Commission on Cancer
State Chair Town Hall

October 16, 2022
Welcome to New CoC State Chairs

Cornelius Thiels, DO, MBA
Minnesota
2022 State Chair Outstanding Performance Award

Jennifer McAllaster, MD, FACS
CoC Kansas State Chair
2022 CLP Outstanding Performance Award Winners

Richard C. Anderson, MD
OSF Healthcare Systems-Saint Francis Medical Center
Peoria, Illinois

Everett J. Bonner, Jr., MD, FACS, FSSO
Baton Rouge General Medical Center
Baton Rouge, Louisiana

David Coppola, MD
Wentworth Douglass Hospital
Dover, New Hampshire

Lynne Jalovec, MD
Methodist Medical Central of Illinois
Peoria, Illinois
2022 CLP Outstanding Performance Award Winners

Edward Kost, MD
UT Health San Antonio
San Antonio, Texas

Seth Krantz, MD
NorthShore University HealthSystem
Evanston, Illinois

Nisha A. Lakhi, MD, FACOG
Richmond University Medical Center
Staten Island, New York

Maxwell Meng, MD
University of California, San Francisco
San Francisco, California
2022 CLP Outstanding Performance Award Winners

Julie Monroe, MD
White Plains Hospital
White Plains, New York

William R. Robinson, MD
University of Mississippi Medical Center
Jackson, Mississippi
2022 CoC Research Paper Competition: Clinical Research

1st Place: Peter L. Zhan, MD

2nd Place: Sarah Azari, MD

3rd Place: Alexander Frey, MD

Honorable Mention:
- Hamza Khan, MD
- Naveen Manisundaram, MD
2022 CoC Research Paper Competition: Basic Science

1st Place: Omair Shariq, MBBS, MS
2nd Place: Megan Harper, MS, MD, PhD
3rd Place: Naresh Sah, Pharm.D
CoC Update

• 2023 ACS Cancer Conference
  • March 1-4, 2023
  • Atlanta Hilton

• Join the CoC Site Reviewers Team:
  https://www.facs.org/quality-programs/cancer-programs/commission-on-cancer/become-site-reviewer/
Today’s Meetings

• CoC Plenary Session
  1:00 to 5:00 pm PT

• CoC 100th Anniversary Reception
  5:00 to 6:30 pm PT
ACS Communications Update

Commission on Cancer State Chair Quarterly Town Hall
Manchester Grand Hyatt Hotel, San Diego, CA
October 16, 2022
Elevating the ACS Profile with a New Communications Strategy

- Updating the brand
- Improving communications with our members
- Promoting the House of Surgery
  - Solidify our reputation as the gold standard in surgical quality
  - Be a primary resource for the media for surgery-related stories
  - Improve our patient resources to elevate status as trusted source
Updating and Unifying the Brand

• Strengthen the ACS brand
• Distinctive look and feel
• Bring all programs into the design family
Streamlined Brand Architecture

- **Advocacy**
  - American College of Surgeons

- **Association Management**
  - American College of Surgeons

- **Committee on Trauma**
  - American College of Surgeons

- **Diversity. Equity. Inclusion.**
  - American College of Surgeons

- **Education**
  - American College of Surgeons

- **Quality Programs**
  - American College of Surgeons

- **Cancer Programs**
  - American College of Surgeons

- **Member Services**
  - American College of Surgeons

- **Foundation**
  - American College of Surgeons
Program Logotypes

Cancer Group Color: ACS Medium Blue
Recent Communication Samples

**Breast Cancer Awareness Month**

ACS Cancer Programs. Recognizing Breast Cancer Awareness Month and supporting breast cancer care.

As an accredited cancer program and breast center, we are committed to serving our patients and community by reducing the incidence of breast cancer and improving access to screening, early detection, treatment, and quality care.

Breast Cancer Awareness Month 2022

**New Social Media Profile Images**

ACS Cancer Programs

*Follow*

ACS Cancer Programs

@AmColSurgCancer

Our nationally recognized programs all work toward helping your program provide high-quality cancer care.

- Chicago, IL
- bit.ly/AmColSurgCancer
- Joined December 2019

173 Following, 2,349 Followers

**National Cancer Survivors Day 2022**

**Updated NCDB Tools Cover**

**Refreshed Newsletter Banner**

**New CSSP Covers**

**Primary Colon Cancer**

**Cutaneous Melanoma**

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A New facs.org

- Launched facs.org with a new visual design and user-centric experience
- Simplified navigation
- Reimagined Member Profile launching at CC
- Improved Search function
- Updated content strategy
- Greater personalization coming in 2023
Delivering the News

- **ACS Bulletin Brief** relaunched as the **ACS Brief** with a new content organization strategy
- Redesigned **Bulletin** scheduled for launch with January 2023 issue
- Email communications
- Social media
- **ACS Communities**
  - Refreshed the Communities platform
Launching a New Quality Campaign: 
The Power of Quality
Current State: Program Accreditation Marketing is Inconsistent, Indistinct in Digital Applications
Quality Campaign

- Comprehensive; multi-year
- Bringing our ACS Quality Programs to every hospital and patient in America
- Helping Hospitals promote their participation in our world-class quality programs
Quality Campaign

Surgical Quality Partners Recognition Toolkit

✓ Digital program diamonds
✓ Certificates
✓ Web banner ads
✓ Banners & posters
✓ Digital content
✓ News release
When given a choice of credential to determine quality, patients pick ACS

U.S. NEWS & WORLD REPORT RANKING OF HOSPITALS

34%

AMERICAN COLLEGE OF SURGEONS VERIFICATION OF QUALITY

55%
The Power of Story

Evidence-based
- Scientists often gravitate here first
- Just the facts
- Defensible
- Clinical/dry
- Not memorable

Stories
- Bring evidence to life
- Human
- Powerful
- Makes connections
- Engages and persuades

Lower Impact

Higher Impact
Audiences are more likely to absorb message and meaning from a story than if a message is just presented with facts and figures.
The Ask: We Need Your Help to Champion the ACS Message

<table>
<thead>
<tr>
<th>Be an Expert for Media Interviews</th>
<th>Share Your Stories with Us</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All you need to bring is a willingness to engage</td>
<td>• We’ll help you bring your good work to life</td>
</tr>
<tr>
<td>• Media training provided</td>
<td>• Communicates critical information to patients in compelling &amp; memorable ways</td>
</tr>
</tbody>
</table>
Questions?

Contact Me.

bedwards@facs.org
202-295-7148

facs.org
@AmCollSurgeons
CoC Operative Standards Resources Update

CSSP Education Committee
Chair: Mediget Teshome, MD MPH FACS
Vice-Chair: Timothy Vreeland, MD FACS

CoC Cancer Liaison Physicians Meeting
10.16.2022
The CoC Operative Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Disease Site</th>
<th>Procedure</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3</td>
<td>Breast</td>
<td>Sentinel node biopsy</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.4</td>
<td>Breast</td>
<td>Axillary dissection</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.5</td>
<td>Melanoma</td>
<td>Wide local excision</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.6</td>
<td>Colon</td>
<td>Colectomy (any)</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.7</td>
<td>Rectum</td>
<td>Mid/low resection (TME)</td>
<td>Pathology report (CAP)</td>
</tr>
<tr>
<td>5.8</td>
<td>Lung</td>
<td>Lung resection (any)</td>
<td>Pathology report (CAP)</td>
</tr>
</tbody>
</table>
Timeline & Compliance Requirements for Standards 5.3-5.6

• In 2022, CoC-accredited programs need to document their final plan for how they will meet the requirements of Standards 5.3-5.6 starting on January 1, 2023.

• This documentation will be reviewed at site visits in 2023, 2024, and 2025.

• Each report must meet both the technical and documentation requirements for the standard to be found compliant. Documentation must include CoC-required specific elements and responses in synoptic format.

• Starting with site visits in 2024, site reviewers will assess 7 operative reports for each standard.
Timeline for Standards 5.3-5.6

- **2020**: Introduction of operative standards
- **2021**: Plan for implementation, educate/train surgeons & registrars
- **2022**: Document final plan for implementation and conduct audits
- **2023**: Begin compliance with Standards 5.3-5.6
- **2024**: Site Visits review 2023 operative reports for 70% compliance
- **2025**: Site Visits review 2023 & 2024 operative reports for 80% compliance

**Steps to Achieve Compliance**

Site Reviews:
- Begin compliance with Standards 5.3-5.6
- Conduct audits
- Document final plan for implementation
- Site Visits review documentation of final plans for compliance
- Site Visits review 2023 operative reports for 70% compliance
- Site Visits review 2023 & 2024 operative reports for 80% compliance
Timeline for Standards 5.7-5.8

Compliance and Site Reviews

2020
Communicate requirements & engage clinicians in implementation plans

2021
Measure compliance with synoptic pathology reports and assure high reliability for future site visits

2022
Site Visits review 2021 pathology reports for 70% compliance

2023
Site Visits review 2021 & 2022 pathology reports for 80% compliance

2024
Site Visits review 2021, 2022, and 2023 pathology reports for 80% compliance

Steps to Achieve Compliance
## Compliance levels for 5.3-5.8

<table>
<thead>
<tr>
<th>Visit Year</th>
<th>Standard</th>
<th>Materials Assessed</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>5.3-5.6</td>
<td>Implementation plan for Standards 5.3-5.6</td>
<td>Plan documented in 2022</td>
</tr>
<tr>
<td></td>
<td>5.7</td>
<td>7 rectal pathology reports from 2021-2022</td>
<td>80% compliance</td>
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Opportunities for Improvement and Lessons Learned from Prior Site Visits
Opportunities for Improvement Identified During Site Visits

Standard 5.7 (Total Mesorectal Excision)

• Facilities not using most recent version of CAP report (missing TME completeness)
• Incomplete excision of the mesorectum
• Location and evaluation of mesorectum missing
• Pathology reports did not address the intactness of mesorectum
Opportunities for Improvement Identified During Site Visits

Standard 5.8 (Pulmonary Resection)

• Failure of surgeons to remove/identify required nodal stations
• Inadequate number of nodes from required stations (either no nodes removed, or fewer stations than required for mediastinal and/or hilar nodes)
• Stations not listed in pulmonary resection synoptic pathology reports
• Nodes grouped rather than named by site
• Information included not in synoptic format
Lessons Learned

Strategies for achieving compliance with Standards 5.7 and 5.8

- Performing internal audits in preparation for the site visit
- Education, awareness, communication with surgeons/pathologists (share CSSP resources, STS webinar, etc.)
- Ensure thoracic and colorectal representation at tumor board
- Use most recent versions of CAP reports
- Create an internal review process to track reports
- Provide a checklist for staff in OR to use and remind surgeons of the need for mediastinal sampling and TME completeness as necessary
Resources and Events
Recently Released Resources

Resources to help CoC programs prepare for site visits:

- Site Review Preparation Webinar for CoC Operative Standards 5.3-5.8 – October 4, 2022
  - Recording, slide deck and summary document will be available in the coming weeks.
- CSSP Webinar on CoC Standard 5.6 for Colon Resection – August 25, 2022
  - Recording, summary document and slide deck available.
- Guidelines for CoC Standards 5.3-5.6 implementation plans
- Overview document of compliance requirements, review process, and timeline for CoC Operative Standards 5.3-5.8
- Visual abstract of compliance requirements/site visit process
Operative Standards Toolkit

All resources can be found on the Operative Standards Toolkit, organized by topic.

This toolkit includes resources to assist with the implementation of the six Commission on Cancer (CoC) Operative Standards in the Optimal Resources for Cancer Care (2020 Standards). Standards 5.3 through 5.8. Resources are organized by category or standard. CoC-accredited programs should share these resources with their staff to increase awareness and understanding of these accreditation standards. Please send any questions to cssp@facs.org.
Upcoming Events and Webinars

• Webinar on Implementing Synoptic Requirements for CoC Operative Standards – November 3rd at 3-4pm CT
  • Register here!

• “Next Steps for Implementing the Operative Standards” session at the virtual ACS Cancer Accreditation Programs: Continually Advancing Quality Cancer Care Conference – July 2022
  • Content available until December 31st
Upcoming Survey

• Survey on the Status of CoC Operative Standards Implementation
  • The CSSP is seeking feedback from Registrars and Cancer Programs Administrators at CoC-accredited programs to provide insight on the awareness of the CoC Operative Standards, and to understand their experiences with implementation of CoC Operative Standards
  • Due by October 21\textsuperscript{st}
  • Link to participate
Questions?

cssp@facs.org

Quick Links:
Operative Standards Toolkit
CoC 2020 Operative Standards
CAnswer Forum
Quality Improvement Update

Rachel Joung, MD, MS
General Surgery Resident, PGY-6
Northwestern University

Eileen Reilly
Quality Improvement Manager
ACS Cancer Programs
Cancer National Quality Improvement Collaborative (CaNQIC)

Improving the quality of cancer care through focused QI efforts on cancer care delivery
Just ASK
Purpose: JUST ASK All New Patients About Smoking

**ASK**
- Ask all new patients about smoking
- Identify current smoking

**ADVISE**
- Continued smoking negatively affects cancer treatment
- Smoking cessation can improve survival

**ASSIST, REFER, or CONNECT**
- Clinicians can assist patients with quitting: counseling and medication
- Refer/Connect: institutional, community, or quitlines (1-800-QUIT-NOW)

The purpose of this PDSA is to improve ASKing for all new cancer patients

Advising or Assisting is encouraged, but WILL NOT be measured
Quality Improvement Project Schema

Part 1: Education

Participate in educational webinars as scheduled – encouraged but not required.

Part 2: Intervention

ASK all newly diagnosed cancer patients about smoking and report results:
1. Total number of newly diagnosed cancer patients seen.
2. Number of patients asked about smoking status.
3. Number of patients identified as currently smoking.

Part 3: Assessment

REDCap surveys due April 1, 2022, September 1, 2022 and February 1, 2023.
National to Local QI Impact

Return to Screening- 2021

- Accredited Programs Enrolled: 749
- PDSA Projects Initiated: 814
- Potential Additional Screenings A Month: 70,000/mo

Just ASK- 2022

- Accredited Programs Enrolled: 776
- PDSA Projects Initiated: 2,000
- Patients potentially impacted: Over 700,000

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What led to the success?

**Existing Infrastructure**
- Cancer committees
- Motivation and culture
- Existing standards and quality measures

**Coordination & Education**
- Webinars
- Coaching
- Communication

**Tools**
- Protocol and methodology
Cancer National Quality Improvement Collaborative (CaNQIC)

Support National and Local Efforts
• National QI Initiatives
  Return to Screening
  Just ASK
• Pilots
• “Standalone QI” opportunities

Train staff and non-staff workforce
• Conferences
  • Quality and Safety
  • March spring meetings
  • Clinical Congress
• Asynchronous learning opportunities

Developing new processes
• CoC QIC
• CQMI
• QI Framework
A QI Framework

Create a framework across all ACS Quality Programs

• Purpose: Improve quality improvement; help hospitals conduct QI
  • Improving the planning, conducting, and reporting of QI projects submitted to the quality programs at the college
  • Provides scaffolding
    • 8 components
    • 40 criteria

• Problem detailing
• Goal specification
• Strategic planning
• Process evaluation
• Outcome evaluation
• Cost evaluation
• Knowledge acquisition
• End-of-project decision making

For more information or to get started using it, contact ACSQualityFramework@facs.org

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Future QI Work

Supporting local efforts by leveraging national resources
Opportunities

- Continue to offer pilot and/or national projects each year
  - Stay tuned!
- Attend the ACS Cancer Programs Spring meeting!
- Join the CoC QIC or QIMIC Committee
  - As announced in the October 13 newsletter
  - Reach out to acscancerprograms@facs.org
Open Forum
Thank you!

Questions?
Melissa Leeb: mleeb@facs.org
Rebecca Medina: rmedina@facs.org