Bundled Payment Care Initiative (BPCI) as the sole ACS registry to participate in this program. MBSAQIP, along with four other medical and surgical associations, will introduce a novel verification measure in addition to clinical measures that are collected in the data registry. CMS' recognition of ACS' role in driving quality and safety for the patients served in our various accreditation and verification programs is a significant step for the College. MBSAQIP-accredited BPCI-participating hospitals will have the opportunity to engage in Model Year 3 (calendar year 2020) and continue through Model Year 6 (calendar year 2023), which will have potential fiscally beneficial ramifications for hospitals that choose to participate. In conjunction with CMMI's BPCI team, MBSAQIP will develop educational and instructional materials to enroll hospitals in the program over the course of 2020. MBSAQIP sees the possibility of more than 150 hospitals eligible for participation in the program. This project is evidence of how the ACS Quality and Advocacy divisions are able to realize the College's core value of inclusion for both hospitals and patients.

The **Geriatric Surgery Verification (GSV) Program**, launched in July 2019 at the ACS Quality and Safety Conference, is designed to systematically improve surgical care and outcomes for the aging adult population. The 30 GSV standards (plus two optional standards) provide a framework for hospitals to continuously optimize surgical care through an interdisciplinary approach for patients ages 75 years and older undergoing inpatient surgery. The GSV Program is available to all U.S. hospitals, regardless of size, location, or teaching status. The program will prepare for the influx of older adults considering surgery with care standards that define the resources hospitals need to perform operations in this vulnerable population effectively, efficiently, and safely.

Since opening enrollment in October 2019, the GSV Program has received 17 applications across all levels of participation. There are three levels in which sites can apply: Level 1 Verification—Comprehensive Excellence, Level 2 Verification—Focused Excellence, and Commitment Level. Hospitals seeking Level 1 or Level 2 Verification must demonstrate all 30 GSV Program standards are in place through a comprehensive site visit. These visits will confirm hospitals comply with the required structure, processes, and standards of care outlined by the program. The GSV Program expects to begin site visits in the fall of 2020 and continues to accept new applications and inquiries of interest.

In July 2020, the GSV Program rolled out 14 program-specific variables, or GSV Variables, that are available to participants of Adult NSQIP that are also enrolled in the GSV Program (Level 1 or Level 2 Verification). These GSV Variables are optional to GSV Program participants and provide hospitals with an opportunity to collect key metrics, such as pre- and postoperative use of mobility aids, palliative care consult, and postoperative functional health status. In addition to the 14 GSV Variables, six geriatric-specific variables were added to Adult NSQIP in July 2020. These required geriatric-specific variables are collected by all Adult NSQIP hospitals and include history of dementia or cognitive impairment, postoperative delirium, and functional health status on discharge.

The **ACS Surgeon Specific Registry (ACS SSR™)** has a legacy of positively affecting patient care by serving the needs of individual surgeons in tracking their cases, measuring outcomes, and complying with the changing regulatory requirements. Over the course of more than a decade, the SSR has developed from the original Case Log system into a comprehensive online QI tool, which is convenient and easy to use from any computer or mobile device (iOS and Android).

Several operational reports allow surgeons to review and learn from their data. Thus far, more than 11.6 million cases have been entered in to the SSR system, with a user base of approximately 6,000 surgeons. The SSR offers helpful educational resources in its library's SSR Education Center to optimize its use.

In addition, the SSR helps individual surgeons to meet regulatory requirements. Surgeons can fulfill the Practice Improvement requirement of the American Board of Surgery (ABS) Continuous Certification Program, including the transmittal of a 12-month case log to the ABS. Further, eligible surgeons can sign up for the SSR Qualified Registry and participate in the CMS MIPS pathway of the Quality Payment Program (QPP). The SSR has been approved by CMS to provide MIPS participation through registry-based individual reporting for the 2020 Performance Year as a Qualified Registry. For the 2020 MIPS Performance Year, the SSR is supporting the Quality and Improvement Activity (IA) components. There are 74 surgically relevant IAs to choose from for attestation. The 2020 Qualified Registry–Clinical Quality Measures option comprises 15 MIPS Clinical Quality Measures (CQMs) from which to choose and provides options to general and plastic surgeons.

For the MIPS 2019 Performance Year, 142 surgeons submitted MIPS 2019 data using the SSR. Of these, 133 participated in the General Surgery Specialty Measures Set (Qualified Registry), three in the ACS Surgical Phases of Care Measures Set (Qualified Clinical Data Registry). While some individuals reported on the Quality and the IA components, six submitted IAs only.

The **ACS Quality Data Platform Project** has completed its implementation phase, in which all existing ACS quality program registries were moved to a single platform hosted by IQVIA to allow a common data entry platform, data warehouse, and advanced reporting and data visualization tools. The SSR, ACS NSQIP, ISCR, NSQIP Pediatric, and Trauma registries were all active on the Quality Data Platform by 2018. MBSAQIP launched on the new platform in January 2020, and Cancer launched in September 2020. The infrastructure is in place for all future ACS registries to be provided on the standard platform.

Another 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 any certified EHR to communicate more readily to the platform to upload surgical case data to minimize manual data abstraction. The EHR Adapter has successfully been piloted with several ACS NSQIP sites, and is being modified based on hospital feedback and the incorporation of new technologies in order to minimize the IT involvement needed by hospitals to automate data entry into the platform.

In early 2020, ACS NSQIP launched PROs in IQVIA. Since then, other ACS quality programs have begun researching how to incorporate PROs into the data platform with IQVIA, and more PRO initiatives are expected to launch in 2021.

Finally, the ACS is in the process of determining how to best capture financial data from hospitals and incorporate it into the registry to provide information on the value of care received by patients.

The **ACS COVID-19 Registry** launched in April 2020 in response to requests from ACS NSQIP participating sites to track both surgical and nonsurgical COVID-19 patients. Hospitals participating in the ACS COVID-19 Registry enter data variables covering demographics, severity predictors, admission information, hospitalization information, therapies used, and discharge information. Participating hospitals capture data on all patients ages 18 and older and are tracked from hospital admission through discharge.

Approximately 70 hospitals are already participating in the new registry, and more than 10,000 cases have been entered as of September 2020. Registry data is being evaluated on an ongoing basis to determine what reports and research data sets can be made available from the registry data.

Strong for Surgery

Strong for Surgery (S4S) continues to grow as the program is used to optimize the health of patients before surgery. More than 500 sites have now accessed the online program tool kit since its release to the public in July 2017.

The S4S toolkit offers four original checklists—Nutrition, Medication, Blood Glucose Control, and Medication, and now includes four new checklists; Delirium, Prehabilitation, Advance Directives, and Safe and Effective Pain Control.

The S4S program was enhanced this year with the development of six comprehensive checklists. Newly added topics include Chronic Disease Management, Mental Health, and Substance Abuse. S4S is recruiting new sites to pilot the first phase of the new comprehensive checklists. The first phase will allow hospitals to implement the comprehensive checklists in paper form, with the goal of having a second pilot program that will be in electronic format.

S4S continues to be an essential tool for clinicians throughout the surgical journey of patients, and as the program continues to grow, hospitals around the country and the world have expressed interest.

AHRQ Safety Program for 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 Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality 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 supporting hospitals in the implementation of evidence-based enhanced recovery pathways that promote the delivery of evidence-based perioperative care and reduce variability. Hospitals can implement enhanced recovery pathways for colorectal, orthopaedic, gynecology, and emergency general surgery patients.

ISCR will contain five anticipated cohorts, each lasting 12 months. The first cohort began in 2017 and focused on colorectal surgery. The second cohort began March 2018 and concentrated on colorectal surgery and total joint and/or hip fracture surgery. The third cohort began March 2019 and focuses on gynecologic surgery. Participants joining the third cohort also had the opportunity to join the colorectal, total joint replacement, and hip fracture options, as well. In January 2020, opioid tracking variables were added to all current and future ISCR cohorts.

The fourth and final cohort focusing on Emergency General Surgery (EGS) planned for launch in March 2020 with a concentration in appendectomy, cholecystectomy, and laparotomy surgeries. This cohort was delayed to September 2020 due to the COVID-19 pandemic. Hospitals may sign up to participate in all other ISCR surgery areas (colorectal, total joint/hip fracture, and gynecology) in addition to EGS.

The ISCR program enrolls both ACS NSQIP and non-ACS NSQIP hospitals. Several health systems have enrolled in the ISCR program to drive QI efforts throughout their member hospitals. Ongoing support to participating hospitals includes monthly coaching calls, national leader webinars, ready-to-use pathways, and access to an abundance of educational materials.

Optimal Resources for Surgical Quality and Safety

The College officially released the *Optimal Resources for Surgical Quality and Safety* or “Red Book” manual at the 2017 ACS Quality and Safety Conference, and it continues to be available for purchase through the College’s website and *amazon.com*. Additional marketing efforts for the manual are in progress to further broaden its reach and to better inform the national audience of its instructional and educational content. Nearly 10,000-plus manuals have been distributed since the initial release.

Development of adjunctive and integrated resources/standards based on the Red Book is under way, with the goal to ultimately launch the new **ACS Quality Verification Program (ACS QVP)**. Program standards and associated benchmarks of compliance and verification are being refined.

The principal areas of focus for the standards are rooted within the foundational elements of the manual and include the domains and phases of surgical care, the Surgical Quality Officer, program and committee infrastructure, peer and case review, disease-based management, and components of data capture and surveillance. The overarching goal is to assist hospitals and hospital systems to look across the House of Surgery and determine if they can find and fix problems, identify opportunities for improvement, provide standardized care, and use meaningful data.

Pilot visits began with a group of targeted hospitals in the summer of 2018 and the program continues to pilot in various hospitals as the verification elements are further refined at the individual specialty, hospital, and hospital system levels. The goal is to refine and revise the set of standards based on the findings from the pilot phase, with the aim to launch the program either through onsite or virtual site visits in the first quarter of 2021.

In early April 2020, the ACS began hearing from some of the pilot hospitals regarding their efforts to respond to the COVID-19 pandemic. Hospital leadership found that many of the core principles behind the program standards were key to their ability to effectively respond to the COVID-19 pandemic. Ongoing conversations between these hospitals and ACS leadership demonstrate how their hospital’s preparation for the ACS QVP site visit was critical to their success in responding to the pandemic, aspects of which represent valuable insights for other hospitals. The experiences of these hospitals were highlighted in multiple presentations and Fireside Chats at the 2020 ACS Quality and Safety Conference VIRTUAL.

Multiple surgical specialty organizations and surgeon groups have approached the ACS to collaborate in the **development of new specialty-specific verification programs**. The goal of all new ACS quality programs is to set standards, define the resources needed, provide data and valuable tools for QI, and supply meaningful feedback to hospitals throughout the verification process. The clinical areas of development and the leaders spearheading the charge include: high-risk gastrointestinal surgery with Dr. Fabrizio Michelassi (regent and chair of DROPC), vascular with Dr. Anton Sidawy (regent), thoracic surgery with Dr. Douglas Wood (regent), emergency general surgery with Drs. Raul Coimbra and David Spain, and rural surgery with Drs. Tyler Hughes (secretary), Michael Sarap, and Mark Puls. Other areas are in discussion. Many of the programs in development are currently conducting pilot site visits to test

the standard and verification elements with the goal of launching formal programs open to all hospitals in 2021. In light of the COVID-19 pandemic, pilot sites are currently being conducted using a virtual format, but plans are underway to offer both onsite and virtual formats for future visits.

Committees

The **Division of Research and Optimal Patient Care Committee (DROPC)** continues to focus on overarching issues and providing specific, meaningful, and achievable recommendations to enhance DROPC programs. The committee continues to focus on the strategic goals and work of each program (Cancer, CQI, and Trauma) within the DROPC division. A focus of the committee has been the task force developed to focus on the evolution and future of the Quality Programs within DROPC.

The **Committee on Perioperative Care (CPC)** provides expertise to members and the health care community on matters pertaining to perioperative care, including effective patient and surgical staff safety measures and improvements in communication and teamwork among all perioperative team members. The CPC convened its annual spring meeting in April 2020. The next meeting is scheduled for October 2020.

In response to the ongoing pandemic, the CPC is developing guidelines to revamp operations efficiently and quickly after the pandemic. The request to postpone nonurgent operations has created a backlog of cases. The CPC is tasked with continuously developing and revising guidelines to assist hospitals by prioritizing surgeries and safely reducing the number of backlogged cases in their hospital systems.

The CPC continues to work alongside the Association of periOperative Registered Nurses (AORN) to review and comment on proposed guidelines. The CPC will continue to collaborate with AORN to produce guidelines and standards that provide optimal care for the surgical patient. The following guidelines are to be drafted and reviewed in 2020:

- Laser Safety
- Pneumatic Tourniquet Safety
- Emergency Service Unit (ESU)
- Local Sedation
- Specimen Management
- Skin Antisepsis

The **Surgical Research Committee (SRC)** represents the organization in matters addressing the progress of academic surgery and the funding, content, and direction of surgical research, as it pertains to improving the care of patients. The SRC met in May 2020. The next meeting is scheduled for October 2020.

One of the main functions of the SRC is to administer the Joan L. and Julius H. Jacobson II Promising Investigator Award (JPIA). Members reviewed applications and selected Dr. Scott Michael Damrauer from the University of Pennsylvania as the recipient of the 2020 JPIA. Dr. Damrauer will be formally presented with the award, virtually, by ACS leadership at Clinical Congress.

The SRC continues its endeavor to promote surgical research in publications through its Profiles in Surgical Research project. The project is a collaborative effort with the ACS *Bulletin*, highlighting prominent surgeon-scientist members of the ACS. Additionally, the SRC developed a project to gauge

the impact of the JPIA award among recipients, and the manuscript has been accepted by the *Annals of Surgery*.

Educational opportunities

The **2020 Health Services Research Methods (HSRM) Course**, was postponed due to COVID-19 and will be held December 2021 in Chicago.

The ACS continues to provide opportunities for surgical residents to become involved with ACS Quality Programs through the **ACS Clinical Scholars in Residence Program**. The College has three Clinical Scholars in Residence. One is receiving support through The John A. Hartford Foundation for the GSV Program. Another is receiving support from the ISCR. The third has funding from his home institution and is focusing on Patient Reported Outcomes (PROs).

This year, the ACS clinical scholars program expanded to recruit and support four **Associate Fellow Scholars** for up to two years each, with fully funded fellowships under the ACS GSV program and the AHRQ PROs grant study. The goal of the associate-level fellowship is to foster the development of surgeon experts in implementing population-based quality programs, to support actual ACS GSV implementation, and to develop and implement geriatric surgical patient-centered PROs. The College provides Associate Fellow Scholars with mentorship, education, support, firsthand experience, and will learn the skills necessary to address patient safety and health care quality in the geriatric population. Ideally, at the completion of the two years, the scholar would have the tools and support to apply for grant funding in geriatric surgical care delivery and/or outcomes.

Grants

The following information is related to grants that are managed within CQI:

- The **Developing Disparities-Sensitive Surgical Quality Metrics Across the Continuum of Care** project, L.D. Britt, MD, MPH, FACS, Principal Investigator, has the overall aim of determining robust Surgical Disparities-Sensitive Metrics across the continuum of care that can be used to develop targeted interventions aimed at eradicating disparities. The four participating sub-award sites on this award are Eastern Virginia Medical School, Norfolk; Brigham and Women's Hospital, Boston, MA; University of California Los Angeles; and the National Quality Forum. The project has been extended through mid-2021.
- The **Scaling and Spreading Electronic Capture of Patient-Reported Outcomes (PROs) Using a National Surgical Quality Improvement Program (NSQIP)** project has entered into its second year. This \$1.5 million project uses NSQIP to scale routine, health information technology-enabled capture of PROs for QI to the national level in ambulatory surgery, and to leverage the NSQIP network to spread its uptake. This project is a collaboration with the University of Rochester Medical Center, NY, and Brigham and Women's Hospital.
- The Geriatric Surgery Verification Program (**GSV**) has received approval to continue to receive funding from The John A. Hartford Foundation for a sixth year. This extended time period will allow the ACS to retain a Clinical Scholar for a third year as well as to bring on two Faculty Scholars for two years.
- Numerous **proposals** were submitted for consideration on the past few months. They are all still pending responses but include two five-year proposals, both for \$1.5 million, to address surgical disparities; a one-year proposal to examples health registries for \$1 million; and a two-year proposal for \$1 million to address the surgical COVID-19 response and opportunities with the ACS Executive Leadership Team.

Trauma Programs

ATLS

The 10th edition of the **Advanced Trauma Life Support**® (ATLS®) program is now in full release, including the hybrid course and the ATLS Refresher Course. More than 3,000 courses have been offered, of which 15 percent have been the hybrid course. Several key initiatives are in progress, which are aligned with our strategic goals as an education pillar. These initiatives are as follows:

- **ATLS Flex:** Creating an ATLS course that is relevant regardless of the country or resources available in any given environment. Incorporating culturally sensitive images that represent the participants in a country, province, or state. Providing alternative options for treatment when the standard may not be available.
- **Advance Practice Providers Project:** It has become clear that advanced practice providers play an integral role in the care of the injured patient and have contributed tremendously to the growth of ATLS. We are conducting research to determine if allowing APPs to teach in ATLS is feasible. Data are being collected from several nursing organizations and will be sent for publication; analysis of the data may result in a change in the policies regarding instructors for ATLS.
- **Course Management System Launch:** In April we launched a new course management system that will provide a more streamlined process for our ATLS sites and create efficiencies for ACS staff that support the trauma education programs. It also allows us to provide more flexibility for our course to have virtual options. The next phase of the project will be optimization and migrating our other courses into the system, providing continuity and optimal data collection across programs.

Virtual engagement in trauma education

Because of COVID-19 an increased emphasis has been placed on **virtual engagement** as a strategic priority for all trauma education. We are working on several proposals for how this new virtual engagement will manifest, as follows:

- **Trauma Education Mobile App:** after providing the current 9th edition app for free, receiving more than 500 requests, coupled with the more than 300,000 downloads in 190 countries, it is apparent that the app is a valued resource for our community. It provides a quick resource that health care professionals can access at the time of care. The business proposal is being drafted to update to the 10th edition.
- **Online Education Options:** we are piloting the following models with our programs:
 - ATLS Interactive Discussion through Zoom
 - ATLS Hybrid—one day of skills in person and a half-day of virtual interactive discussions
 - ATLS Electronic Post-Test Distributions
 - TEAM-Didactics via Zoom
 - DMEP-Didactic via Zoom
 - Surgical Skills—providing procedural videos via the Learning Management System

The goal is to evaluate the results of the aforementioned options and provide new models that allow sites to decide the best choice for their participants' education needs and accommodate physical distancing requirements as a result of the pandemic.

STOP THE BLEED®

This year, the STOP THE BLEED® (STB) program unveiled a redesigned website, WWW.STOPTHEBLEED.ORG, created specifically to communicate to the general public. Details are provided in the Integrated Communications report.

STOP THE BLEED® has witnessed exponential growth globally with the ACS Committee on Trauma (COT) program identified in more than 120 countries as the premier bleeding control program. This year, STB has seen marked success with countries implementing STB country-wide. Saudi Arabia has implemented a STB program for all citizens, with STB kits being placed throughout the country to ensure access to the general public during a bleeding emergency. In addition, the European Union is creating a national program that will bring STB to all universities and public places. STB Australia will roll out in January 2021 with a plan in place to add the STB Course to the national bystander curriculum. Pakistan also launched a national campaign known as the Pakistani Lifesaver program, which integrates the principles of Stop the Bleed with bystander cardiopulmonary resuscitation (CPR).

Trauma Quality Programs

Due to COVID-19, the decision was made to take the **Trauma Quality Improvement Program (TQIP)** Annual Scientific Meeting and Training virtual this year to protect our attendees, speakers, and staff. That decision has meant a pivot in all aspects of conference program planning, including meeting format, sessions, delivery platform, and so on. The virtual conference will take place December 7-10, 2020. We have an exciting conference planned to commemorate TQIP's 10th anniversary, with a range of content focusing on performance improvement, best practices, new trauma standards, team building, and more.

In addition to concentrated education around the time of the originally scheduled TQIP conference, we are hosting monthly virtual educational offerings for all TQIP staff. Topics covered so far include how hospitals in early COVID-19 hot spots pivoted and adjusted the trauma care to ensure the safety of patients and providers, how to maintain trauma center access and care during the pandemic, and following a patient's journey through TQIP. Upcoming topics include incorporating whole blood into a center's massive transfusion protocol, TQIP data quality reports, and the fall TQIP report.

The Committee on Trauma welcomed its inaugural ACS COT Firearm Injury Prevention Clinical Scholar in Residence, Arielle Thomas, MD, a postgraduate year-2 resident from the Medical College of Wisconsin, Milwaukee. This opportunity was made possible through collaboration with ACS partner organizations: the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM), the American Association for the Surgery of Trauma (AAST), the Eastern Association for the Surgery of Trauma (EAST), the Western Trauma Association (WTA). Dr. Thomas's two-year fellowship began July 2020 in Chicago. Her primary mentors at the College include Brendan T. Campbell, MD, FACS, Chair of IPCC, and Avery Nathens, MD, FACS, TQIP Medical Director.

The ACS COT has been awarded a two-year, \$711,218 grant from the **National Collaborative for Gun Violence Research** for a multi-center, prospective study to improve understanding of the individual and community-level risk factors for nonlethal firearm injuries in the U.S. This ACS COT study is among \$7.5 million in grants announced by the Collaborative for 15 research projects that will produce evidence for improving gun policy in America.

The prospective multi-center study will use the TQIP infrastructure to develop a nationally representative dataset of predominantly nonlethal firearm injuries in an effort to better understand both individual and community-level risk factors associated with firearm injuries. A nationally

representative sample of TQIP trauma centers will be recruited to collect and submit additional data elements in the categories of demographics, patient risk factors, circumstances of injury, and early functional outcome information. To optimize data quality, a detailed data dictionary will be developed, which will be accompanied by trauma registrar training, and a rigorous data validation protocol. The collected patient data will then be linked by ZIP code to community- and neighborhood-level indices and data sources to explore the association of injury and social determinants of health.

During COVID-19, the **Verification Review Committee (VRC)** has collaborated with other ACS Accreditation/Verification programs to develop a virtual process for trauma center verification. The VRC team is approaching the end of a pilot for reverification that includes virtual visits for a level I, Pediatric, and level III centers. A phase II pilot is in the works to focus on centers that hold both Adult and Pediatric verifications, focused visits, and centers that require additional specialty reviewers. The pilot has been successful, for both the centers and the VRC, and has allowed the team to recognize areas where there is room for improvement of the original virtual plan. Scheduling for trauma center reverification virtual visits will begin soon.

The College was awarded a two-year Cooperative Agreement from the National Highway Transportation Safety Administration to lead the revision of the **Field Triage Guidelines**, last updated in 2011. A multidisciplinary expert panel will use both prehospital end-user feedback, along with a comprehensive literature review being conducted by an AHRQ Center of Excellence to guide the revision.

Content on the Acute Pain Management in Trauma Patients **Best Practices Guidelines** is complete and will be released and presented at the TQIP conference in December 2020. Content experts gathered virtually in June to officially begin work on the Best Practices Guidelines focused on spine injury. In addition, work on revisions to the Geriatric Trauma Management Guidelines began in March. Content is complete and the updated guidelines will be released and presented at the TQIP conference.

Since February 2018, the Firearm Strategy Team (FAST) Work Group, an extension of the ACS COT consisting of mostly firearm owners, has spent considerable time working to shape a constructive dialogue about firearm injury and violence prevention in the U.S. The success of FAST has highlighted the understanding that an additional perspective must be added to our efforts. As a result, a second workgroup was formed in August 2019 called **ISAVE: Improving Social determinants to Attenuate Violence**. This workgroup is addressing the root causes of health and disparate health outcomes across communities and populations.

ISAVE is a multidisciplinary group of health care providers and community advocates who have knowledge and experience in chronic diseases, including trauma, and who understand how these diseases intersect with inequity and health care disparities. This group has the capacity to articulate how the medical community can play a role in addressing the upstream causes of the downstream effects of firearm violence. ISAVE has identified priorities around the following four themes: 1) develop a nimble curriculum for trauma-informed care; 2) create a road map for investment in at-risk communities; 3) integrate social care into the trauma system; and 4) characterize the trauma center's role in advocacy around social determinants of health and equity.

ISAVE convened its first in-person meeting in December 2019 and is slated to give a panel presentation at a Special Session at the ACS Clinical Congress in October.

The **Advancing Leadership for Trauma Center Management Course** launched as a two-day, in-person preconference TQIP workshop in November 2019. There has been much interest in bringing the course

to different states and conferences for training, and a model to allow third parties to host the course is in development. Following the inaugural course, the planning workgroup met to debrief and plan revisions to content. Another course was scheduled for May 2020 but was canceled due to COVID-19. Course leadership is exploring ways to modify this course from in-person to virtual to meet student interest.

Cancer Programs

ACS Cancer Programs are meeting their strategic priorities for 2020–2021, delivering on the promise of new programs, products, and services, and responding to changes in work resulting from the COVID-19 pandemic. The Cancer Department has grown to include seven programs with the launch of the Cancer Surgery Standards Program (CSSP) on July 24. The CSSP is charged with developing and managing operative standards content, as well as implementing new digital documentation tools. Three digital synoptic operative reports (SORs) are under construction. The **Commission on Cancer (CoC)** adopted six cancer surgery standards from CSSP in 2020 and will phase in compliance with use of SORs starting in 2021. New data-specific products and services include the fall release of nearly real-time data abstraction through the National Cancer Database (NCDB)—IQVIA Rapid Cancer Reporting System (RCRS) curriculum on QI at the 2020 Quality and Safety Conference, the development of new processes and procedures to validate evidence-based quality measures, and efforts to reduce the data abstraction burden of accredited programs through STORE manual reduction activities.

The **American Joint Committee on Cancer (AJCC)** put in place processes and procedures that will transition staging material from a seven-year book publication cycle to an annual update of cancer staging standards and completed its first annual update on cervix cancer. Diagnostic staging tables have met with focus group acceptance and will be a future feature of AJCC site-specific updates to improve point-of-care access to quick reference cancer care and staging material.

All aspects of the operations within the Cancer Programs have been reviewed through the lens of customer service, resulting in numerous enhancements that have been supported by positive customer feedback.

Lastly, the seven Cancer Programs have remained relevant and effective during the pandemic, first by providing triage and guidance documents and webinars on safely managing COVID-19 patients during early COVID-19 and later by piloting virtual sites visits and developing online educational offerings, in addition to content coordination with the Quality and Safety Conference. New programs, products, and services are detailed as follows.

New programs, products, and services

The new **Cancer Surgery Standards Program (CSSP)** launched July 24 and is the seventh program within the ACS Cancer Programs. The CSSP evolved as an outgrowth of the Cancer Research Program efforts to codify operative standards based on well vetted cancer evidence. The mission of CSSP is to improve the quality of surgical care for persons with cancer and the mission is supported by three goals and three functioning committees that focus on development of the content, implementation of the digital tool, and education about the tool and content. Presently, the CSSP is focused on designing, building, piloting, and disseminating key products that support the new CoC cancer surgery standards (5.3–5.6), which includes EMR-based SORs and web-based Protocols containing a rich Knowledge Platform, with explanatory notes accessible through the SOR to assist with accurate completion of the SOR. It is

expected that EMR-based SORs and the web-based protocols will be delivered in 2021 for melanoma, colon cancer, and breast cancer.

The principal product of the CSSP is the **Electronic Medical Record (EMR)-based-SOR tool**. It is unique in that it will produce a standardized, synoptic, and comprehensive surgical report within the EMR workflow. The content of the SOR incorporates existing definitions relevant to cancer care, such as AJCC tumor, nodes, metastasis categories; surgical care, including Universal Surgical Data Elements and NCDB codes; and billing requirements for generation of Current Procedural Terminology or International Classification of Diseases codes. The SOR is being designed to be technically interoperable with EMRs and other digital platforms through SMART on FHIR. This product represents a departure from current operative report documentation practices. While EMRs are commonplace, operative reports often still are drafted in narrative form, with gaps of important elements of cancer communication reported at 30 to 50 percent. SORs fulfill an unmet need of providing a standardized approach to documenting vital cancer information and are expected to reduce communication gaps.

Another new ACS product is a web-based **Protocol and Knowledge Platform**, which supports all aspects of the EMR-based SOR, including functionalities. In addition to outlining SOR content, the protocol includes a Knowledge Platform that contains all the relevant evidence and references used to build the SOR. The Knowledge Platform also includes explanatory notes that link to the SOR and explain the content. The Knowledge Platform is designed to support new digital artifacts, including future automation capabilities for the calculation of billing codes, the generation of anatomic staging, and the reporting of clinical data to registries.

As part of the **CoC 2020 Operative Standards**, the SOR and Knowledge Platform tools are intended to improve cancer outcomes by defining and supporting CoC cancer surgery standards 5.3–5.6, clinical documentation, and interprovider communication. CoC standards 5.3–5.6 have been built on well-vetted evidence, and adherence to these standards is associated with better cancer outcomes. Without the SOR, it would be impossible to monitor adherence to these standards and improve performance over time. These products will address critical documentation and communication gaps in the literature, which repeatedly demonstrates that narrative operative reports omit up to 50 percent of important clinical information compared with synoptic reports. The primary users of the EMR-based SOR will be the estimated 15,000 CoC surgeons who participate in CoC-accredited cancer programs. In 2017, the NCDB recorded a total of 347,212 patients who underwent surgery for; melanoma (57,242), breast (228,496), and colon cancer (61,474) at CoC programs.

In 2020 the **AJCC** added the necessary processes and procedures to transition AJCC material from a seven-year publication cycle to an annual update and release of cancer staging standards. The first new version of cervix staging also has been updated and released, and breast and colon cancer updates are expected in 2021.

Also, in 2020, AJCC leadership decided to support digital products in the form of **synoptic staging reports and protocols**. These new products will ensure just-in-time and point-of-care access to this critical reference material, and this approach complies with the synoptic pathology reports and protocols supported by the College of American Pathologists; the SORs and protocols are under CSSP production.

As part of the AJCC transition toward annual updates and the use of staging protocols, the AJCC Editorial Board put forth a **new diagnostic-staging table** that displays the diagnostic and staging requirements for each cancer and the relationship between the two. The table provides a quick guide for conducting a

diagnostic evaluation and locating diagnostic tests in the record that support staging categories. Focus group feedback supports the value and utility of the table for clinicians and registrars.

The **National Cancer Database (NCDB)**, in collaboration with IQVIA, is in the pilot testing phase of the **Rapid Cancer Reporting System (RCRS)**, with the expectation of broad dissemination to CoC-accredited programs in September. The value of RCRS will be the ability of CoC programs to enter data near real-time, or at least concurrent with cancer care and therefore is designed to support quality measures and QI initiatives. Some CoC programs will be challenged to enter data concurrently because of registry backlogs and hospital registry workflow, and so the NCDB is prepared to continue with annual calls for data for the next few years to ensure that complete data cohorts are available.

Recognizing the change management required for transition from the Rapid Quality Reporting System to RCRS and the adverse impact of the pandemic on registrars, NCDB staff and the Quality Integration Committee (QIC) have taken steps toward reducing registrar data abstraction burden by reducing the number of required quality measures and STORE manual data fields in 2021. To accelerate the transition from a previous focus on long-term cancer outcomes to current interest in QI activities, the QIC planned to implement a QI curriculum at the Quality and Safety Conference.

We continue to deliver value to our **CoC, National Accreditation Program for Breast Centers (NAPBC), and National Accreditation Program for Rectal Cancer (NAPRC) accredited programs**. Although we had to cancel in-person workshops, we have successfully converted workshop content into a series of webinars so we can continue to deliver educational content to our programs. Virtual site visits have been planned for all three accreditation programs, and pilot site visits are under way. Site reviewers have been trained, and program contacts were trained in the virtual site visit plan components in September, so they are aware of this option as site reviewers begin rescheduling visits. The CoC released new standards last October, the NAPRC released new standards in July, and a complete review and revision of the NAPBC standards is in progress.

The **Clinical Research Program (CRP)** was rebranded and is now the **Cancer Research Program of the ACS and the Alliance for Clinical Trials in Oncology**. Rebranding provides an ideal opportunity to acknowledge the transition of the cancer surgery standards activities out of the CRP and into the new CSSP. The CRP will continue to generate the evidence to support cancer surgery standards and will be publishing volumes 3 and 4 of the *Operative Standards Manual*. CRP has a robust educational and clinical research agenda, which includes several grant and special study submissions.

In response to the **COVID-19 pandemic**, triage criteria documents were developed and disseminated that outlined prioritization for 10 common solid malignancies for which surgery plays a vital curative role. Acute and recovery phases of the pandemic were defined, providing context for the urgency and importance of cancer surgery prioritization. The content from the triage criteria documents was presented in six webinars covering topics from the selective management of specific cancers (breast, colon, and lung), to general management of Cancer Care Delays; What They Mean to You and Your Patients and COVID-19 Cancer Management Challenges: Using Virtual Tumor Boards. Webinars had participants ranging from 300–1,000 attendees each.

In the past year, **operational efficiency and effectiveness and customer service** have been top priorities. Many core administrative functions have been consolidated in a manner consistent with the organizational structure of the ACS including; education, meetings, communications, and accreditation support services. These transitions proved critical to introducing new technologies and supporting the

important transitions to virtual work, meetings, conferences, and surveys during the pandemic. These changes have allowed us to generate detailed and real-time feedback on what customers need from the Cancer Programs.

The Cancer Programs reported their long-range **strategic plan and priorities** to the Board of Regents in February 2020. The short- and long-term strategic priorities were developed based on a year-long landscape assessment and a series of leadership and staff retreats. Despite pandemic-related disruptions, the programs are making steady progress toward set goals, including strengthening their relationships with key partners such as the Centers for Disease Control and Prevention, National Cancer Institute-SEER Program, American Cancer Society, and others. Emphasis has been placed on understanding and delivering value to accredited programs and focus groups have enabled us to deliver on customer needs.

DIVISION OF MEMBER SERVICES

Membership demographics

The ACS has 84,012 **members**; 64,507 Fellows (55,712 US; 1,246 Canadian; and 7,549 International). Of the 64,507 Fellows; 10,221 hold senior status and 15,701 are retired (both groups are dues exempt). There are 2,820 Associate Fellows, 10,989 Resident members, 3,085 Medical Student members, and 491 Affiliate members.

This year ACS achieved a record number of **Initiates** for 2020, with a total of 2,120 Initiates from seven countries. We processed 90 percent of all 2020 Initiate applications by January 31. Overall Initiate growth continues on an upward trend, consistent with the last several years. Applications for 2021 are on track to exceed our 2020 numbers.

This year's Initiate class size is the largest since 2001. General surgery Initiates accounted for 59.76 percent of the class and all other specialties accounted for 40.24 percent.

The breakdown for gender is 27.6 percent women and 72.2 percent men. In the interest of equity and inclusion, this year we added the following non-gender specific categories - Unknown, Other, and Prefer Not to Answer. Four initiates elected to be placed under these non-gender specific categories.

Member recruitment and retention

Data mining within Aptify (CRM) has continued to yield strong results, with opportunities for recruitment among lapsed members in the Resident, Associate, and former FACS categories. In addition, marketing has been under way for nonmember surgeons who have attended meetings, purchased products from the ACS, used the ACS Surgery Career Connection, or submitted an article for publication in the *ACS Bulletin: COVID-19 Updates* to both members and nonmembers created both positive awareness and recruitment opportunities among nonmembers.

Each year, the Division of Member Services holds a staff retreat to select **staff-directed recruitment and retention projects**. In 2019–2020, this group of projects led to the targeting of several specialties for a recruitment pilot program. Meetings were held with Urology and Thoracic Surgeons. In-person follow-up (specialty meeting as recommended) has been delayed due to COVID-19. Work continues to pursue and implement recruitment strategies. With the cancellation of specialty society meetings, the ACS will test use of list purchases from targeted specialties to test recruitment opportunities.

A recruitment project this year focused on increasing the relevancy and prevalence of ACS membership within residency programs, resulting in the launch of a recruitment campaign targeting eight specialty programs as well as general surgery programs (who have not participated) to increase Resident enrollment. The 969 programs in the target list included vascular, colorectal, urology, otolaryngology, plastic surgery, orthopaedic, and general surgery programs that did not enroll their residents in previous years. The campaign will continue to reach out to the program directors and coordinators throughout the year to increase awareness about the resident benefits for members. A weekly e-mail campaign to new residents was launched and focuses on the many benefits of ACS membership. A Cross-Training initiative was created and executed to improve and accelerate the approval and renewal process for applicants for all membership categories. Another workgroup developed a targeted recruitment plan for five countries that show the strongest potential for growth.

A strategic priority for the ACS is to schedule a series of in-person meetings with the **surgical specialty** leaders. We will meet with each group to explore opportunities for strategic alignment and collaboration on key issues affecting surgeons. The first of those meetings was held with the American Urological Association in August 2019. The second was held with the Society of Thoracic Surgeons in March 2020. Future meetings with the American Academy of Orthopaedic Surgeons and the American Academy of Otolaryngology–Head and Neck Surgery are planned.

Analysis of the “date to enter surgical practice” and of board certification led to better **targeting of recruitment messaging** for Fellow applications. The analysis of board certification in late November and its subsequent target marketing yielded an additional 100 Fellow applications during a one-week extension of the Fellow deadline date in December.

Work is under way to implement a **year-round Fellow application** to accept, credential, and approve Initiates throughout the year. The single largest barrier to year-round applications has been the scheduling of in-person interviews, which most chapters limit to once per year in conjunction with their meeting; however, with the transition to virtual interviews this year because of COVID-19, there is more flexibility and willingness to conduct interviews with a wider frequency.

With a virtual 2020 Clinical Congress, Member Services anticipates a significant recruitment opportunity. Free applications will be offered to all nonmember registrants. The third annual session on how to become a Fellow will be presented by the RAS Associate Fellow Workgroup during 2020 Clinical Congress.

In September, Advisory Council members, international Governors, Regents and Officers, and Young Fellows Association (YFA) Governing Council members again were asked to assist in contacting Fellows in jeopardy of losing their Fellowship because of nonpayment of dues.

The fifth annual recognition of 25- and 50-year members will take place at Convocation. A web page has been developed that recognizes Fellows from the Convocation classes of 1970 and 1995 and includes world and ACS news from those years.

Targeted messaging was sent to the **Associate Fellows** in their sixth and final year of Associate Fellow membership, encouraging them to apply. The YFA Governing Council assisted in personally contacting these individuals.

Recruitment efforts focused on transitioning to Associate Fellow for those Resident members whose “date to enter surgical practice” was listed as 2020. As of June 2020, there were 4,763 Associates, with an additional 353 either pending or in queue for processing. June 2019 had 4,290 Associates, representing a 19.2% percent year-over-year increase.

A total of 122 institutions used the **Resident Group** Enrollment and Billing Program to facilitate the membership and payment of their Residents’ dues.

Recently graduating—using the “date to enter surgical practice”—Residents were targeted with a series of e-mails to renew (if they are continuing training) or apply for Associate Fellow status (if they are entering practice).

A new campaign has launched to showcase the ACS benefits for Resident Members. The ACS will track these Residents to determine if the campaign has a positive impact on renewals and, ultimately, Fellowship applications. Advisory Council chairs sent a recruitment message to specialty residency program directors encouraging them to enroll their residents as members. Resident representatives to the Advisory Councils have been asked to find time at their resident program’s annual meeting to share information about and encourage membership in ACS.

Using the “projected date of entry to residency” field in Aptify, graduating **medical students** were targeted to transition to Resident membership.

In collaboration with the ACS Resident and Associate Society Global Surgery Working Group, Global Surgery Student Alliance, and the International Student Surgical Network, the Division of Member Services hosted a special interest session at the 2019 Clinical Congress for students interested in **global surgery**. The session included information on how to get involved in global surgery and breakout groups with surgeon leaders in the field.

A new foundation category has been established to increase efforts towards engaging students in **Surgery Interest Groups** (SIGs); the groups continue to submit success stories of their work on campus for publication in the e-newsletter, and the SIG online directory continues to grow.

The quarterly Medical Students News e-newsletter highlights opportunities and medical student initiatives throughout ACS.

An updated medical student trivia game has been developed for use by student members, ACS chapters, and SIGs.

The Medical Student Online Community is led by a team of medical student administrators and allows medical students to discuss issues that matter most to them and connect with Fellows and Resident members. These students assist with developing topics for the quarterly RAS-ACS Hangout Sessions.

Creation of a new **Affiliate Member** certificate is under way. Targeted recruitment messaging was sent to potential Affiliate Members registered for the Quality and Safety Conference and Clinical Congress. Monthly messaging also is sent to nonmember, potential Affiliates who have purchased products.

The work environment for surgery is changing as more surgeons transition to employed status. As this trend continues, it will be incumbent upon ACS to develop alternative membership models that increase

the value proposition for the institutions employing our surgeon members. To this end, ACS is developing an **institutional membership model** that increases membership across the surgical specialties and delivers additional value to the institutions. The institutional membership program would initially be targeted at organizations with more than 500 practicing surgeons to facilitate centralized management of ACS memberships. The most likely types of institutions would be university or academic medical centers, for-profit hospitals or health systems, or managed care organizations.

Both Fellow and non-Fellow application analysts were engaged in a **cross-training plan** in fiscal year 2020. A processing procedure manual was created, which includes the Fellow dues and status transactions and the group billing and enrollment system. Now that the cross-training is complete, we are moving to the next step, creating views to enable the analysts to see only the applications they are responsible for cross-processing. The non-Fellow staff will see only the Fellowship applications for the states they will process. The Fellow staff will see only non-Fellow applicants whose last name starts with the letter of the alphabet they are responsible for processing. The team will process applications “first-in, first-out” (FIFO) by date, which will get us closer to an overall FIFO processing procedure that will expedite the processing of applications and allow more effective communication with applicants. This ensures optimal use of time and resources and moves us closer to implementing a “first-in, first-out” application-processing methodology.

With the shift to a virtual Clinical Congress, the Division of Member Services is working with the Clinical Congress Organizing Committee and Convention and Meetings staff to explore new opportunities for **digital member engagement**. Initiatives for the 2020 virtual Clinical Congress include a walking/running Wellness Challenge, a virtual Convocation ceremony, a New Fellow welcome packet, and a virtual Board of Governors awards ceremony.

Member Services support requests via e-mail and phone have increased in the following areas:

- Login assistance for *SESAP* as surgeons who perform elective surgeries are using the downtime to earn CME.
 - A review of March 1–April 16, 2020, *SESAP* sales compared with the same time period in 2019 showed 790 orders in 2020 versus 196 in 2019. Approximately 90 percent are members; however, the other 10 percent are nonmembers and have been targeted for recruitment.
- There has been a noticeable increase in both ex-FACS and ex-Residents asking to rejoin.
- Communications from members requesting login information to pay dues have increased.
- There has been a noticeable increase in members reviewing their profiles and wanting to add board certification and/or education.

An analysis of active, dues-paying Fellows examined **geographic trends**, including regional analysis, to understand areas of membership growth. Regionally, ACS is realizing membership growth for active, dues-paying Fellows in all regions, with Africa, Asia-Pacific, and the Middle East regions experiencing double-digit growth. A regional analysis identified countries that realized the greatest growth and those in which there is a plateau or decline in membership. (Please note, these data do not include 2020 Initiates.) We are conducting additional outreach in Africa to recruit Fellows. In the Asia-Pacific region (APAC), the greatest gain in the number of Fellows was in Bangladesh, Pakistan, and Indonesia. Growth in the number of Fellows in Europe was 4 percent. Similar to Europe, growth in Latin America was 3 percent. In the Middle East region, growth was at 7 percent, and the greatest gains in this region came from Bahrain, Egypt, and United Arab Emirates.

These data were used to understand growth opportunities and more effectively target recruitment and retention messaging and will be shared with international Chapter Leaders and Governors at Clinical Congress so they can promote the message of Fellowship as a lifelong commitment to ensure retention and to recruit new members.

Due to the 2020 pandemic, Fellows' membership terminations for nonpayment of dues are suspended until October 2021. Analysis shows that Latin America, Asia-Pacific (APAC), and the Middle East lead all other areas in **delinquent dues**. A concerted retention effort in FY21 will be focused on these areas.

Chapters

ACS chapters work in conjunction with the College to provide members with additional benefits, such as the opportunity to network with surgical peers locally, to participate in advocacy activities at the state and federal levels, and to conveniently attend educational meetings with CME, to name just a few. Chapter Services provides guidance and assistance in these areas to the College's 115 chapters, which includes 65 in the U.S. three in Canada, and 47 overseas.

The **Ontario Chapter** was chartered by the Board of Regents in February 2020, joining the Alberta and Manitoba Chapters as the third chapter in Canada. Chapter Services will continue to facilitate the steady growth of ACS chapters across the globe so that members can experience the benefits of networking, educational programming, and mentoring of young surgeons and students.

One of the important requirements of all ACS chapters is to complete an **Annual Report** of activities during the previous year. The Annual Report enables chapters to highlight their accomplishments and success stories, while identifying areas where they may benefit from further support.

The 2019 Annual Report captured information about the efforts of chapters in the following areas: administration and management, membership recruitment and retention, communications, chapter finances, educational programming and events, and advocacy (domestic chapters only).

The leadership of each chapter received a personalized report with suggested areas of focus that compared their responses to the chapter aggregate. The suggested areas of focus have enhanced many of the metrics that are collected. For the third year in a row, Chapter Services received a 100 percent response rate from all domestic and international chapters. The high completion rate has allowed Chapter Services to benchmark and identify improvement in many of the aforementioned areas.

Based on the data collected from the Annual Reports, Chapter Services continues to clarify chapter expectations and requirements, works with them to define their value proposition, and develops marketing tools and templates to enhance member communications. The Annual Reports also drive Chapter Services' outreach and consistent touchpoints with chapters through phone calls, meetings, and e-mails.

The fourth annual **Chapter Officer Leadership Program** was cancelled because of COVID-19. The program is designed for domestic chapter officers and provides the skills to help chapters build sustainable success through strong volunteer leadership. The program is being reimaged as a series of virtual sessions until in-person meetings are possible again.

The **Leadership & Advocacy Summit** also was cancelled due to COVID-19. The meeting is an opportunity for three chapters to share success stories from the previous year. The North Carolina, Florida, and

Tennessee Chapters were chosen and will have the opportunity to present at the 2021 Leadership & Advocacy Summit.

International Governors and Chapter Officers met during the 2019 Clinical Congress in San Francisco to hear about ACS international data and trends; get updates from ACS international committees, workgroups, and regions; discuss chapter engagement with young surgeons; and to share resources, best practices, and success stories.

More than 80-chapter leaders attended the popular **Chapter Speed Networking** event at Clinical Congress in San Francisco. A virtual event in lieu of Chapter Speed Networking will take place around Clinical Congress 2020.

Approximately 20 **Chapter Executive Directors** attended a one-day “Learning Event” in Chicago December 9. The meeting provided attendees with updates from across the College and tools and resources to bring back to their chapters. Topics that were covered included Meeting Insights and Trends, Best Practices for Archiving Chapter History, Engaging Medical Students, and a legal update.

Chapter Services continues to develop new resources to help chapters with their **recruitment and retention** strategies. These include:

- *A Join Your Local ACS Chapter Today!* video was recorded by Patricia L. Turner, MD, MBA, FACS, Director, Division of Member Services, and can be viewed on YouTube
- An updated online recruitment toolbox to assist chapters with recruiting ACS members to join their chapters and non-ACS members to join the College. The toolbox includes brochures, e-mail templates, and recruitment tips to help chapters recruit Fellows, Initiates, Associate Fellows, Residents, and Medical Students
- A branded PowerPoint slide for chapters to use in developing recruitment materials.
- A list of Initiates residing in their area along with a sample congratulatory recruitment letter.
- A list of Associate Fellows in their area with a template letter to encourage Associate Fellows to apply for Fellowship before the December 1st deadline
- A list of Fellows with multiple years of dues in arrears, to encourage them to reinstate their membership
- The Find a Chapter webpage, one of the portals for members to learn more about each chapter. The page includes information about leadership, upcoming meetings, and how to join, drawing attention to chapters as an important member benefit

The Board of Governors **Chapter Activities Domestic Workgroup** serves as an advocate for ACS chapters. The 22-person workgroup assists chapters to implement and promote College programs to carry out the College’s mission at the state, territorial, and provincial level. The workgroup meets via conference calls throughout the year and twice a year in-person (2020 being the exception). Each member volunteers for one of the following subgroups, which are based on the workgroup’s objectives:

- **Member Recruitment Grant Program:** The \$25,000 program will offer small grants to chapters to help with recruitment activities. This subgroup will help develop the criteria for the program and review submissions

- Recruiting and retaining chapter members: This subgroup will develop best practices, value propositions, marketing templates, and so on, to promote the benefits of chapter membership to nonmembers
- Annual reporting of chapter activities: This subgroup will analyze the data from the 2019 annual report and develop new questions for 2020
- Events that support and inform chapter leaders: This subgroup will serve as consultants and speakers at events such as the Chapter Leadership Program and new virtual offerings
- Engagement of YFA and RAS members: This subgroup will continue to encourage chapters to engage young Fellows, Associate Fellows, and Resident members

The Board of Governors **Chapter Activities International Workgroup** serves as an advocate for ACS international chapters. The 37-person workgroup encourages activities that provide fellowship and collegial support for International Fellows and members and new international chapters. The workgroup meets via conference call throughout the year and during a face-to-face meeting held at Clinical Congress. Members are assigned to various subgroups based on the workgroup's objectives for the year. The current subgroups include the following:

- The Chapter Annual Report Subgroup will help analyze the data received from 2019 reports and make recommendations for the 2020 Annual Report
- The Communication's Subgroup will focus on communication best practices for chapters, including increasing the use of social media and ACS Communities within international chapters
- The International Observerships/Fellowships Opportunities Subgroup will identify educational observerships/fellowships outside the U.S. that are available for surgeons and determine how best to disseminate those opportunities

Chapters were affected by **COVID-19**, with many forced to cancel annual meetings and lobby days. Chapters Services has continued to provide resources to chapters during the pandemic, as follows:

- Chapters were asked to share examples of COVID-19-related activities that they have implemented
- The Executive Director of the Florida Chapter delivered a virtual presentation on how the chapter transitioned to a virtual annual meeting.
- A teleconference with Chapter Executives to discuss COVID-19 and the impact on chapters was held March 25
- As part of the "COVID-19: Surgeons Toolkit for Discussions with Patients," additional resources were developed with the Division of Integrated Communications to help chapter leaders communicate with patients about how hospitals are ensuring a safe surgical experience
- All COVID-19-related resources and information developed by the ACS have been shared with chapters. Chapters are encouraged to repurpose this content in newsletters, on websites, and on social media platforms
- We sent an early survey (March 10) to international chapters regarding the status of chapter and national meetings, travel and other restrictions by institutions and governments, and any additional important information.
- With global travel restrictions in place and the ACS limiting travel of leadership based on financial considerations, we reached out to chapters to determine if leadership talks and engagement can be done virtually to ensure our continued presence/engagement at international events, minimize cost, and try new platforms

- International chapter leaders were encouraged to share their COVID-19 experiences in a video (or written report) for inclusion in the online *ACS Bulletin: COVID-19 Updates*
- Messages were sent to international chapter leaders informing them of the COVID-19 resources

Board of Governors

The members of the ACS Board of Governors (B/G) serve as an official, direct communications link between the Board of Regents (B/R) and the Fellows. The ACS has 294 Governors: 157 Governors At-Large representing each U.S. state and Canadian province and territory; 88 specialty society Governors; and 49 international Governors.

Governors' responsibilities include the following:

Attend meetings and events, as follows:

- Attend the Leadership & Advocacy Summit
- Participate in Clinical Congress
- Attend chapter or specialty society meetings

Communicate across all strata of the College

- Provide bidirectional communication between the B/G and constituents
- Provide reports to their chapter or specialty society
- Welcome new Initiates/Fellows
- Promote ACS Fellowship in state and specialty societies

Participate in B/G activities

- Actively participate in at least one B/G Workgroup
- Complete the Annual Survey
- Participate in local Committee on Applicants meetings and interviews
- Be an active participant in the Board of Governors Online Community

The **B/G Executive Committee** held three virtual strategic retreats to discuss key priorities this year:

- Realignment of B/G Workgroups
- Increased collaboration with Advisory Councils (Pillar level, etc.)
- Inclusion of Regents on Pillars/Workgroups
- Specialty society involvement/increased integration
- Specialty society audit discussion
- Succession planning for B/G Pillars
- Nominating Committee of the Board of Governors selection

To further collaboration and discussion of these important topics, invited guests included ACS President Valerie W. Rusch, MD, FACS, the Chair of the Advisory Councils for Surgical Specialties John H. Stewart IV, MD, FACS, and several members of the Board of Regents.

The Executive Committee hosted a **New Governor Orientation** session in December to help incoming Governors better understand their roles and duties and how best to augment their experience. In June,

the Governors Alumni Program (GAP) was launched to further maximize the knowledge and enthusiasm former Governors have for the College. GAP was established to provide an opportunity for former Governors to remain actively involved with the College and assist in activities such as membership recruitment and retention efforts, outreach to chapters and specialty societies, and mentoring new Governors. The Program has more than 50 members and additional activities are planned in the upcoming months.

Pillars and Workgroups

The B/G is structured around five Pillars and 13 Workgroups. The Governors' contributions to these Workgroups result in the development of resources for Fellows. Following is an update on the activities of the B/G Pillars and their respective Workgroups.

Advocacy and Health Policy Pillar

The Advocacy and Health Policy Pillar focuses on health care legislation and regulation at the local, state, and national levels, working closely with the ACS Division of Advocacy and Health Policy. The Pillar is conducting a three-year review of Clinical Congress advocacy session proposals to further help focus submissions for the future.

The **Health Policy and Advocacy Workgroup** advances issues that ACS members have at the state or specialty society level by maximizing the relationship with College leadership in response to these regulatory and legislative initiatives. Another important role of the workgroup is to collaborate with ACS leadership, including the Regents, to ensure that Fellows' perspectives are used to formulate College policies and positions. A collaborative session on Firearm Violence and Children is planned for Clinical Congress 2020.

The **Grassroots Advocacy Engagement Workgroup** focuses efforts to enhance bidirectional communication between ACS leadership and Fellows regarding important legislative and regulatory issues that affect surgical patients, surgeons and their practices, and society.

The workgroup has implemented the semi-annual distribution of *SurgeonsPAC* individual giving sheets to Governors to promote participation. The workgroup also continues to promote the expansion of the "Stop the Bleed" program at the state legislative level, as well as increased grassroots level engagement via the Advocate at Home program and chapter activities such as lobby days and advocacy presentations. For Clinical Congress 2020, the workgroup developed a collaborative session, Will a Surgeon Be There? The Worsening Shortage in the U.S. Surgical Workforce, and a late-breaker session on Advocating for Disaster Preparedness: Leadership, Workforce, Communication.

Governors serve on the following health policy and advocacy-related ACS committees:

- ACSPA-*SurgeonsPAC* (ACS Professional Association Political Action Committee)
- General Surgery Coding and Reimbursement Committee
- Health Policy and Advocacy Group
- Health Policy Advisory Council
- Legislative Committee

Communications Pillar

The Communications Pillar is a conduit for bidirectional communication between the Regents and the Fellows. The Pillar participated in joint meetings with members of the Advisory Councils, Resident and

Associate Society, and Young Fellows Association, collaborating on shared communication interests and efforts. The Pillar continues to focus on ways to improve the integration and engagement of specialty society Governors through communication efforts and other opportunities.

The **Newsletter Workgroup** is restructuring the delivery mechanism for *The Cutting Edge: News and Notes from the Board of Governors* to more effectively communicate with Governors, Regents, and Fellows to promote B/G activities and improve transparency and awareness of College activities. Workgroup members shared posts in ACS Communities to emphasize the important resources found in the *Bulletin* and the ACS website, as well as to provide firsthand experiences and local community updates.

The **Survey Workgroup** published the results of the 2019 B/G Annual Survey in several formats over the last year, including three articles in the *Bulletin*. The 2020 survey results on evolving surgical practice trends and needs, peer review, the COVID-19 pandemic, and surgeons retaining control in the surgical environment are being analyzed. Session proposals for Clinical Congress 2021 were developed to further promote awareness of survey data.

Education Pillar

As a result of the work of the Governors on the Education Pillar Workgroups, ACS has advanced a number of initiatives this past year.

The members of the **Continuing Education Workgroup** collaborated with the ACS Division of Education for several purposes, including establishing quality learning objectives and concierge education offerings; developing a national survey on state and continuous certification; ACS efforts complementing ABS Continuous Certification; education and QI collaboration initiatives; and enhancing Clinical Congress evaluations. Several session proposals also were submitted for Clinical Congress 2021.

The **Patient Education Workgroup** collaborated with the Division of Education by reviewing several possible patient education offerings members could use with their patients, including a video on COVID-19 and exploring new methods to support surgeons with access and delivery of patient education materials. Several joint sessions are planned for Clinical Congress 2020 on end-of-life care and optimizing healing at home.

The **Surgical Training Workgroup** developed a survey on mortality and morbidity (M&M) conferences to determine format differences throughout the U.S. and to better understand if the differences have an impact on the overall educational value of M&M conferences. The workgroup will present a panel session on Recruiting, Incentivizing, and Promotion of Different Generations and Diverse Workforce at Clinical Congress 2020. The workgroup also developed session proposals for Clinical Congress 2021 on the impact of upcoming changes in USMLE testing on the residency application process and the impact of COVID-19 on surgical training.

Member Services Pillar

The Member Services Pillar continues to strengthen both domestic and international chapters by updating and developing resources, using a chapter performance metric, surveying all the chapters about their activities and needs, and providing best practices and strategies for chapter operations and activities. Additional outreach was undertaken to increase applications for this year's Surgical Volunteerism and Humanitarian Awards.

The **Chapter Activities Domestic Workgroup** continues to focus on capturing the health of domestic chapters and implementing important initiatives. The workgroup has been divided into five subcommittees to further these efforts:

- Recruiting and Retaining Chapter Members
- Annual Reporting of Chapter Activities
- Events Supporting and Informing Chapter Leaders
- Engagement of YFA and RAS Members
- Member Recruitment Grant Program

The **Chapter Activities International Workgroup** continues to advocate for ACS international chapters by assisting chapters in implementing and promoting ACS programs. To further streamline the workgroup's efforts, objectives have been divided among three subgroups:

- Channel Annual Report
- Communications
- International Observerships/Fellowships Opportunities

International Governors have been asked to assist in several other areas, including providing COVID-19 guidelines from their respective countries; recording short videos sharing their experiences dealing with the COVID-19 pandemic; submitting ideas for the Special Cases Panel for Clinical Congress 2020; as well as submitting topics for Clinical Congress 2021.

The members of the **Surgical Volunteerism and Humanitarian Awards Workgroup** conducted outreach through ACS Communities, the *Bulletin*, military Governors, and Advisory Councils to further increase awareness of the awards. The workgroup has selected three recipients who were presented to the B/G Executive Committee for approval. The award recipients will be honored at the B/G Awards Program at Clinical Congress 2020.

Quality, Research, and Optimal Patient Care Pillar

The Quality Pillar focuses on efforts to ensure that Fellows are able to provide the best care to surgical patients. The Pillar developed several Late-Breaker sessions for Clinical Congress 2020 on the impact of COVID-19 on surgeons and their ability to deliver high-quality care during a pandemic.

The **Best Practices Workgroup** continues to create guidelines developed from peer-reviewed best practices on topics relevant to the surgical community and to patient care. A paper on Perioperative Pain Management after Ambulatory Abdominal Surgery—ACS [and SAGES] Consensus Recommendations was submitted to *JACS*.

The workgroup is working on a systematic review on perioperative nutrition with ACS Clinical Scholar Brian Brajcich, MD, and completed a draft manuscript on how to disseminate and implement an evidence-based guideline. Other efforts have focused on reviewing various *Evidence-Based Decisions in Surgery* modules throughout the year.

The **Physician Competency and Health Workgroup** promotes the maintenance of physical and mental wellness in Fellows and addresses surgical competency issues. A review of the 2016 ACS Statement on the Aging Surgeon is under way.

The **Surgical Care Delivery Workgroup** has developed collaborative sessions for Clinical Congress and has submitted proposals on the topics of telemedicine, COVID-19, and workforce issues for Clinical Congress 2021.

The **Committee to Study the Fiscal Affairs of the College**, chaired by Mika N. Sinanan, MD, PhD, FACS, B/G Secretary, continues to review and monitor the fiscal health of the College.

B/G initiatives during the COVID-19 Pandemic focused on the following efforts to help Governors and their constituents:

Outreach

- Communication was sent to Governors to encourage bidirectional communication with their constituents, including a message sent from the B/G Chair, Dr. Turner, and B/G Manager to Governors to encourage them to share ACS communication resources on COVID-19 and provide feedback to leadership on how the College can better serve their respective constituents
- Several Governors have reached out to their constituents via Chapter updates
- Several Governors have provided first-hand experiences in the *ACS Bulletin: COVID-19 Updates* and the ACS communities
- The B/G Executive Committee contributed to an article in *JACS* on the College's response to COVID-19

Communication

- The B/G Executive Committee and several international Governors recorded videos for the *ACS Bulletin: COVID-19 Updates* newsletter
- The B/G Newsletter Workgroup scheduled a series of posts in the ACS communities to give firsthand experiences of hard-hit areas, promote awareness of the College's *ACS Bulletin: COVID-19 Updates* newsletter and resources, and give local community updates
- The B/G Executive Committee contributed to an article in *JACS* on the College's response to COVID-19

Education

- The B/G Quality Pillar and the B/G Advocacy Pillar had several Late-Breaker sessions approved for Clinical Congress 2020:
 - Advocating for Disaster Preparedness: Leadership, Workforce, Communication
 - Strategies for Management of ARDS: What Have We Learned from the COVID-19 Experience
 - Well-Being Challenges During Crises: Preparing for the Next Pandemic
- The B/G Surgical Training Workgroup submitted a Late-Breaker session on Strategizing Surgical Education Utilizing Virtual Platforms and Social Distancing
- Governors recorded videos to congratulate medical students on their completion of medical school and to welcome them to surgical residencies

Advocacy/practice impact efforts

- Governors were encouraged to share their practice story on Surgeon's Voice
- The B/G Survey Workgroup included questions related to COVID-19, such as the impact of telemedicine and practice pattern disruptions, in the 2020 Annual Governors Survey
- International Governors shared clinical guidelines from their countries

Advisory Councils

The ACS has 14 Advisory Councils (A/Cs). John H. Stewart IV, MD, FACS, Chair of the A/C for General Surgery, serves as Chair of the A/C Chairs. Every ACS specialty membership category is now represented by a specialty Advisory Council.

The Advisory Councils addressed a number of items this year. They assisted with review of expert witness testimony for the Central Judiciary Committee, nominated members for boards and specialty review committees, recommended members to represent the ACS on specialty guidelines writing and review panels, and provided input to specialty society guidelines.

Advisory Councils submitted 134 proposals for panel sessions for Clinical Congress 2021. Additionally, the Advisory Council Chair sent electronic communications to specialty colleagues, highlighting 2020 Clinical Congress programming and encouraging attendance.

The A/C's continue to produce electronic newsletters to communicate with specialty colleagues on ACS activities and specialty-specific issues and programming. A/Cs also contributed content highlighting activities from their specialty for the weekly *Bulletin Brief*.

A/C Chairs and Regents communicated with non-ACS specialty program directors to encourage them to enroll their residents for ACS membership.

The A/C Pillars and B/G Pillars now hold joint meetings at the Leadership and Advocacy Summit and Clinical Congress and continue to collaborate on efforts.

The A/C for Rural Surgery, along with the ACS, is developing a verification program to address the specific needs of surgery programs within rural hospitals. This program recently began pilot site visits to test the standards and verification process. Upon completion of the program pilot, the A/C intends to offer the program to all interested rural hospitals.

A/C Initiatives during the COVID-19 pandemic included the following:

- A/C Chairs were requested to record a personal message regarding the COVID-19 pandemic. Dr. Stewart, Chair of the A/C Chairs, submitted a video, which was included in an issue of the *ACS Bulletin: COVID-19 Updates* e-newsletter
- All A/C members were encouraged to record and submit a brief congratulatory video for RAS-sponsored virtual medical student graduation
- A/C summer e-newsletters included links to ACS guidelines and resources regarding COVID-19
- Academy of Master Surgeon Educators/Division of Education requested contact information for surgical specialty program directors. Listings from Member Services used for various projects, in addition to listings of program directors from the ACGME website, were shared with Academy and Education staff

Young Fellows Association

The Young Fellows Association (YFA) remains active in its mission to represent the interests and concerns of young Fellows while promoting active participation and input from this demographic to support ACS activities. The work of the YFA is accomplished through the efforts of its workgroups and special project committees.

The **YFA Advocacy and Issues Workgroup** has an annual essay contest that encourages written expressions and discussion around an issue of importance. This year the theme was Advocating for Young Surgeons Across the Aisle and Eric Grossman, MD, FACS, won a \$500 cash prize. The workgroup annually presents a breakfast at the Leadership & Advocacy Summit focused on helping to educate young Fellows about health policy priorities, obtain helpful tools and resources, and take action on legislative issues of importance to surgeons and surgical patients. This year we also worked to improve the lactation facilities and availability at future in-person meetings of both Clinical Congress and the Leadership and Advocacy Summit, in hopes that improved lactation rooms will enable young fellows and RAS members who are breastfeeding to attend ACS events and feel supported through their breastfeeding journey.

The **Communications Workgroup** continues to publish newsletters, collaborate with RAS on webinars for the Grand Rounds Webinar Series, and post on the ACS Communities and on social media. This multi-faceted approach has successfully updated members on ACS priorities and in sharing YFA activities with members.

The workgroup held an annual essay contest with the topic of Transitioning to Mid-Practice as a Surgeon. Sameh Said, MD, FACS, won this year with his essay titled, "Trust me, I've been doing this for a while," which was published in the October the *Bulletin*.

Additionally, the newsletter has been working to highlight Young Fellows of the ACS in different ways, most notably with an essay on a professional topic or by sharing a unique experience. In this way, we are engaging more members in the mission of the YFA and showing the diversity within our membership.

The **Education Workgroup** is responsible for the development, proposal, and execution of educational programs at Clinical Congress and other ACS programs, including the promotion of scholarly activity as a career development opportunity for YFA members in their practices and within the College. The group has reached out to the YFA demographic to enhance the breadth of their proposals and has collaborated with numerous other committees within the College to sponsor joint sessions for the Clinical Congress.

The YFA Speaker's Bureau continues to promote YFA members as experts in their selected areas and to initiate speaking opportunities. There are 38 sessions housed on the YFA Speaker's Bureau. The presentation titles are arranged alphabetically according to identified topics and keywords. Learning objectives also are included in the listings, which can be accessed through the YFA website as individuals and groups seek presenters for various meetings and events.

The YFA Education Committee is corresponding with committees of the College to discuss survey considerations to evaluate educational and career developments for its members. YFA Education Member and YFA Governing Council member Chris DuCoin, MD, FACS, who also serves as the YFA liaison to the Board of Governors Survey Workgroup, is working with this workgroup and staff to prepare and execute a survey to YFA leadership. The results of YFA leaders' responses will be compared to B/G and A/C members' responses to further our understanding of the young fellows' distinct needs.

This workgroup is writing a Graduation Resident Primer, which will cover preparation considerations for the next steps in a career in surgery in the private practice setting. Led by Issam Koleilat, MD, FACS, the overall goal is to produce readable and digestible content on finding a job.

The **Member Services Workgroup** has two primary functions: to identify ways to recruit and retain new members of the ACS and to evaluate and manage nominations of YFA members to ACS Committees. The workgroup continues to assist with retention of Associate Fellows by encouraging them to convert to Fellowship and plans to participate for the third year with the RAS to present a session during Clinical Congress 2020: *Why Should I Become FACS and How Do I Do it?* This session highlights the benefits of becoming a FACS and provides the nuts and bolts of how to do it. The number of Associate Fellows applying for Fellowship continues to increase year over year and this trajectory can, in part, be attributed to this session.

This workgroup continues to reach out quarterly to ACS Chapter young surgeon liaisons, hosting a phone “Hangout” led by the Domestic Chapter Liaison from YFA and RAS. This Hangout aims to share best practices and ideas and to offer support and encouragement of young surgeon leaders.

Other efforts of the workgroup are internally focused and include work on the YFA bylaws to provide clarity and transparency. Part of the transparency involves the selection of YFA liaisons and the election of leadership. The YFA Chair-Elect and Nominations Committee Chair held a phone Hangout with RAS in May, discussing *How to Prepare a Successful Liaison Application*. More than 50 young surgeons attended the event, asked questions, and learned how to prepare a successful liaison application, which resulted in 17 applications for the two open YFA liaison positions: the ACS Committee on Diversity and the ACS International Relations Committee.

Three new liaison positions were placed on the newly formed ACS Clinical Research Program, with subgroups in the areas of Breast, Colon, and Melanoma. Following a competitive application process, YFA appointed Chantal Reyna, MD, FACS; Terry Nickerson, MD, FACS; and Emmanuel Gabriel, MD, FACS, to these workgroups. Ten Liaison positions on the ACS A/Cs, B/G Workgroups, and ACS standing committees received recommendation for a second term by their chair and accepted.

For the third consecutive year, the YFA Chair-Elect was elected by a vote of the entire membership. Amalia Stefanou, MD, FACS, was elected by majority vote and will be presented to the Board of Regents for consideration as YFA Chair-Elect.

The workgroup also focused on diversifying the members serving as leaders on the Governing Council, broadening our reach by selecting four candidates for the Board of Regents’ approval. The candidates’ diversification attributes for this year’s slate include type of practice diversity (rural and military practice settings are now represented) as well as specialty diversity—the underrepresented specialty, ophthalmic surgery, is now represented—and our geographic diversity extends to Canada.

In early 2019, a taskforce for diversity and equity was initiated by then Chair Robert Winfield, MD, FACS. This group meets regularly to create initiatives to enhance the awareness of these issues. Several societies are included in this workgroup. They are working on a white paper speaking to the equity in health care for young surgeons.

The **Mentoring Workgroup** continues to run two successful mentoring programs. Young surgeons and established ACS surgeons mentor Residents and Associate Fellows during a one-hour Speed Mentoring program at Clinical Congress. The YFA Annual Mentor Program is in its sixth year, producing 10 triad relationships with established surgeons, Young Fellows, and Associate Fellows, who work during the year to identify and meet goals that produce written papers, oral presentations, or assigned leadership

positions within the ACS. This year, the mentoring program is working to transform the in-person meetings to Zoom or FaceTime meetings.

The **Quality Workgroup** is working with Clifford Ko, MD, MS, MSHS, FACS, Director, ACS Division of Research and Optimal Patient Care, and the Quality Programs Division to create a Future Quality Leaders program. The group has put this program on hold for now because of budgetary constraints.

YFA initiatives during the COVID-19 Pandemic involved the following actions:

- Sent a letter to constituents outlining the College's responses to clinical issues during COVID-19 and shared mechanisms for surgeons to share their own COVID-related stories
- Developed and compiled videos about working during the pandemic in different areas of the world
- Collaborated with RAS to survey residents in training and young surgeons in practice about their experiences personally, clinically, and educationally during COVID-19
- Participated with other ACS leaders on bi-weekly calls to produce the COVID-19 newsletter and now the *Bulletin Brief*
- Increased their use of Twitter during the COVID-19 pandemic to share information that our surgeons need during these demanding and stressful times

Resident and Associate Society

The Resident and Associate Society (RAS-ACS) serves to familiarize resident members with ACS programs and provides an avenue for participation in ACS affairs, fosters development and use of leadership skills, and provides opportunities for the opinions and concerns of young surgeons and trainees to be heard by the ACS.

The **RAS-ACS Advocacy and Issues Committee** selected "Resident Unionization: The Future or Deterioration of Our Profession?" as the Symposium topic for this year. Surgical residents submitted essays on the role of resident unionization as a tool for resident advocacy. The essay winners, Sriram Rangarajan, MD, and Brooke Bredbeck, MD, will share their views on the topic. The session will be moderated by Susan Adelman, MD, FACS, with additional speakers Justin Dimick, MD, FACS, and Jon Potts, MD, FACS. We look forward to offering the Symposium in a virtual format to the ACS and RAS community in the fall as a part of the Resident Day Program at Clinical Congress.

The committee's **monthly conference calls** cover many hot topics related to advocacy and current issues in health care policy. Division of Advocacy and Health Policy staff regularly join calls to provide updates on topics such as physician reimbursement, adaptations in medical care delivery and physician protection during COVID-19, surprise medical billing, firearms, and more. The committee has actively participated in these discussions and activities. RAS liaisons to the Health Policy and Advocacy Group, Health Policy and Advocacy Council, and ACSPA-*Surgeons*PAC provide regular updates on the efforts of the various committees. Workgroups are formed following meeting discussions and address important issues to young surgeons by creating podcasts, papers, and manuscripts in areas including national firearm injury, payment for graduate medical education, diversity in surgical trial participants, resident experience during COVID-19, and opioid education.

This year, writing a manuscript to support the chosen theme of Diversity, Equity, and Inclusion for the **resident-focused *Bulletin*** issue, the Advocacy and Issues committee compiled a piece centering on diversity and inclusion in surgical leadership. The committee also authored the introductory article to

the 2020 RAS Symposium on the topic of resident unionization and a compelling piece on the role of opioid education in resident training.

Tyler Loftus, MD, won the 2020 **RAS Communications Committee** Essay Contest and was awarded a \$500 cash prize. The theme was “Surgeon vs. Machine: Evaluating the Role of Artificial Intelligence and Innovative Technology in Surgery”, and Dr. Loftus’s essay was selected from eight submissions. His essay will be published in an upcoming issue of the *Bulletin*.

Each year, the RAS Communications Committee selects a theme for a resident-focused issue of the *Bulletin* and coordinates efforts among all five RAS standing committees to produce articles written by RAS residents and fellows for publication. The topic is chosen after discussion among the committee members and a consensus vote. The topic chosen this year is Diversity, Equity, and Inclusion, and all five standing RAS committees submitted essays.

The **Social Media Subcommittee** established the RAS Facebook page in August 2015 to enhance connections among followers through a broad range of posts with links to the ACS Website, *Bulletin* articles, information for upcoming RAS Webinars, RAS Hangouts, weekly RAS committee conference calls, posts about surgical conferences and meetings, and articles of interest for Residents and Fellows. The subcommittee also manages the RAS Twitter feed.

The committee has continued to offer information about engagement opportunities and involvement in RAS and ACS activities, highlighting individual members and encouraging written commentary through our monthly newsletter. Our “Humans of RAS” op-ed style series continues to engage written pieces from Residents, Associate Fellows, and even Fellows of the College. Themes this year have included Holidays in the Hospital, Love in the Time of Residency, and Dear Intern.

The Journal Club continues to discuss *JACS* articles quarterly on Twitter. Authors are invited to attend the discussion and many ACS members and nonmembers discuss these topics for one week on Twitter. Topics in 2019–2020 included Impact of Surgical Residents on In-Patient Testing in Surgery; Clinically Competent and Fiscally at Risk: Impact of Debt and Financial Parameters on the Surgical Resident; Harman’s Procedure vs. Primary Anastomosis with Diverting Loop Ileostomy for Acute Diverticulitis; and The Rapid Response of an Academic Surgical Department to the COVID-19 Pandemic.

During **RAS-ACS Education Committee** monthly calls, members present and lead a discussion on an educational article, either published in the surgical community or personal research. Topics have included feedback techniques, sleep habits of surgical trainees, and physiologic coping strategies in the time of COVID-19. Additionally, the group has several subcommittees that meet outside of the monthly meeting to work on projects of interest (further discussed later in this report), including Surgical Jeopardy, *So You Think You Can Operate?* Skills Competition, Behind the Knife Journal Cast Videos, and #QuarantineSurgEd COVID-19 Curriculum. During each call, the subcommittee chairs provide a brief overview of their subcommittees, the status of current projects, and make a call for any interested participants.

Each year the committee provides the College with a bank of Jeopardy-style questions for creation of the yearly ACS Clinical Congress Jeopardy competition. During each call, committee members present self-created questions based on a previously selected topic and try to stump the participants. Due to the conversion of ACS Clinical Congress 2020 to a virtual format, focus this year has been on finalizing questions for two pre-assembled Jeopardy games that individual chapters may use to sponsor their own

local Surgical Jeopardy competition. Additionally, the committee has worked to create and expand a new ACS Clinical Congress Jeopardy Question database.

After completion of the third successful *So You Think You Can Operate?* The RAS-ACS Surgical Skills Competition (SYTYCO) at Clinical Congress in 2019, this subcommittee created and designed nine new surgical skills stations in anticipation of Clinical Congress 2020, including tests of technical, cognitive, and communication skills such as Trauma: IV Access Crisis, Laparoscopic Perfection, and Bronchoscopy Simulation. As always, the competition has continued to require minimal financial support as most equipment is donated through supporting vendors. The competition also reached out and created connections at local ACS-AEI accredited simulation centers in Congress host cities to further sustain this competition and reduce reliance on industry donations. With the transition of the Clinical Congress to a virtual format, the skills competition will be unable to transition, but the subcommittee is developing a virtual skills showcase that will still allow for continued engagement and Twitter-based competition in a video/social media based format. Additionally, the committee is working to repurpose prior SYTYCO stations into chapter game format for use at future ACS chapter meetings.

In conjunction with the Behind the Knife podcast team, the RAS Education Subcommittee has assisted with the creation of an online journal club, named a “journal cast.” The journal cast consists of 5-minute YouTube videos that review seminal papers in general surgery and related subspecialties. These videos provide an overview of key papers and studies arguably every surgical resident should be aware of in a condensed, yet critical review of the primary literature.

The committee authored and submitted the article “Promoting diversity, equity and inclusion in the surgical learning environment” for the annual resident-focus *Bulletin* this year covering the theme of Diversity and Inclusion.

The **RAS-ACS Membership Committee** hosts the International Exchange Scholarship Program for Residents and Associate Fellows. The program was started in 2011 and now coordinates exchanges with four countries: Australia/New Zealand, Ireland, Greece, and Kuwait. The U.S.-based travelers are chosen through a competitive application process that includes a 500-word essay.

Out of the 15 submissions this year, four scholars were selected to travel. This will be deferred until 2021 due to the COVID-19 travel bans. The following scholars were selected:

- Dr. Rebecca Williams Karnesky (Univ. of New Mexico)—to Australia
- Dr. Victoria Purvis (Univ. of Tennessee Health Science Center)—to Ireland
- Dr. Anthony J. DeSantis (Univ. of South Florida)—to Kuwait
- Dr. Konstantinos Chouliaras (Rosswell Park Cancer Institute)—to Greece

Every year, committee members reach out to lapsed members via e-mail to encourage them to renew their ACS membership, and members serve as contact people/navigators to help lapsed members get involved with the College and RAS-ACS. Feedback from this year’s effort prompted credentials staff to implement a process to regularly remove e-mails that bounce back.

The Membership Committee offers Hangouts, an open-call format that allows participants to freely ask questions or simply listen and absorb the different viewpoints. The topics vary monthly, and the volume of participants varies depending on the subject. Most topics are summarized and posted on the ACS Communities. The *GoToWebinar* platform is used so attendees can register and be provided with the

dial-in number without having to publicly post the phone number; this platform also allows for follow-up surveys to be sent after the call to get additional topic ideas and to evaluate the session.

A Membership Spotlight initiative highlights members weekly on social media channels and monthly in the RAS-ACS newsletters to show the diversity of RAS-ACS and the human side of our various leaders and members.

The RAS *Bulletin* topic this year focused on Diversity and Inclusion, prompting the committee to write about “Increasing membership diversity in surgical societies through intentional inclusivity,” which discusses the ways professional societies can increase diversity within surgery.

The **RAS-ACS Executive Committee** organized three sessions for the Quality and Safety Conference on leadership, Resident QI projects, and a panel on diversity, equity, and inclusion.

The issues with the General Surgery board exam this year afforded an opportunity for RAS to advocate for our members. We are soliciting applications for RAS-ACS representatives to the ABS-convened committee responsible for addressing the issues this year.

Connected to Operation Giving Back through liaisons to OGB subcommittees, the **Global Surgery Workgroup** connects members to domestic and international service opportunities and people. The group meets quarterly and has produced several Hangout discussions with ACS members working in the global space. They have proposed sessions for Clinical Congress 2021 and are working on a project where a RAS member is paired with an international resident to collaborate on a research project, with the aim of informal networking and peer mentoring across the globe. The group has formalized a needs assessment survey that has been proposed to the RAS Executive Committee for consideration. Members of the group have contributed experience pieces to the Resident edition of the RAS e-newsletter.

The **RAS Associate Fellow Committee** continues to host the Grand Rounds Webinar Series on timely, career-focused topics for surgeons entering private or academic practice. More than 60 webinars are hosted on the ACS Website for members only.

For the third year, this committee organized the “Why Should I Become FACS and How Do I Do It?” seminar and is working to convert the seminar to a virtual format for 2020.

In collaboration with Continuous Quality Improvement team, RAS-ACS helped design a two-year Geriatric QI Fellowship. Applications were solicited and the top two candidates identified.

Four committee members teamed up to write an article for the annual RAS edition of the *ACS Bulletin*: “Diversity, Equity and Inclusion of Patients: Equal Access to Surgical Care and Outcomes”. Additionally, several members worked with a YFA workgroup to produce a “Job Primer” for graduating residents and fellows. The committee is publishing a separate monthly newsletter for Associate Fellows, and recently named a newsletter editor. The newsletter will be supplemented with social media posts.

RAS initiatives related to COVID include the following activities:

- The RAS Education Committee designed, created, and implemented a 15-week virtual general surgery education curriculum. Starting in mid-March, each week a prepackaged collection that included selected SCORE modules to guide topic content, faculty-created topic-specific video

lectures, and reviews of landmark journal articles from the field were shared before the one-hour video/voice-based call, in which a committee member presented a flipped classroom-style lecture. Weekly participation ranged from 40 to more than 140 callers, with member-sourced YouTube videos garnering up to 400 views before each weekly live session. The committee is in the process of creating a manuscript of the content with the plan to eventually submit it to a peer-reviewed academic journal. The committee was invited to share this project at the 2020 ACS Quality conference

- The Advocacy and Issues Committee organized two national Hangout sessions to provide a forum for residents to discuss the implications of the pandemic on resident training, from transitioning to virtual fellowship and job interviews to changes in boards scheduling. The talks resulted in interest in better understanding the effects of the pandemic on the resident experience. A COVID-19 Task Force was formed within the committee in April, which has since compiled a survey for the RAS membership to assess the effects of the pandemic on residents' clinical, educational, and personal experiences, in hopes of informing future residency modifications amidst the fluctuating intensity of the COVID-19 pandemic
- Take a breath/decompress Hangout sessions from the Membership Committee were held weekly in the early stages of the pandemic to provide members a safe space to discuss current events, changes to scheduling, education, and the different ways hospitals and residency programs were handling their response to the pandemic

Operation Giving Back

The mission of Operation Giving Back (OGB) is to leverage the passion, skills, and humanitarian ethos of the surgical community to effectively meet the needs of the medically underserved.

OGB's Domestic Subcommittee remains active in identifying domestic volunteer opportunities for surgeons. The Health Career Collaborative, which provides mentorship, engaging health curriculum, and exposure to health careers to high school students from low-income, underrepresented minority communities, has expanded into 17 cities, 26 medical schools, and 30 high schools across the U.S. During the pandemic, OGB developed a survey and registry to recruit volunteers for states and cities where the pandemic has created major health care professional shortages. The database has a running list of surgeons and other health care professionals and acts as a comprehensive resource relating to needs per states. It also has links to hotels and airlines which provide free support.

OGB's International Subcommittee has been pivotal in the creation of the inaugural ACS-COSECESA Surgical Training Hub at Hawassa University in Ethiopia. In total, 28 U.S. surgeons from the consortium surgical departments have dedicated more than \$440,000 worth of hours volunteering on site. Five training courses were administered and several activities were implemented, including the introduction of morbidity and mortality (M&M) conferences, FAST (focused assessment with sonography in trauma) ultrasound training, laparoscopic surgery training with successful 1st laparoscopic cholecystectomy, improvement of basic infection control protocols, and others. As the work at Hawassa University continues, plans are under way to establish a second surgical training hub in the COSECESA region. The Barbra Lee Bass, MD, Global Outreach Fund was established, and funds will be allocated towards international activities.

OGB's Advocacy Subcommittee continues to advocate for resources, attention, and support for surgical care of the underserved at national and international levels. This fiscal year, OGB strengthened its relationship with the Division of Advocacy. A 2021 appropriations request was sent to the U.S. House of Representatives encouraging USAID to consider treatment, and recommended that the USAID

Administrator spend no less than \$50 million to expand access to surgical care to address neglected surgical conditions such as cleft lip and cleft palate, club foot, cataracts, hernias, fistulas, and untreated traumatic injuries in underserved areas in developing countries. The subcommittee continues to engage USAID and NIH/Fogarty in research and other potential funded fellowship programs.

OGB's Education Subcommittee had six sessions approved for Clinical Congress 2020. A total of 24 proposals were submitted to the Program Committee for Clinical Congress 2021 consideration. This subcommittee is in the early stages of exploring the possibility of online delivery of a global health didactic course for surgeons. Cognitive and Systems Skills course participants who attended the course between 2016 and 2019 are being surveyed to assess whether they have used any of the skills and resources from the course in their work. The survey results will be used to improve the course. The ACS ADPS Surgical Skills course was made available for the Hawassa University residents.

OGB and the Association of Women Surgeons Foundation (AWSF) were able to provide additional support to increase the enrollment of women in surgical training in the COSECSA region. By providing an additional \$500 per candidate, registration fees for 11 women surgical trainees who passed their membership examination in December 2018 were able to continue training in their chosen surgical specialty. A total of 25 scholars have been impacted by the program since its inception in 2017.

OGB prepared two sessions for the **2020 ACS Quality and Safety Conference VIRTUAL**. The first, Quality Initiatives in Low-Resource Settings, discussed lessons learned from implementation of the QI processes in the context of low-resource settings. The second, Surgical Quality Datasets and Research in Global Surgery, provided an opportunity to discuss current best practices in low-resource settings with a focus on clinical research.

When Hurricane Dorian hit on August 1, 2019, OGB analyzed companies that could facilitate **disaster relief efforts** and came across Medical Bridges, a not-for-profit whose mission is to bridge the health care gap worldwide by procuring and distributing medical equipment and supplies to underserved communities.

Along with a generous contribution from Rotary District 5890 Greater Houston Area, OGB and Medical Bridges facilitated the transfer of medical supplies and equipment to the Bahamas. As a result, the items were packed into one maritime, 40-foot ocean-freight container and two Texas Aggie Medical Clinics that were shipped to the Bahamas Ministry of Health. Each was filled with an estimated value of \$50,000 worth of medical supplies and technology; the Texas Aggie Medical Clinics were converted into fully functional medical clinics.

OGB's **volunteer database** continues to grow. To date, there are 83 registered partner organizations providing volunteerism opportunities and 890 registered volunteer surgeons.

OGB has undertaken several new initiatives since the start of the COVID-19 pandemic. A volunteerism section of the COVID-19 webpage was created, which involved components such as a letter of intention drafted by OGB Medical Director Girma Tefera, MD, FACS, and edited/approved by Dr. Turner, MD, FACS and ACS Executive Director David Hoyt, MD, FACS; an OGB Survey Form for collecting information about available volunteers and identifying their skill sets; and a section consisting of state resources relating to state calls for action and changes in health care legislation during the crisis.

OGB and the International Relations Committee hosted a webinar, Surgical Leadership during Crisis Situations. It featured talks on important aspects of crisis readiness for surgeons to consider during a pandemic. A panel of experts convened from the College of Surgeons of East, Central and Southern Africa (COSECSA), Royal College of Surgeons in Ireland (RCSI), West African College of Surgeons (WACS), and ACS Chapter Leaders, representing nearly every continent. A total of 451 attendees from 67 countries were present throughout the 1.5-hour opportunity.

Military Health System Strategic Partnership (MHSSPACS)

The National Defense Authorization Act (NDAA) of 2017 requires all major Military Treatment Facilities (MTF) to participate in their regional civilian **trauma system** or to partner with a civilian trauma center in order to provide military trauma surgeons and trauma teams with experience in trauma care such that they will always be prepared for deployment. While participation in the local system will be driven by regional needs, the establishment of military-civilian partnerships (MCP) addresses readiness needs while also expanding trauma care for the thousands of civilians who have no access to a major trauma center. Funding for MCP is provided by the Mission Zero Act passed by Congress in June 2019. Unfortunately, at least as this report is being prepared, the funds for Mission Zero have not yet been appropriated.

In preparation, however, MHSSPACS brought together military and civilian surgeons and created the **Blue Book** outlining the criteria for selecting and evaluating MCP that wish to apply for the appropriated funds. The *Blue Book* has been widely supported by the Defense Health Board, the Defense Health Agency, as well as by the U.S. Secretary of Defense. The importance of establishing and maintaining MCP was the subject of a Congressional Brief provided by leaders of the MHSSPACS.

The briefing was well received by congressional aides from both the House and the Senate as well as both political parties and endorsed by Rep. Michael Burgess (R-TX), who introduced the original Mission Zero bill. (See also the *ACS Bulletin*, March 1, 2020.)

As part of the readiness mission, MHSSPACS has helped to foster the **development of knowledge points and skill sets** required for both the expeditionary general surgeon and the deploying trauma surgeon. Subject matter experts working with a highly experienced psychometrician developed the general surgery exam, which has been delivered electronically to 200 military surgeons. The exam has proven content validity in that it can distinguish between a novice and an experienced military surgeon. A similar type of process was used to develop a comprehensive examination for deploying military trauma surgeons, which will be ready for beta testing later this fall. To evaluate competency in surgical skills, the ACS/COT ASSET course serves as the base, with new procedures added for austere environments (such as orthopaedics, neurosurgical, ophthalmology, obstetrics). This so-called ASSET-plus two-day course uses perfused cadavers and high-fidelity simulators and a 1:1 student to faculty ratio. To date, it has been provided for military surgeons five times at various locations, with excellent reviews by both students and faculty. Finally, in areas where a student has an identified knowledge gap or for just-in-time review, an aligned multimedia, modular curriculum is in the final stages of development with assistance from the ACS trauma staff and will be made accessible on the ACS website.

The well-attended **Military Surgical Quality Consortium** annual meeting was held in December 2019 in Chicago. One area of focus this year is on “burnout” and how it affects the quality of care that a surgical team delivers.

The **Military Quality Collaborative** includes participation in NSQIP and the sharing of best practices in

areas unique to the military, such as rapid turnover of staff and prolonged deployments interrupting garrison surgical practice. Several MTF have been recognized as top performers in NSQIP. Col. Peter Learn, MD, FACS, USAF, served as the first author on a recent publication outlining the establishment of the Consortium: Learn PA, Mullen MJ, Saldinger PF, et al: "A collaborative to evaluate and improve the quality of surgical care delivered by the Military Health System" (*Health Affairs* 2019; 38:1313-1320). A few MTF have undergone Quality Consultation or Site Visits using the ACS Quality Red Book as a guide and many others are awaiting such visits once travel restrictions are lifted.

The MHSSPACS is a formal member of **CNTR (Coalition for National Trauma Research)** represented by the MHSSPACS Medical Director, M. Margaret Knudson, MD, FACS. Dr. Knudson is the principal investigator on a multicenter Department of Defense (DoD)-funded grant focusing on the risk factors for development and prevention of post-traumatic pulmonary emboli. She also serves on the steering committee at the National Institutes of Health, developing protocols for the treatment of patients with COVID-19 with a focus on their clotting disorders. In line with the MHSSPACS activities in trauma training, she is working with other UCSF faculty on a DoD grant that would incorporate virtual reality in preparing surgeons and emergency medicine providers for the initial care of injured patients. This grant, if funded, would include military residents at USUHS and at the University of California Davis (Air Force).

The President of the **Excelsior Surgical Society** this year is Captain Gordon Wisbach, MD, FACS, MC, USN. In addition to the annual Military Symposium held in conjunction with the Clinical Congress, the Society hosts monthly teleconferences and has a number of very active committees, including membership, diversity and inclusion, program, outreach, and research. Members also participate in a special section of the Surgical Forum for research performed by military surgeons and select the annual Excelsior Churchill Lecturer. The Society now has 347 total members including active, associate, distinguished, and honorary categories.

Last year was a banner year for the MHSSPACS at the **Clinical Congress**. Colonel (Ret.) Mark Bowyer, MD, FACS, USAF, delivered the annual John Pryor Lecture during the Excelsior Symposium titled Bridge Over Troubled Waters: Trials, Tribulations, Triumphs and Training. The Edward D. Churchill Lecture was provided by Steven D. Schwaitzberg, MD, FACS, who focused on the history of blood transfusions in an address titled Blood and the Moving Wheels of History.

VADM (Ret.) Raquel Bono, MD, FACS, USN, who was a member of the MHSSPACS original steering committee, was awarded the Mary Walker Edwards Inspiring Women Award at the Convocation.

Additionally, Col. (Ret.) Norman Rich, MD, FACS, USA, received the first Distinguished Military Lifetime Contribution Award in recognition of his lifelong devotion to the care of combat casualties and for his innovative work on wartime vascular injuries. Dr. Rich is the only remaining member (honorary) of the original Excelsior Surgical Society and a generous contributor to the ACS Foundation.

Finally, Dr. Knudson delivered the 2019 Scudder Oration on Trauma titled "A Perfect Storm" (Knudson MM. A Perfect Storm: The 2019 Scudder Oration on Trauma [*JACS* 2020; 230:269-282]).

As in almost every aspect of the world, **the pandemic impacted the work plans of the MHSSPACS** and delayed our efforts to establish new MCP and to evaluate existing MCP using the *Blue Book* criteria. However, when military tents were being deployed to assist in COVID-19 response in New York City and the Navy hospital ships *Comfort* and *Mercy* were sent to Los Angeles and to New York, we saw an opportunity to utilize the *Blue Book* to assist in managing these new and temporary MCP. Guidance was

provided in the form of a publication that was fast-tracked in *JAMA Surgery*: Knudson MM, Elster E, Jacobs LM. How to Partner with the Military in Responding to Pandemics: A Blueprint for Success (*JAMA Surg* 2020; 155:548-549). With permission from Dr. Hoyt, we made the *Blue Book* available for download from the ACS website, and since then it has been accessed nearly 300 times by surgeons from around the world.

Committees

The **Women in Surgery Committee** (WiSC), led by Susan Pories, MD, FACS, Chair, and Barbara Levy, MD, FACS, Vice-Chair, conducts its work through the efforts of the following six subcommittees: Structure, Mission & Communications; Awards; Program; Mentorship Program; Personal Empowerment; and International.

The Structure, Mission & Communications Subcommittee reviews applications for new committee members and administers the Women Surgeons Online Community, which has more than 5,300 members. New this year, the Structure, Mission & Communications Subcommittee developed a plan to begin posting meeting synopses of the WiSC Committee and Subcommittees meetings on the Women Surgeons Online Community to increase their external communication about the work. The WiSC Subcommittee continues to develop programming to support women surgeons throughout their career through an annual leadership seminar for women that is conducted at the ACS Leadership & Advocacy Summit.

The Awards Subcommittee works to nominate accomplished women surgeons for leadership roles in the ACS, for Honorary Fellowships, and for other awards on an annual basis. They also select and award the Dr. Mary Edwards Walker Award, which was first presented in 2016. The 2020 recipient is Susan Miller Briggs, MD, MPH, FACS, associate professor of surgery at Harvard Medical School (HMS) and Affiliate Faculty in the Department of Global Health and Social Medicine Program in Global Surgery at HMS. Named in 2018 as the Carmella R. and Steven C. Kletjian Endowed Chair in Global Surgery, Dr. Briggs has actively helped recruit and hire mid-level women physicians and serves as a strong academic mentor for the next steps in promotion. As Chair, her role is to advance first-rate patient care, research, and education in global surgery. The Mary Edwards Walker Award recognizes a Fellow of ACS who has demonstrated a commitment to the advancement and inspiration of women in surgery.

The WiSC Program Subcommittee manages the development and subsequent submission of Clinical Congress Programming from the committee. The Program Subcommittee also identifies the annual Dr. Olga M. Jonasson Lecturer at the Clinical Congress. The 2020 lecturer is Kimberly Bryant, CEO of Black Girls CODE, speaking on the Seen and Unseen Digital Divide in Health Care and the Workplace.

The WiSC Mentorship Program Subcommittee has been active since 2013, pairing women surgeons (mentor and mentee) for one-year relationships to address topics such as career development, research goals, work-life balance, practice development, and leadership development. The current program includes 24 pairs who met at the 2019 Clinical Congress and work together throughout the year. In 2020, 15 pairs will participate. In addition to the 1:1 meetings in 2020, mentors and mentees will have the opportunity to participate in quarterly cohort virtual programming facilitated by the Mentorship Subcommittee.

The WiSC Personal Empowerment Subcommittee developed a College statement on lactation. The statement is in the review process for submission to ACS leadership to adopt as a formal statement. The subcommittee also developed a College statement on bullying, harassment, and discrimination. To

accompany this statement, the subcommittee is finalizing the toolkit on the subject. The toolkit contains educational information, resources, and teaching modules on bullying, harassment, and discrimination and will be added to the FACS.org website upon completion.

The WiSC International Subcommittee is exploring opportunities to develop international networking and mentoring programs. As a pilot initiative, the International Subcommittee is partnering with the ACS International Relations Committee's International Fellowship Subcommittee to host a webinar on the HeForShe Movement among surgeons. The goals are to raise awareness of the HeForShe movement among international colleagues, including different countries' Governors and Chapter leaders; offer action steps for gender equity for institutions and programs; provide resources for the mentoring of women surgeons; and recognize HeForShe champions.

The WiSC Committee continues to develop programming to support women surgeons throughout their leadership journey through an annual leadership seminar for women presented at the ACS Leadership & Advocacy Summit. The 2020 seminar was postponed because of COVID-19. The committee plans to transition the 2020 training to 2021.

The WiSC submitted three Clinical Congress 2020 late-breaking sessions focused on COVID-19, the mental health of surgeons, and childcare challenges of surgeons and cosponsored the intimate partner violence (IPV)/COVID-19 session.

This past year the **Committee on Diversity Issues (CoDI)**, chaired by Amelia Grover, MD, FACS, updated the ACS Statement on Diversity, which is used by all ACS committees to ensure diversity among membership and leadership. In addition, the committee regularly supports programming at the Clinical Congress on topics of diversity and cultural competency.

The ACS Website continues to host resources to support surgeons with challenges they may face with diversity and cultural issues, including Needs Assessment Tools, Cultural Competency at Work Resources, Recognizing Implicit Bias, and Creating Diverse Surgical Teams.

CoDI continues with their Profiles in Diversity project to spotlight ACS Fellows who have overcome adversity or created or led diversity initiatives within their institutions. They have interviewed Julie Freischlag, MD, FACS, and Carlos Pellegrini, MD, FACS, FRCSI (Hon), FRCSEd (Hon), FWACS(Hon). Because of COVID-19, the committee decided to postpone the March–July 2020 Profiles in Diversity interviews and plans to resume interviews in August 2020.

CoDI co-sponsored a late-breaking Clinical Congress 2020 session focused on Well-Being Challenges during a Pandemic.

An **Intimate Partner Violence Task Force** was formed in January 2018 by Dr. Bass and Dr. Turner to raise awareness of the incidence of 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.

IPV Task Force accomplishments in 2019–2020 include articles in the October 2020 issue of the ACS *Bulletin* raising awareness of this issue and timed during Domestic Violence Awareness month;

submission of an IPV session proposal to the AAMC's Group on Women in Medicine and Science (GWIMS) Safe and Inclusive Environments Task Force; submission of a Meet-the-Expert session on Interventions in the Professional Workforce to the Program Committee for Clinical Congress 2020; the addition of institutional policy examples on the IPV resources page; and inclusion of IPV resources in several issues of the *ACS Bulletin: COVID-19 Updates* newsletter.

The IPV Task Force undertook the following initiatives during the pandemic: released two COVID-19 *Bulletin* articles with resources; updated the website with specific IPV COVID-19 resources; researched and filtered COVID-19 related IPV content; and submitted a Clinical Congress 2020 late-breaking session focused on IPV and COVID-19.

The **Central Judiciary Committee (CJC)** has reviewed 17 new cases this year covering issues such as unprofessional conduct; criminal sexual offenses; improper delegation of surgical responsibilities to unqualified technicians; failing to meet the standard of care; participating in patient care while under the influence of controlled substances; treatment that deviated from the standard of care; disregard for surgical risk management protocols that ensure patient safety; providing expert witness testimony in a medical malpractice lawsuit that failed to meet the ACS guidelines; and limitation of the right to practice medicine by a state medical board. The CJC has made 12 recommendations to the Board of Regents for disciplinary actions in the past year.

The mission of the **International Relations Committee (IRC)** is "to spread the College's mission globally and guide its international engagement." Its' activities seek to attract and involve international Fellows and surgeons in the activities of the College. The IRC accomplishes this goal through the activities of its several subcommittees, as follows.

Annually, a focus of the **Education, Quality & Communications Subcommittee** is the development of session proposals for Clinical Congress. This year, the subcommittee sent 26 panel proposals to the Clinical Congress Program Committee, collaborating with other ACS committees to create inclusive proposals with a truly global perspective.

In addition, the subcommittee is committed to ensuring that session panels reflect the diversity of Clinical Congress. To this end, the subcommittee annually sends a database of international subject matter experts for the Program Committee to use for identifying speakers.

The subcommittee also oversaw selection of awardees for the 2020 International Chapter Opportunity Program. One of the ACS' most successful international initiatives, the program provides financial support for chapters to host a local educational course. This year, the Bangladesh Chapter and Bolivia Chapter were selected as awardees. The Bangladesh Chapter plans to host the Comprehensive Approach to Learning Safe Minimal Access Surgery: A Multidisciplinary Endo-Laparoscopic Surgery Training Course in November, and the Bolivia Chapter will host Advanced Safe Surgery Laparoscopic Training Program—A Minimally-Invasive Surgery Didactic Symposium and Hands-On Session when COVID-19 subsides sufficiently in the country for in-person travel.

Building on the success of past International Chapter Opportunity Program recipients, the subcommittee is converting the Gastrointestinal Surgical Emergencies Course hosted by both the Italy Chapter and Argentina Chapter as a complimentary e-book for international surgeons. This online textbook is expected to be published in late 2020.

The subcommittee collaborated with the ACS Foundation to write a report for the International Chapter Opportunity Program to communicate the impact and reach of the program to its primary funder, prospective supporters, and chapters to encourage future applications for funding. As a result of the report and sustained communication, Dr. Pon Satitpunwaycha, the original donor for the International Chapter Opportunity Fund, made an additional contribution of \$500,000 after reading about the impact of the International Chapter Opportunity Program on global surgical education. The additional funds will be used for new education programs for international Fellows.

This year, the subcommittee also identified ways to engage international attendees at Clinical Congress 2019 beyond the scientific program. A session on best practices for writing a scientific paper was presented by Timothy Eberlein, MD, FACS, Editor-in-Chief of *JACS*, and members of the IRC. This was a well-received and well-attended session, and this year the subcommittee will invite Dr. Eberlein to again speak on this topic in an upcoming webinar that will be available after Clinical Congress.

The **International Fellowship Subcommittee** identifies meaningful benefits and opportunities for international surgeons. The subcommittee submitted a proposal to the Division of Education to collaborate on creating an equitable, tiered pricing structure based on World Bank Classifications for ACS educational materials. The Division of Education agreed to implement this structure for *Ultrasound for Surgeons: The Basic Course*, webcasts, the video library, and *Suggested Readings in General Surgery*.

The subcommittee is creating a comprehensive HeForShe initiative that will be a collaboration with the International Subcommittee of the WiSC. The program will raise awareness of the HeForShe movement among international surgeons, including international chapter leaders and Governors, offer action steps for gender equity for institutions and programs, provide resources for the mentoring of women surgeons, and recognize HeForShe champions. Programming will include webinars on advancement opportunities within the ACS as Governors and chapter leaders, gender parity in local and regional education programs, and designing mentor relationships between men and women surgeons. In addition, existing mentorship resources will be made available to chapters and new resources created to address gaps in education. Lastly, chapters that are leaders in gender equity will be recognized formally and an award that recognizes international HeForShe champions will be created.

Recognizing that traditional education has been upended by COVID-19 and its restrictions, the Fellowship Subcommittee is creating a series of regular webinars for all Fellows, with an emphasis on international moderators and panelists to provide unique perspectives. The first webinar, on August 18, 2020, was on COVID-19 and Global Surgery Management. International Governors and Chapter leaders were surveyed for additional topics, and the Fellowship Subcommittee is finalizing additional topics and panelists.

Building on the success of last year, WhatsApp groups again will be created for Initiates by country as an additional channel to communicate information about Clinical Congress and ACS and to provide a platform for networking among new Fellows. These groups proved especially beneficial during the onset of COVID-19, as colleagues were able to connect and check-in with each other from across their respective countries.

With Clinical Congress 2020 transitioning to a virtual meeting, the annual International Reception is canceled and networking with new initiates at the President's Reception also is not an option. Instead, the Fellowship Subcommittee is hosting a virtual networking event for new international initiates who are from countries without chapters. To help establish relationships within ACS for these new

international Fellows, the networking event will include an overview of the value of Fellowship and ACS benefits as well as break-out sessions so new Fellows from similar regions can connect and also connect with the IRC members who interviewed them during the application process.

The **International Scholarships Subcommittee** is responsible for international scholarships that provide opportunities for international surgeons to visit major meetings of the ACS. Due to COVID-19, all scholarships awarded for 2020 have been deferred to 2021.

The Scholarship Subcommittee also is working on a formal framework for observership opportunities for international scholarship recipients. Annually, international scholar's visit two to three academic institutions in the U.S. or Canada as part of their award and as an opportunity to network and learn best practices. These observerships are invaluable opportunities for international surgeons. The committee is creating a database of programs that are willing to host scholars as well as information on responsibilities for the host institutions.

The IRC maintains a close and collaborative relationship with OGB in its international efforts, such as the new surgical training hub in Ethiopia and the pursuit of non-state actor recognition by the World Health Organization.

Under the leadership of the IRC and supporting staff, a survey was sent to international chapters and Governors to understand the impact of COVID-19 on global surgery. In addition, international leaders were asked for copies of local COVID-19 surgical guidelines and additional guidelines were obtained through online access. The IRC reviewed the survey data and guidelines and will write a white paper summarizing its findings for publication.

The IRC also increased contact with international scholarships recipients, mentors, and host observer programs. Since all scholarships are deferred to 2021, the Scholarship Subcommittee is creating a virtual education and networking event for these scholars in early 2021 to keep them engaged with the ACS and host programs.

The IRC drafted proposals for three COVID-19 global surgery sessions for Clinical Congress 2020 (for use in late-breaking sessions).

The **ACS Scholarships Committee** is responsible for publicizing and administering the College's domestic research scholarships, fellowships, and awards. Their activities culminate each Clinical Congress with an in-person meeting at which committee business is conducted; then the doors are opened to a collegial session of presentations offered by recently concluded grantees. Since Clinical Congress is virtual this year, the updates on research programs from scholarship recipients will be held virtually as part of the Excellence in Research sessions.

In addition, new application and corresponding review portals for scholarships launched in 2020. The new system improves user experience and overall functionality. Instructions and requirements for scholarship categories will be rewritten to ensure readability and reporting on recipient metrics will improve, as data will be integrated with Aptify.

The 2020 **Leadership & Advocacy Summit** was scheduled for March 28–31 in Washington, DC, but had to be canceled due to the COVID-19 pandemic.

We look forward to continuing the successful and growing Leadership & Advocacy Summit next year from May 15-18, 2021, at a new venue, the Grand Hyatt Washington, DC.

Archives

The ACS Archives responded to 98 research requests over the past year. The Archives has received 34 new accessions that included records from the Board of Regents, Cancer Programs, Clinical Congress, Division of Integrated Communications, Surgical Forum, and various College committee records. The Archives has been settling into its newly renovated space and has invited several researchers in to consult the collection. We continue to provide most of our reference services through e-mail and phone, providing answers to questions and/or digital resources.

An investigation of a potential upgrade to our collection management software, Eloquent Systems, was completed in early 2020. The decision was made to upgrade to the newer version of the software, called ArchivEra, which is similar to the current system but has significant improvements that will increase the Archives capacity for outreach and public searching of ACS archival material. The migration process is under way, and the new system will be up and running in September/October.

The History and Archives Committee (HAC) published four *Bulletin* articles this past year based on the 2019 Clinical Congress panel, Women Pioneers in Surgery. The HAC is again sponsoring the Surgical History Poster Session at this year's virtual Congress, which once again had over 100 applicants and will take place in an all-virtual format. The HAC will host their annual History of Surgery Community Breakfast virtually, where attendees will find out the winners of the poster competition and will enjoy presentations on Michael DeBakey, MD, FACS, by Craig Miller, MD, FACS, and An Explosion of Interest: Spreading and Controlling the Laparoscopic Revolution through Surgical Training, 1990–2000, by the second annual Archives Fellowship recipient, Cynthia Tang. The other history and Archives-related programming, including the education panel session on The Rise of Surgical Specialties, and Archives content usually presented at ACS Central, will be presented in a virtual format.

The History of Surgery Online Community remains active with more than 800 members and has seen increased engagement over the past year. Members of the HAC post historical vignettes often, but beginning this year, the HAC has invited previous poster presenters to write up their presentations in a blog post format and post to the Community. This has increased engagement with our community content while also giving these medical students, residents, and Fellows an opportunity to post their research in a larger forum and interact with the group.

Capturing the way ACS has dealt with the COVID-19 pandemic is a priority for the Archives. Since the beginning of the pandemic, Archives has been collecting communications from the College including emails, PSAs, *ACS Bulletin: COVID-19 Updates* newsletters, publications, and any related COVID-19 content that was specifically created for our members and staff.

While working remotely, it was important to continue to provide the same level of service to our members without having access to onsite collections. Archives staff are able to utilize the digital material remotely as much as possible and track any requests that need to be addressed after returning to the office. In June, we were able to transition one of the Archives staff to onsite work once a week and we are now able to fulfill all requests within one week. This plan will continue for as long as possible until we are fully able to return to the building. The Archives also has focused on continuing to make new information available during this time period and growing our accessible collections. Since March,

we have completely catalogued all photos taken at Clinical Congress 2015 and 2016, and all are available and searchable through our online catalog.

Society of Surgical Chairs

The 2020 Society of Surgical Chairs (SSC) President Robert S. D. Higgins, MD, FACS, with support from Vice-President Sandra L. Wong, MD, FACS, Secretary-Treasurer Gerard M. Doherty, MD, FACS, and Councilperson-at-Large Janet E. Tuttle, MD, FACS, continues the stewardship of this society as a self-sustaining, managed program of the ACS. Since 2010, membership has grown from 157 to 189 dues-paying members.

The 2020 virtual annual meeting will address crisis management with a panel session on lessons learned from the past and present, with an additional session on critical success factors in the modern era. The SSC Mentorship Program for new chairs will focus on Communication Strategies in Bad Times, moderated by Dr. Doherty and Douglas S. Tyler, MD, FACS, University of Texas Medical Branch, Galveston.

The SSC continues its relationship with the Association of American Medical Colleges (AAMC) Council of Faculty and Academic Societies (CFAS) and Societies Consortium on Sexual Harassment in STEMM. The SSC leadership continues to nominate promising residents to the AAMC Organization of Resident Representative (ORR) each year. Todd K. Rosengart, MD, FACS, SSC 2019 President, is the current SSC representative on the ACS Surgical Research Committee.

During the pandemic, the SSC worked with the Regents and surveyed the membership about redeployment. A total of 75 responses were received, and that information was transmitted to the Board. The SSC Women's Committee was active, sharing best practices and keeping up to date on how different regions and institutions were affected and responded to the COVID-19 crisis.

Surgeon Well-Being

The ACS is addressing surgeon well-being by providing existing resources and creating new content and programs to address fatigue and burnout.

The **Well-Being Task Force** is composed of leaders involved in well-being initiatives at their institutions to discuss systemic and individual policies, programs, and initiatives supporting surgeon well-being. The task force is working on the following resources: a statement on surgeon well-being and resilience; individual toolkits for surgeons at various career stages; regular webinars on topics related to well-being; education and resources for significant others and family; and incorporation of wellness opportunities at other ACS meetings and conferences. The task force also plans to address systemic and cultural factors that have adverse effects on well-being and work with governing bodies on these issues.

The **Surgeon Well-Being Index** enables users to track fatigue and burnout over time and provides resources for self-education. This is a complimentary resource that ACS provides to Fellows and Residents, and it is available through the ACS website.

As part of the **ACS' response to COVID-19**, staff drafted content for the twice-weekly COVID-19 newsletter; drafted content for use in ACS Communities; researched and filtered COVID-19 related well-being content for the ACS website; added COVID-19 resources to Well-Being Index resources; created a user video and companion guide for new Well-Being Index users; and promoted the Well-Being Index to resident surgeons through RAS Hangouts and other communication vehicles.

INTEGRATED COMMUNICATIONS

The position of Director, Division of Integrated Communications, was filled in late fall of 2019. Cori McKeever Ashford officially assumed the role in December 2019.

The focus of the Division of Integrated Communications in the past year includes the following:

- Quickly pivoting to a rapid-response communications model related to COVID-19, including the introduction of new vehicles to communicate to members
- Partnering with the Division of Advocacy and Health Policy to form the Surgical Care Coalition and launch a public relations campaign to fight Medicare payments cuts to surgeons resulting from the CMS Medicare Physician Fee Schedule proposed rule
- Laying the groundwork for a new digital strategy that will guide how ACS communicates to key audiences, including the selection of a partner to develop a new *facs.org* website
- Continuing to implement ongoing marketing, public information and visibility, ACS publications, *JACS*, and Communities campaigns

Rapid Response Communications and COVID-19

The COVID-19 pandemic required the division to pivot from many planned activities to focus on quickly communicating critical information about the virus to the surgical community. In mid-March, the team mobilized and, in collaboration with College leadership, developed a digital publication to ensure surgeons had the latest information to guide them in navigating the pandemic. This included the following:

- Holding twice-daily meetings with a cross-functional COVID-19 communications committee, including a number of Regents and staff leaders, to identify key topics the surgical community needed to know and quickly develop guidance and content
- Introducing a new, twice-weekly digital newsletter, *Bulletin: ACS COVID-19 Updates*, that covered a number of topics related to the crisis, including clinical guidance, ethical considerations, first-person perspectives, and messages from leadership; this new publication leveraged the legacy of the *Bulletin* but incorporated new branding to set this new communication vehicle apart
- Building a new microsite of *facs.org* specifically dedicated to COVID-19 content, including a new search function to allow visitors to quickly find critical information
- Significantly increasing the use of video as part of a core communication strategy, including 30-plus videos with a range of experts shared across our website, newsletter, and social media channels
- Implementing a new social media listening and publishing strategy, which included publishing social posts across our channels with the latest surgical COVID information and driving people to our website to learn more
- Monitoring social channels and the ACS Communities for discussions related to surgery and COVID-19
- Actively engaging with that content through liking or sharing, and using those discussions to inform future newsletter content

- Soliciting feedback from the surgical community, via our social media channels, ACS Communities, and replies to our e-newsletter, as to what topics they needed more information on and using that feedback to inform content for future issues
- Partnering with celebrities on social media to issue a public service announcement for the public to appropriately socially distance, as well as implementing animation to deliver similar messaging
- Conducting media outreach to support new College guidance related to COVID and surgery, as well as support COVID research published in JACS
- Developing new methods of sharing the latest JACS data, including video author interviews and infographics to visually depict the scientific findings
- Creating quick-turn analytics reports that demonstrated the impact of our communications and informed future editions

The results of these efforts have been significant, with increases across several metrics, as follows:

- 30 percent open rate of *Bulletin: ACS COVID-19 Updates*
- 4.65 percent click-through rate of *Bulletin: ACS COVID-19 Updates*
- 106 percent more users to [facs.org](https://www.facs.org)
- 98 percent more visits to website
- More than 75 million people reached via social media
- More than 750M video views of COVID-19 content
- 2,900 media articles, with coverage in top-tier outlets such as *New York Times*, *Wall Street Journal*, FOX News, and beyond
- More members visited ACS Communities in March and April than in any previous month in the last six years
- A 30 percent increase in abstract submissions to JACS from 2019

Notably, our content was shared with and by several surgical specialty societies, CMS and other government entities, and other professional organizations, including the American Hospital Association, American Society of Anesthesiologists, and American Medical Association.

As we transitioned to a new phase in May and June, we shifted our e-newsletter to a weekly communication—*Bulletin Brief*. We also resumed publication of the traditional *Bulletin* in July, publishing once a quarter for the remainder of 2020. The *Bulletin* remains a popular publication. The online edition has an average of nearly 80,000-page views per month, and approximately 5,000 Fellows have requested that they receive the print edition each month of publication.

We continue to meet with the ACS Communications Committee twice weekly to determine content for each *Bulletin Brief* as well as a pipeline for future editions. We also review analytics for each issue, as well as data from communications overall, and use those insights to develop content and communications.

Surgical Care Coalition

In partnership with the Division of Advocacy and Health Policy, the ACS issued a request for proposal (RFP) to identify a firm to guide the formation of the Surgical Care Coalition and implement a national public relations campaign to fight Medicare payments cuts to surgeons resulting from the CMS Medicare Physician Fee Schedule proposed rule. The Brunswick Group was engaged in late April.

The Surgical Care Coalition launched in June and comprises 12 surgical professional associations that represent more than 150,000 surgeons working across the country with a common goal of improving the quality of care and quality of life for all patients.

A multifaceted communications campaign is under way to persuade Congress to stop these cuts through legislation before January 1, 2021. This effort includes the launch of a website, focus groups to test messaging, nationwide outreach to reporters to generate news articles, paid advertising to extend the reach of our message, and an extensive opinion-editorial campaign with a number of surgeons outlining the need for Congress to prevent these spending cuts. Intensive efforts will continue in the fall.

Refreshed digital strategy

In partnership with the Executive Director and Director of the Division of Member Services, the Division of Integrated Communications and ACS Information Technology issued a RFP for a vendor to partner with ACS on the launch of a new *facs.org*. From an initial pool of 19 potential vendors, Hugo & Cat, a digital agency, was selected in August to develop the new website with a refreshed digital strategy.

Hugo & Cat will work with the ACS to develop a new, state-of-the-art website, inclusive of discovery, design, and development through implementation and ongoing support. Our goal is to launch a best-in-class website with an optimal user experience that serves the College's diverse set of stakeholders. Multiple internal and external stakeholder groups will be engaged for input and feedback, and efforts will launch in earnest soon.

Marketing

In the past year, ACS marketing efforts have supported tools and communication vehicles that accommodate a digital and more sophisticated means of communication.

The scope of projects ranges from developing and executing comprehensive marketing plans to creating programmatic branding, advertising, social media graphics and ads, targeted digital promotion, and collateral. Conference marketing, the largest area of our focus, has been replaced by digital applications to support the move to virtual meetings and programming, as well the stronger emphasis on digital communication.

Some notable achievements are as follows:

- Expanding the family of ACS Accreditation and Verification programs standards manuals
- Newly completed manuals include *Optimal Resources for Rectal Cancer* (NAPRC) and *The Blue Book: Military-Civilian Partnerships for Trauma Training, Sustainment, and Readiness*

Three more are manuals are planned for 2020: *Optimal Resources for Breast Care* (NAPBC), *Resources for Optimal Care of the Injured Patient* (VRC), and *The Gold Book (Optimal Resources in Surgery Residency Training)*

Creating logos, program branding, and supporting elements

Logos and branding elements created in 2020 include the following:

- *Bulletin Brief*
- Post-COVID Readiness for Resuming Surgery

- ACS COVID-19 Registry and overall branding
- YFA Speakers Bureau
- Cancer Surgery Standards Program
- Quality Verification Program
- Cancer Liaison Physician Program
- Quality & Safety Conference VIRTUAL
- Clinical Congress 2020 VIRTUAL

Incorporating new technology and applications in our marketing and communication efforts

A major focus is on expanding our capabilities to deliver more sophisticated digital communications, such as shareable infographics to convey detailed information in a simple, easy-to-follow way or to narrate a story—for example, creating infographics to illustrate a JACS study.

Another example is the weekly ACS COVID-19 analytics reports, which share relevant data on what is of interest to surgeons and help us define content to include in the weekly newsletter.

Another new technology we are exploring is video and illustrative animation, which can help increase views and encourage viewers to take action. Animation can be an effective way to tell a story. It works on an emotional level and can be universal, entertaining, and flexible, which means it can have multiple applications. Look for it on *fac.org*, in our social media posts, and in e-mails in the coming months.

Moving to virtual educational courses, events, and conferences

IC is working with ACS divisions as the College moves to develop and offer virtual educational courses, events, and conferences.

With input from multiple divisions, all areas within IC (marketing and design, public information, web, video, *Bulletin* and *JACS*, and social media teams) are working together on multiple projects to bring digital communications to life and to engage and inform our members in innovative ways.

Coordinated and comprehensive marketing plans are under way for large initiatives supporting different areas of the College, including Cancer Accreditation Programs, Optimizing Perioperative Pain Management, FTL 100, and the upcoming 100-year anniversaries for Trauma and Cancer Programs.

STOP THE BLEED®

In October 2019, *bleedingcontrol.org* became *StoptheBleed.org*, as the next step in raising the public profile of this renowned public safety program. *StoptheBleed.org* is the College's first entirely public-facing website. The Hartford provided a grant for the ACS to develop a STOP THE BLEED website specifically focused on informing the public about the program. Content developed by Integrated Communications, STOP THE BLEED program staff, and COT leaders reflects a new approach to informing, educating, and empowering the general public to learn more about the Stop the Bleed program.

Content is written so that the general public can easily understand the principles of STOP THE BLEED. The site encourages the public to enroll in a bleeding control training course and to bring the program to their communities, while retaining easy access for STOP THE BLEED instructors to obtain the content and resources they need for their training courses, along with prominent news updates on STOP THE BLEED training and equipment.

The site displays the latest best practices in communicating web-based content to the public on all devices, and content has been rewritten for search engine optimization. In addition, the site will be continuously updated with the latest information on the number of people who have attended courses, the number of instructors, and geographic locations where courses have been offered and can be found. Highlights of success stories and notable efforts to train the public also will be posted. Finally, the site features an online store where users can purchase bleeding control kits and other equipment. This content will help website visitors understand the breadth and scope of STOP THE BLEED and how the program can equip them with the skills to save a life.

From launch on October 24, 2019, to January 20, 2020, *stopthebleed.org* page views were up 46 percent (from 262,458 to 384,813), and sessions were up 55 percent (from 124,119 to 195,924) compared to *bleedingcontrol.org*.

STOP THE BLEED continued to be a focus of the national media throughout 2019. News outlets including *USA Today* and *Kaiser Health News* covered the efforts of Stop the Bleed in the wake of the shooting at Saugus High School in Santa Clarita, CA. STOP THE BLEED also is taking hold internationally. In November 2019, the *BBC* reported on bleeding control kits being installed in 320 public places in central London in an effort to reduce deaths from knife attacks. Prominent efforts to train the public in bleeding control techniques are under way in Austria, Italy, Saudi Arabia, and Lebanon.

At least 12 states in the U.S. have bolstered the efforts of STOP THE BLEED by providing funding for kits in public places and requiring kits to be placed in schools. A sample of media clips about state-level Stop the Bleed legislation includes the following:

[Illinois Terrorism Task Force Distributes STOP the Bleed Kits to Every Illinois School](#)
Chicago Defender, September 6, 2019

[New law mandates Texas schools have "Stop the Bleed" stations](#)
KXAN Austin, August 28, 2019

[State steps up anti-bleed training](#)
Arkansas Democrat Gazette, July 13, 2019

Additionally, we launched new social media handles alongside the new STOP THE BLEED website to help spread information about the program. Twitter (@StopTheBleedACS) and Facebook accounts provide STOP THE BLEED-related updates and showcase the efforts of school and community groups that are training the public in their areas.

National STOP THE BLEED Day (May 21) and Month occurred in May and were observed remotely this year because of the COVID-19 pandemic. In partnership with the STOP THE BLEED team, we developed a strategy of leveraging digital platforms to emphasize that bleeding emergencies can happen in the home while Americans shelter in place, and highlighting the need to keep first responders focused on fighting the COVID-19 pandemic.

A social media campaign kicked off May 1, encouraging people to visit the resources page on the *stopthebleed.org* website to learn more, and to display a Facebook frame on their account if they have taken a STOP THE BLEED course.

Video commentaries on the importance of knowing how to control bleeding in an emergency situation are featured online. These videos feature ACS trauma leaders and course instructors, and their messages were shared on social media, in addition to several messages from members of Congress in support of the Prevent Bleeding Loss with Emergency Devices (BLEEDing) Act.

JACS

At the end of 2019, *JACS* successfully achieved a subscription benchmark of converting 40 percent of College members to an electronic-only format. Per the contract with Elsevier, the publisher of *JACS*, the College received a royalty bonus of \$100,000 for hitting this benchmark. Approximately 50 percent of members receive *JACS* in an electronic-only format.

The publishing agreement between *JACS* and Elsevier expires at the end of 2021. *JACS* is in the initial stages of developing a RFP to be submitted to major scientific publishers to obtain the best possible agreement for the journal and its readers.

JACS has secured the publishing rights to papers presented at the Southern Surgical Association and Western Surgical Association annual meetings through the duration of the contract with Elsevier.

The January 2020 issue featured 17 selected papers presented at the Clinical Congress 2019 Scientific Forum, up from 13 papers published in the inaugural Scientific Forum issue in January 2019.

From data available through the first three-quarters of 2019, *JACS* full-text articles were downloaded approximately 375,000 times across *journalacs.org* and the Science Direct and Clinical Key platforms. Over that same time, *journalacs.org* received nearly 799,000 page views.

JACS now requires that visual abstracts be included with all submissions and strongly encourages authors to submit video to accompany their articles, which are shared on the *JACS* website, social media, and via the monthly eTOC. To generate more discussion regarding featured articles and increase the impact factor of the journal, *JACS* also is working to increase the number of invited commentaries and review articles published.

The *JACS* team is issuing a RFP for publishers in the coming months. Digital communications for *JACS* will be tied to the refreshed digital strategy for the College.

FINANCE AND FACILITIES

The COVID-19 pandemic resulted in ACS staff working remotely, as well as the cancellation of travel and in-person meetings and the development of virtual programs. To monitor the financial impact of these situations, the ACS coordinated **ongoing financial projections and cash flow analyses**. The College continues to have sufficient cash flow to support its operations and liquidity to support the debt obligations. The College's financial position remains strong, although continued vigilance is important.

The **headquarters renovation** (restack) is complete. When the staff return to the office building, the College has provided a welcome gift which includes a face mask, a bottle of sanitizer, and a key tool that can safely be used to punch elevator buttons and open doors. The staff also will see signage on safe distancing.

The Investment Subcommittee underwent a **full underwriting of the investment managers** over the past year. The review included the manager's strategy, the role in the portfolio, and the resulting performance. In addition, four new commitments to private investments were approved as the College methodically increases this allocation to 20 percent from 5 percent. As of June 30, ACS stands at 11 percent invested in private equity. The total private NAV is \$40 million and unfunded commitments are \$55 million, for a total value of \$95 million.

Accounting has now assumed responsibility for the recurring **billing for all Quality Programs**. The project included an expanded customer service review to ensure that customer needs are met, including automated aging reports and written educational materials to help staff members understand their roles and responsibilities. Accounting participated in the implementation of the CME, *SESAP*, and ATLS Aptify projects.

The College upgraded lockbox accounts at 5/3 Bank and reviewed current merchant accounts. A RFP was issued to evaluate **credit card processing and gateway services** to support payments processed in Aptify, including the ability to securely store credit card information on file for subsequent reuse. Once a provider is selected, integration with Aptify will be implemented.

Accounting discipline strengthened with increased compliance on timely accounting and posting transactions followed by the monthly close; completion of standard operating procedures and response to COVID-19 with a weekly tracking of cash receipts.

The **annual insurance renewal** was completed in a tight insurance market. The industrywide insurance renewal averages exceeded 20 percent or more for coverages such as directors and officers liability insurance, property, and employment practices liability. Overall, the College's increase was just slightly over 10.5 percent.

Cushman & Wakefield continues to function as the exclusive broker to represent the College in the sale of the **Murphy Auditorium**. Activity has slowed during the COVID-19 pandemic.

The College took possession of **212 E. Ontario** in December. Landmark status has been applied to the property. Options remain for construction to the rear and above the building.

The Accounting department supports **Association Management (AM)** services for 16 organizations (including ACS chapters and affiliated organizations) by providing accounting functions including financial statement preparation. During fiscal year (FY) 2020 a RFP was issued for banking services to reduce fees, resulting in the accounts subsequently moved to JP Morgan Chase.

INFORMATION TECHNOLOGY

FY 2020 was a challenging yet exciting year for ACS Information Technology (IT). The team has provided new hardware and software solutions to provide a richer experience to our staff, our members, and the public in general. On top of this, the IT team supported our 450 staff members as we moved and worked offsite during the COVID-19 crisis.

A key focus of 2020 was continuing to build **software solutions** with our own staff. During the last two years we have trained our programmers and analysts to develop more robust Aptify programming skills. We are now at a point where, time permitting, all software development is done by our own staff.

Over the last six months IT has worked with Integrated Communications to find a business partner to develop a state-of-the-art **website**. IT's role was to understand and determine which vendor could work with our existing web software to both reduce costs and maximize the functions of our software investments.

Over this last year we have employed **business analytics tools** to prototype a business intelligence platform to combine our many member databases into one superset of data. The new tools can work independently to better serve our members and also provide AI data to the new website.

COVID-19 presented an unexpected change in how the College operates. The swift decision by Illinois Governor J.B. Pritzker to close buildings meant an intense focus on equipping all staff with work-from-home solutions while maintaining business continuity. Within a week, IT had all staff connected remotely and established a remote support system to fix any computer issues.

The pandemic had a cascading effect whereby large events were cancelled and many of our members were unable to travel. This posed a challenge for one of the College's most important annual events: Clinical Congress. A physical Clinical Congress was no longer possible for the year 2020. In response, the College will be running a Virtual Congress with sessions, events, and exhibits entirely online.

With regard to **data security compliance**, IT continues to assess systems and operations to align with security standards including HIPAA, SOC2, PCI, GDPR, and industry best practices. IT has built out the security infrastructure to provide real-time alerting and event tracking to identify and react to any rogue behaviors. Together with Finance, IT has analyzed our credit card processing and updated policies and processes to ensure credit card data is protected.

Software Projects

Virtual Clinical Congress

COVID-19 required a quantum change in the way the College will deliver Clinical Congress. We will be delivering the meeting 100 percent virtually with the help of an outside vendor, CTI. IT is responsible for making the needed software connections with our vendor to permit member registration and the claiming of CME. Additionally, the department is building high-capacity web servers to manage the large number of expected attendees.

Accreditation and Verification

Two years ago, IT launched the new portal for standardized Accreditation and Verification. This portal is the standard for all quality programs moving forward. The team is working to integrate all of our quality programs (The Red Book, Bariatrics, Pediatrics, Cancer, etc.) into this standard format.

Virtual site visits

With the onset of COVID-19, the College is faced with the challenge of continued site verification for our quality programs. IT is working on a change to the verification portal to allow for virtual site visits.

New website

Together with Integrated Communications, IT is working with a new vendor to entirely rebuild *www.facs.org*. The role of IT is to use the website software, Sitecore, to better understand our member activity and offer them a more personal experience on the website, newsletters, and course offerings.

Trauma Course Management System

At the start of the year, IT launched the new Trauma Course Management System. The system is now managing onsite courses, instructors, product fulfillment, and course delivery through the new Learning Management System. The team is continuing to move other Trauma programs such as ATOM and DMEP into the newer systems.

Data analytics and AI

IT is running a pilot program to introduce business analytics to optimize the membership experience. The team has developed prototype dashboards of member data, combining information from several different data sources. IT will be using this technology to provide visual dashboards to support Member Services and other divisions.

New online eStore

In the second quarter of this fiscal year IT will replace our online store with a more sophisticated eStore. The value in this project is the ability to use a single credit card for any purchase while providing stronger tools for ensuring and measuring PCI compliance.

Hardware Projects

Restack Project

2020 saw the conclusion of the ACS restack project. IT worked with the architects and project managers to update networking, fiber cables, and the wireless system to the latest technology. The restack saw the rebuilding of all network closets and upgrade of all switches (network connectivity devices) to more sophisticated models. All networking and telephony work is complete, and the building is ready for the return of staff, based on IT readiness.

Windows 10 deployment

Over the last 12 months IT has worked to deploy new laptops or desktops to our entire staff. This project is now complete, with the exception of statisticians who are needed "onsite" to customize their new systems.

Firewall upgrade/event correlation systems

IT has upgraded firewalls in Washington, DC, Chicago, and the data center in Aurora, IL. Part of this upgrade was sophisticated intrusion detection and protection. Additionally, IT has implemented an Event Logging System that integrates and network events into a single system. We are continuing to tune this system to provide real-time detection of attempted unauthorized access.

Redundant systems

In an effort to prevent outages on our website and online applications, IT is building redundant systems throughout our network. This ensures that no hardware component (firewalls, networking, websites) will fail without an automatic backup already active and in place. IT has experienced no outages to our members or to the public; this project for redundancy is a best practice for any sophisticated network infrastructure.

CONVENTION AND MEETINGS

Association Management (AM) provides management services for 27 affiliate organizations and domestic ACS chapters. AM guided clients through an unpredictable year, pivoting to virtual meetings, sustaining decreases in revenue, and overhauling membership strategies. In FY 2020, AM contracted with the San Diego Chapter of the ACS and expanded existing service contracts with the Kentucky and Northwestern Pennsylvania Chapters, Eastern Association for the Surgery of Trauma, American Society for Pediatric Otolaryngology, and Council of Medical Specialty Societies, a revenue increase of \$70,000. AM completed a five-year business plan, 2020–2025, which focuses on expansion following the successful implementation of a Chapter Management Initiative. Despite losses related to meeting commissions, AM's 2020 fiscal year resulted in \$44,000 in net revenues.

The **Exhibits** Team has transitioned from a face-to-face exhibit hall and sponsorship program to a virtual one not only for the Clinical Congress, but also our external and internal clients. Although we have experienced revenue loss, we have created new avenues for sponsorship, which include virtual product theater sessions, satellite symposia, and multiple advertising opportunities on a virtual platform. As of this date, 2020 Clinical Congress has generated more than \$100,000 in virtual exhibits and \$20,000 in sponsorships.

As the result of COVID-19, most of the in-person ACS meetings were cancelled beginning in early March. The **Meeting Team** reduced or waived most penalty fees resulting from cancellation. The estimated total exposure to ACS in cancellation fees was \$7.1 million (this includes Clinical Congress hotels), in which ACS only paid \$70,000 (about 1 percent) in cancellation fees. In addition, Convention and Meetings (C&M) assisted many of our clients from a total exposure of \$5 million in fees, in which only \$18,000 was paid (less than 1 percent). To date, C&M successfully managed the cancellation of approximately 30 meetings; rebooked approximately 10 meetings; approximately 20 meetings decided to move forward virtually. C&M successfully collaborated with various internal departments through completion of the Restack project and created a Policies and Procedures document addressing the new and enhanced HQ meeting space to be used by staff.

Registration experienced a 10 percent growth surge over last year by servicing 30 meetings with approximately 32,000 total attendees, while **Travel Services** booked 4,085 tickets; this was 14 percent less than the previous year—saving the College approximately \$254,000.

20 F Street Conference Facility managed an average of 200-plus meetings and events in the conference space. As of March 2020, prior to COVID-19 putting an abrupt end to meetings and events in DC, we exceeded our revenue budget by \$31,000. Expenses also were lower than budgeted by \$48,000. Increasing rental fees and revising audiovisual pricing guidelines have led to increased revenue. Expenses were lowered significantly by negotiating with current vendors on pricing and examining the return on investment for some of the more costly advertising platforms.

Unfortunately, rooftop terrace rentals were cancelled for the season because DC government mandates prohibited large gatherings. The rooftop is typically open for events from April through October annually and at least half of the annual revenue is from May through July for weddings, social events, and government organizations. Revenue has historically increased at a rate of about 7 percent since 2012 until 2018.

As we mark the 10th anniversary of the opening of the 20 F Street Office Building, we are committed to the reopening of the Conference Center space for meetings and events in 2021 and a return to the revenue gains actualized pre-COVID-19.

EXECUTIVE SERVICES

ACS Executive Services promotes dynamic, sustainable change with the goal of creating a more engaged workforce to foster innovation and strategic planning. Integration of proven business models and processes will strengthen the College's core mission to serve all with skill and fidelity.

A key initiative for the last year has been **THRIVE** (Transforming Health care Resources to Increase Value and Efficiency), created in conjunction with the Harvard Business School to help hospitals and surgical practices improve surgical patient outcomes while lowering the cost of delivering care. Initially, the program will pilot the value measurement process with 10–15 hospitals in the U.S., focusing on measuring the full cycle of care—including key surgical, medical, behavioral, and social elements—for three surgical conditions. Results from the pilot will be used to create a scalable approach that all hospitals can use to measure and improve value.

The THRIVE team has completed several site visits for colon cancer care. Additional virtual site visits continue to be scheduled. The team has started to benchmark two additional care cycles for bariatric and breast cancer operations.

THRIVE goals and objectives include:

- Negotiate with payors, with a true understanding of cost, quality, and value
- Increase cost transparency for patients and prepare for potential mandated transparency requirements
- Identify waste and unnecessary costs that can be reduced
- Find opportunities for greater efficiencies
- Integrate hospital systems around clinical needs
- Increase cost predictability

The **Performance Improvement (PI)** team provides leadership to major Cross-College Initiatives. Active projects include:

- Learning Content Management System integrations
- Strategic leadership planning
- Managing change/organizational restructuring
- APTIFY system growth and sustainability
- Cross-College consultation as needed
- THRIVE development, management, and implementation

The PI team offers employee training throughout the year. Working with **Human Resources**, PI helps ensure all training offered complements the College's employee values.

HR offers monthly sessions for onboarding new staff, which includes an overview of the College's use of PI principles in all projects. **ACS Works** is a 12-hour basic PI training course that introduces PI tools to the participants and gives them an opportunity to apply them to ACS projects. Covering Lean and Change Management principles, this course was developed in-house by PI staff and the Volunteer PI Faculty group. To date, 471 staff members have gone through this training. During these courses, participants have come away with process maps and fail-point solutions that have been implemented on dozens of projects.

A two-day virtual or hybrid module is being developed for 2020. Content will be delivered in a social distancing manner, without losing the impact of an entirely live course. This educational approach will allow anyone, at any time, to be educated in the College's PI method.

Follow-up online PI project reviews and workshops also will be developed to further the learner's experience with PI tools and advanced methods.

Overseen by the PI team, 11 Volunteer staff trained in PI principles are embedded throughout the ACS. They assist in development and presentation of the all-staff PI Training program, facilitated engagements, and providing mentorship and guidance to project teams.

Following the very public killing of George Floyd, the Board of Regents of the American College of Surgeons recognized its responsibility, as a leader in surgery in our country, to address the issue of **structural racism** within the American College of Surgeons and within the profession of surgery. Because of this, a task force was appointed to evaluate these factors and was staffed by Executive Services and Michelle McGovern of Human Resources. The task force was chaired by J. Wayne Meredith, MD, President-Elect of the American College of Surgeons, and included members who are committed to the issue of racism, who have a strong understanding of the operations of the College and who are influential enough to make a difference. Their work will be presented to the Board of Regents and specific priorities and critical enabling factors will be forthcoming this year.

HUMAN RESOURCES

Many significant Human Resources (HR) implementations and enhancements have been adopted over the last several months. Key accomplishments are as follows.

Plan administration of the **staff retirement plan** transitioned to Principal last year, and pension calculators were launched this spring on the website.

There was an increased total account value for the **403(b) Long Term Savings Plan with Principal**, from \$31,784,955.78 as of April 29 to \$37,125,036.21 as of August 6. Average participation rate increased from 92.22 percent to 92.86 percent in that time frame.

In addition, the following **initiatives** took place:

- Adopted provisions of CARES Act for loan relief within retirement plans
- Implemented enhanced COVID-19 sick time per regulations
- Enhanced leave of absence tracking to accommodate for additional COVID-19 sick time balances

- Adopted additional provisions for flexible savings accounts and Limited FSA health care and dependent care accounts, and hosted mid-year election change period
- Audited Life Insurance Plans—will be hosting special enrollment
- Partnered with the Employee Assistance Program to create compilation of material for key stages of employee life changes (such as divorce, new baby)

Talent Metrics are as follows:

Metrics for 2019:

Total positions filled: 80

- New hires (external) filling open requisitions: 64
- Promotions/transfers filling open requisitions: 16
- Assisted with hiring 49 temps
- Employee referrals: 8
- LinkedIn hires: 11

Metrics for 2020 to date:

- Total positions filled: 26
- New hires (external) filling open requisitions: 20
- Promotions/transfers filling open requisitions: 6
- Assisted with hiring 19 temps
 - a) Employee referrals: 4
 - b) LinkedIn hires: 3

A LinkedIn career page launched in April 2013 with 1,187 followers and now has 31,618 followers.

- HR staff attended five job fairs in 2019, hired one IT Manager and one Trauma Coordinator
- Successfully implemented the UltiPro recruiting and onboarding platform upgrades in January 2020
- Hosting virtual onboarding for staff being hired while working remotely

Employee relations/engagement

In January, the ACS leveraged our existing partnership with Gartner, a third-party research and advisory firm, to conduct a rolling **Employee Engagement Survey** with staff. The purpose of the survey is to assess staff engagement and organizational culture. Staff will be invited to participate in the survey annually, during the month of their ACS anniversary. Responses are gathered anonymously and will be provided in a summary format to ACS at year end.

Buddy Program—Upon hire, all new hires are connected with a staff person outside of their division/department to help the new hire build relationships and acclimate to their new work environment and the ACS culture. This program has continued to be influential during remote work. Since the program's inception, 121 new hires have been matched with an internal staff person/buddy.

The HR team is partnering with staff to generate creative ways to keep Buddy Program participants feeling engaged and connected to the ACS community.

Since staff have been deployed to **work at home** in March, HR has provided a daily staff update to ensure a strong link connecting our staff and leadership. Key topics and themed weeks have included Parenting, Mental Health, Caretaker, and Remote Learning weeks. We have had regular Wellness Wednesdays, Thankful Thursdays, and have highlighted free training, yoga, benefit enhancements, and even created a video of our staff members' children who were graduating so we could all celebrate together.

We have transitioned the recruiters to outreach advocates who have been personally reaching out to every member of the staff to check in on them and assist with any needs or support for them or their families.

We have hosted monthly Virtual All-Staff meetings to provide staff with an opportunity to ask questions and a forum for Dr. Hoyt to provide organization updates.

We conducted our online performance review process via virtual meetings for 400 staff members.

HR organized the following **ULive** sessions:

- What's Up with Wellness: Bring Your Workout Indoors and Visit the New ACS Gym
- Insurance 101 and Paying Off Debt – MME session
- Taking the Mystery out of Medicare—Alliant Webex Meeting
- Managing Money During Tough Times—MME Zoom Call
- Working from Home with Kids: Tips, Tricks and Epic Fails—ACS Wellness Parents Group GoToMeeting

Through our partnership with Principal, we promoted the following resources and webinars for employees on financial wellness:

- Overlooked Health Care Costs in Retirement
- Why (and How) to Boost Your Retirement Score
- Managing Your Money during COVID-19
- The Estimated Benefit Calculator, available through The Principal Retirement Service Center®
- Enrich, a resource that offers webinars, articles, and other helpful tools on more than 30 financial wellness topics
- ARAG, a resource that allows employees to create legal documents including wills and living wills, Health Care Power of Attorney, HIPAA authorization, Durable Power of Attorney, and Medical Treatment Authorization for Minors

Other HR initiatives included the following:

ULead

- Hosted training for our Executive leaders in January through June (**Navigating Politics Infused in Business (and Healthcare) Strategy and Innovation; Sexual Harassment Awareness**)
- Upcoming—rescheduling April's session on Inclusify: Diversity, Inclusion, and Belonging

ULearn

- Since we are working remotely, we have hosted individual new-hire orientations and two DiSC and Emotional Intelligence virtual training sessions
- ACS Values Training—Two in-person sessions held to date; sessions are typically held every two months depending on new hire activity

UConnect

- Manager Resource Training—We continue to invest in the development of our managers through our partnership with Gartner’s Manager Success Workshops. Managers with supervisory responsibilities are invited to participate in monthly virtual, instructor-led sessions, which are interactive and provide workbooks and templates as takeaway tools for learning reinforcement

ACS Active

- Activities planned since March have been placed on hold

Compensation

HR completed annual participation in five key compensation benchmarking surveys. The data ACS receives via our participation in relevant surveys is instrumental in the organization’s compensation planning and ensures we remain competitive in the marketplace as we seek to retain and recruit talent.

HR is embarking on a project to work with ACS divisions to update internal job descriptions in preparation for benchmark review.

HR Systems

The HR Team continues to leverage UltiPro technology. Over the past few months, the following programs have been implemented to keep staff and operations connected and moving forward:

- Implemented the **Community Broadcast** feature through the HR/Payroll system, UltiPro; Community Broadcast allows staff to opt-in to receive important company-related messages (for example, emergencies, weather closures, etc.)
- Implemented use of the **UltiPro Mobile App**, allowing staff and managers to review and manage employee information within the convenience of a mobile or tablet device
- Implemented the **Online Document Acknowledgement** feature within UltiPro, which allows for electronic acknowledgement of policies and procedures by staff. This provides the organization with an efficient method of communicating with employees while meeting compliance requirements. This year, staff have electronically acknowledged updates to the IT Acceptable Use Policy and one-off compliance updates directed toward specific employee populations
- **Leadership Dashboards** are available in UltiPro for division leaders to review staffing and head count trends at their convenience. Data has been updated for 2020 and division leaders can now review 2019 staffing data for their teams, as well as year-to-date 2020 staffing data. This information is instrumental in planning for current and future operational needs
- Expanded the **Company Information page in UltiPro** to include support resources for staff in response to the COVID-19 pandemic. A COVID-19 Resource section has information for staff that ranges from benefits to EAP to remote work guidelines and more. The Information Technology corner has been expanded to provide support tools and resources to help ease our staff’s transition to remote work

FOUNDATION

The ACS Foundation secures financial support for the College's charitable, educational, and patient-focused initiatives. As the Foundation looks back over the fiscal year, we are pleased to report that during the COVID-19 crisis, the ACS Foundation continues to build its portfolio of projects and initiatives, thereby creating a broader menu of **giving opportunities** for Fellows and supporters.

Operation Giving Back, STOP THE BLEED training in rural communities, International Scholarship Travel Awards, Fellowship Research Awards, as well as the ACS Greatest Needs Fund continue to benefit from Fellows' philanthropy.

FY 2020 ended with \$3,277,989 in donations and grant support, exceeding FY 2019 support of \$2,052,753. Individual donations totaling \$304,730 supported Greatest Needs, with \$200,000 of those monies being directed toward scholarships. Programs, projects, and initiatives received \$2,582,711, with a generous Fellow providing a gift of \$500,000 to support international educational opportunities. The cost to raise \$1 was 24 cents versus 43 cents for FY 2019.

The number of **individual contributors** to the Foundation remained steady at 1,248. The average individual gift of \$927 was a substantial increase from the average FY 2019 individual gift of \$500. The annual Fall Appeal generated \$157,737, a 6.9 percent increase from FY 2019.

Corporate grants secured by the ACS Foundation provided support for the Resident Surgical Skills Competition, 13 Skills Courses at Clinical Congress, and Patient Education resources.

At the March Foundation Board meeting, the directors selected the Duremdes family of Princeton, WV, as **Philanthropists of the Year**. Generoso Duremdes, MD, FACS; his spouse Janelle B. Duremdes, MD; son Gene B. Duremdes, MD, FACS; and his spouse Mary will be recognized at the 2021 Donor Luncheon Monday, October 25, 2021, in Washington, DC. The Duremdes have generously financially supported the Foundation since 1992, serving the health care needs of rural West Virginia and providing much-needed medical missionary work in their native Philippines.

The **Barbara Bass Global Relief Fund** was established to honor the career and service of ACS Past-President Dr. Bass, who has positively affected thousands of surgeons and medical support staff throughout her distinguished career. The Fund, having received \$90,223 in donations, will support the projects of Operation Giving Back (OGB), the volunteerism arm of the ACS.

CLOSING COMMENTS

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 patients 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,

David B. Hoyt