

AMERICAN COLLEGE OF SURGEONS

Annual Report

2021-2022

To Heal All With Skill and Trust

ACS / AMERICAN COLLEGE
OF SURGEONS

Letter from the Executive Director



Colleagues,

As I near the end of my first year as Executive Director and CEO of the ACS, I want to share the attached annual report, which describes the major activities of the ACS staff and volunteers on behalf of the House of Surgery over the last year. This report also highlights many of our accomplishments and describes future opportunities. We continually strive to meet the needs of all surgeons of all specialties, in all practice configurations, in all locations, and all the patients we serve.

Thank you for your membership in and engagement with the ACS. Please feel free to offer your comments and suggestions throughout the year at executivedirector@facs.org. I want to hear from you and want to effectively communicate all the ways we are supporting you.

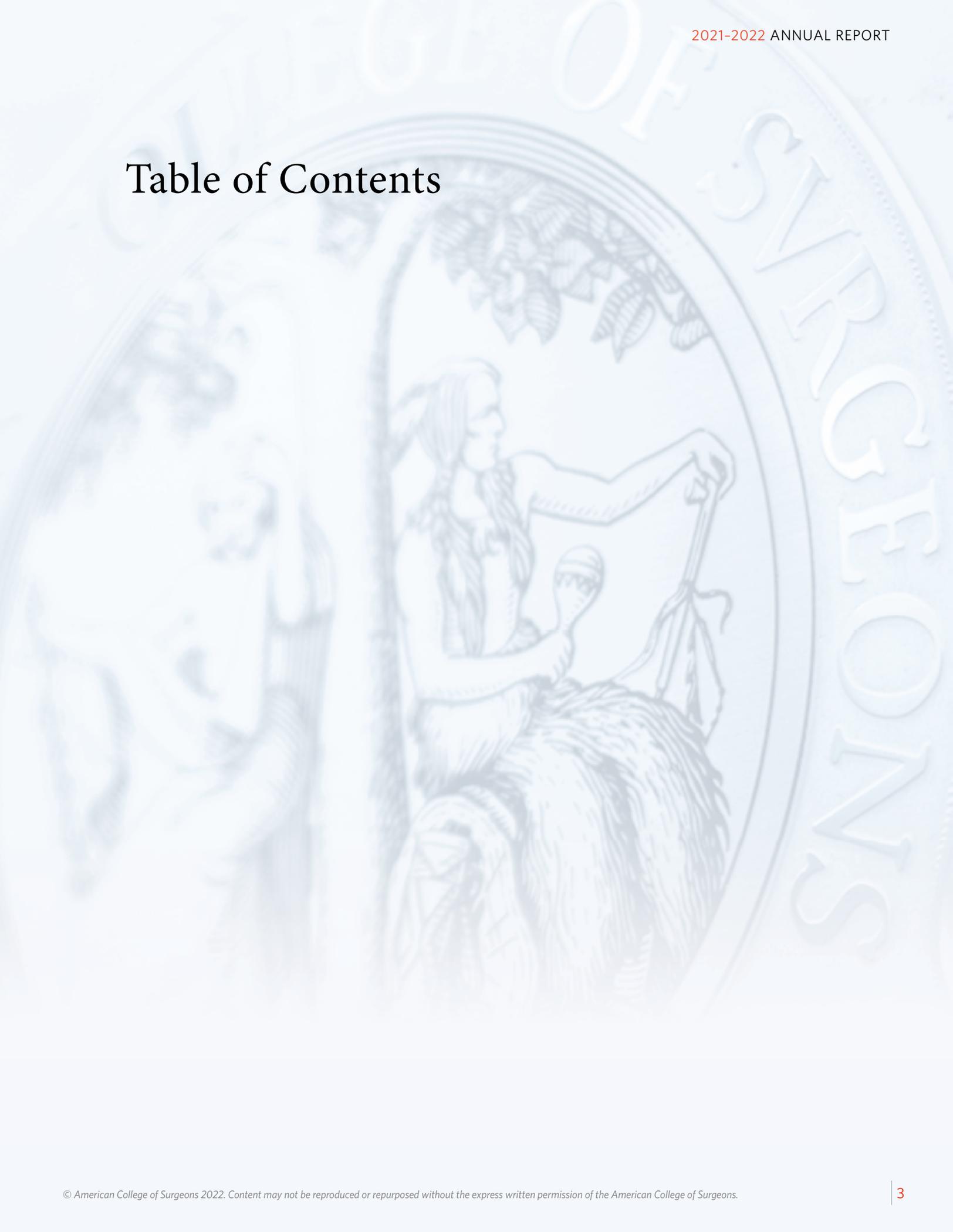
We endeavor to heal all with skill and trust.

Patricia L. Turner, MD, MBA, FACS

Executive Director & CEO

Note: The following reports were submitted by individual division and area leads.

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Division of Advocacy and Health Policy

Payment Reform

The ACS continues to see movement of surgeons into employment and a government payers' preferences for diluting the interest in fee for service (FFS). Private payers are not leading the way. The US Centers for Medicare & Medicaid Services seeks specialty engagement in new payment models controlled by primary care provider-run accountable care organizations (ACOs). ACS continues to work to define the role of surgeons in any payment model—stating the simplest of care still fits FFS while more involved care may be suited for Episodes of Care. ACS promotes physician-defined episodes of care which should be based on multispecialty inputs that best define modern care pathways, fit for the locale and available resources.

Much of the successful ACS work to prevent Medicare physician payment cuts is due to our efforts in strengthening relationships with key Congressional committee offices and leadership. This has been a challenge in an environment where meetings in-person remain rare and congressional staffers prefer emails and text messages to Zoom meetings. Evidence of the team's success can be found through a couple of recent examples: the Senate Finance Committee staff regularly double checked with ACS staff when considering proposals to address Medicare Payment; invitations were received to present at exclusive meetings convened by Senate Finance and House Ways & Means and Energy & Commerce Committee staff to discuss Medicare payment; and we were asked to present at a Congressional Round Table on the Future of Physician Payment.

ACS leadership played a role in three significant components in mitigating the calendar year 2022 Medicare physician payment cuts and in this year's effort to stop the cuts again: the strength of the ACS's network in Congress; the work with the surgical coalition in lobbying congress; and the work of the surgical care coalition to raise the public profile of the potential impact of cutting Medicare payment rates.

Additionally, the ACS maintains strong relationships with senior government officials, payer executives, and other healthcare leaders to promote alignment of industry standards and initiatives with the ACS's policy priorities and recommendations for physician and facility payment. This year, ACS has worked hard to ensure that Medicare and private payer coverage and reimbursement rules protect patient access to care and properly account for the important and complex work that surgeons perform. Some examples include averting a policy that would have prevented billing of critical care codes within the global period, delaying a policy that would require determination of a billing provider of a split or shared service to be based on time, expanding coverage for colorectal cancer screening tests, and halting the enforcement of certain prior authorization and appropriate use criteria under the Medicare program.

In addition, the ACS provides extensive coding, billing, and other practice management resources in coordination with the ACS General Surgery Coding and Reimbursement Committee—such resources include webinars, workshops, a coding hotline, primers, a monthly practice management listserv (which includes more than 400 surgical practice executives and other practice staff), and other tools to help Fellows optimize their clinical and administrative workflows. Some examples include a webinar on split/shared and critical care coding, a Clinical Congress panel addressing physician employment contracts to equip surgeons with the information needed to understand their fair market value and be a self-advocate during contract negotiation processes, and both live and on-demand CPT coding courses.

Quality

The past 5 years have focused on defining the ACS quality model with Clifford Ko, MD, FACS, and the Division of Research and Optimal Patient Care. The quality model includes ACS verification + quality measures such as surgical site infection and readmissions. In addition, the payer community, particularly ACOs, are seeking ways to define optimal surgical care for contracting. The ACS quality model has been introduced into ACO national forums for consideration. The ACS team published a *Bulletin* series on value, which included a focus on the ACS quality model. The ACS team has proposed a hospital-level measure to CMS and its Innovation Center (CMMI) using the ACS geriatric surgical verification elements as a composite measure. It is currently under review with CMS Quality Measurement section.

Trauma and Cancer

The DAHP has also made strides in re-establishing ACS as the leader on all issues related to trauma care and raising the profile of the Committee on Trauma (COT) at the federal level. This includes, guiding policy development and strategy for the National Trauma and Emergency Preparedness System, rewriting and shepherding the Prevent BLEEDing Act (federal Stop-the-Bleed legislation), strategically advocating for National Firearm Injury Prevention, utilizing trauma systems to improve pandemic preparedness, gaining funding for MISSION ZERO for the first time, and drafting numerous statements and communications to both Capitol Hill, federal agencies, and the Administration.

Additionally, the ACS has developed a robust and strategic congressional appropriations portfolio, including establishing relationships with other stakeholders and coalitions. This has resulted in several appropriations wins including increased funding for firearm prevention and cancer research, global health, and funding for the MISSION ZERO grant program.

Finally, the ACS secured bipartisan, bicameral introduction of resolutions celebrating the 100th anniversaries of the Committee on Trauma and the Commission on Cancer.

Price and Cost Transparency

Law of the land calls for hospitals to deliver 75 prices from a CMS list of codes and 225 self-selected prices for a total of 300 prices; and Health Plans must report on 500 prices. Initially these are primarily individual CPT or DRG codes. A few of the codes are more consistent with the good faith estimates (GFE) as defined by the No Surprise Act (SNA). In the following 2-3 years, it is expected that all prices for all services will be transparent. The patient advocates are already applauding price transparency and are calling for more. They want episode-based prices. An episode-based price is a price based on summation of all the services included in a GFE.

The payer community is split on the best way to present patients with price transparency. Should there be one standard method for expressing price or should each payer or hospital define their own way to express price? Many payers wish to develop their own episode-based prices or use alternatives such as provided by Optum or Change Healthcare. The impact could be that a hospital may have multiple different ways to express the same service, thus creating pricing confusion. ACS has sought physician-defined episodes and an open-standards approach for defining episodes, with continuous governance of price based on inputs from specialty surgical care. We have supported the Episode Grouper of Medicare (EGM) which is now on version 5.0 and implemented through PACES, a non-profit, open-source physician-defined episode grouper system.

In addition to episode pricing, ACS has worked to define the production cost for an episode of care as part of the Transforming Healthcare Resources to Increase Value and Efficiency (THRIVE) project with Harvard Business School. The pilot work defines four different production costs within episodes of care (three cancers and one bariatric procedure). The results show what the care model is, its overall cost, and variability from like-minded institutions. It also combines the price versus cost based on Medicare payments. This provides the pilot sites with a report that portrays their cost, price and recommends focus areas for value-based financial management.

Valuation of Modern Surgeons/ Surgeon Compensation

Surgical care has dramatically changed over the last three decades since the implementation of the resource-based relative value scale (RBRVS). Attention had not formally recognized enhanced recovery protocols for pre-, intra- and postoperative care. Since 1990, ACS has provided published resources that define optimal care of the surgical patient. Surgeons now act on care needs that exceed the approaches to surgeon valuation in the RBRVS. In addition, data are now more available and surgical metrics are used to evaluate the outcomes and patient experience of care. Compensation systems are emerging that begin to take note of the need for modernizing the valuation of a surgeon today. From a policy perspective, we have taken note and are working to define the various aspects of modern surgical care that are under appreciated. The THRIVE work with Harvard Business School also helps to define the workflow, the complicated nature and complexity in patient variation and decision-making that are not part of the definition of modern surgical care. These efforts are being developed into policy statements and positions for engaging at various points on behalf of surgeons.

Digital Healthcare Services

Digital services were once primarily focused on the electronic health record (EHR) vendors and the surgeon workflows. Over the past 5 years, inroads have developed to optimize interoperability, data exchange, and the push for knowledge sharing across the care continuum in order to enhance patient experience, provide safety and improve outcomes. It is less clear as to how this digital world intersects with the specialty registries that have traditionally been used for data management.

Payers, hospitals, and third parties like Amazon, Microsoft, and Google are now looking beyond EHRs to envision a world of platforms and data lakes. The ACS policy initiatives have focused on securing the ACS position to be the source of surgical content and for contextualizing that content for surgeons at the point of care. Said more plainly, surgical applications (Apps) consume data from multiple sources and apply surgical

logic for use by surgical teams in providing surgeons with knowledge-based tools for their patients. The ACS SCANR project is a pilot project to demonstrate the ability for the ACS to create a platform (affordably) and scale its implementation across an entire State (Michigan) through an interface to the statewide Health Information Exchange (HIE). This allows the ACS cancer team to pilot work that automates identifying a patient newly diagnosed with cancer, staging the cancer, providing the registrar with a report for review, and submission to the National Cancer Database (NCDB), and more. The use cases that follow are additive such as defining treatment options, tracking outcomes of therapy and so forth.

The policy aspect of this is to secure the privacy protections and assure data accessibility without burden or excessive taxation (platform toll-gating - which is common among EHR vendors).

SurgeonsPAC

During the 2022 election cycle (1/1/2021-12/31/2022), SurgeonsPAC raised \$510,000 from nearly 800 ACS members and other eligible contributors. SurgeonsPAC disbursed \$442,000 to approximately 93 individuals seeking federal office, including primary and general campaigns; political campaign committees that support Democrat and Republican House and Senate candidates, including those in key leadership positions; and other individual and multicandidate PACs. SurgeonsPAC continues its mission to support advocates who prioritize advancing critical health policy that benefits physicians and patients, while upholding a balanced, nonpartisan approach to its disbursement strategy. As of this report, SurgeonsPAC has contributed to 50% Democrats and 50% Republicans. This balance remains important to supporting long-term physician champions, emerging advocates, and leaders who serve on key committees with jurisdiction over ACS-supported healthcare policy priorities.

SurgeonsVoice

Grassroots advocacy comes in many forms, which is why is why SurgeonsVoice continues to serve as the primary platform for members to become more educated and engage. Because it is critical for surgery's voice to be heard, the ACS participates in various types of grassroots activity, including federal and state, ongoing advocacy efforts, legislative "calls to action," targeted campaigns, and grassroots outreach.

Since 2019, participation in the College's surgeon advocacy network, otherwise known as the Health Policy Advisory Council (HPAC), has increased by 40%. Currently, HPAC membership includes 46 states plus Puerto Rico, and diverse specialty and Resident and Associate Society (RAS) and Young Fellows Association (YFA) representation.

2021 Accomplishments

- Uptick in ACS-led legislation and increased efforts to secure legislative co-sponsors
- Successful in-district meetings via Advocacy at Home
- Additional opportunities to recognize outstanding advocates
- Increased social media following and presence (@SurgeonsVoice)
- Updated SurgeonsVoice action center features
- 20% increase (2020-2021) SurgeonsVoice engagement
- Strong grassroots/tops participation on key ACS priorities
- Recognized Marion C. W. Henry MD, MPH, FACS, FAAP, as the 2021 Advocate of the Year

Other Efforts

- Annual Advocacy at Home program— 2022 registration under way
- Working to ensure 100% nationwide representation within HPAC
- Further tier and quantify the Advocate of the Year program
- Continue to modernize SurgeonsVoice action center
- Create advocate-driven content and presentation templates and other materials for broad distribution
- Develop advocacy 101, SurgeonsVoice how-to, and lawmaker meeting tutorial videos

Division of 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. The leadership activities of the Division continue to positively impact all specialties within the House of Surgery. The overarching goal of the Division is to support the efforts of practicing surgeons, surgery residents, medical students, and members of surgical teams to provide the best care to patients. The activities of the Division of Education are aimed at addressing the continuum of professional development from the first day of medical school through surgical training to the last day of surgical practice and into the retirement years. Special focus on transitions and vulnerabilities helps to ensure relevance of the educational programs and clearly demonstrate the value of these programs. The Division is committed to promoting excellence and expertise in surgery through innovation and rigor.

Over the past year, as the country has been emerging from the COVID-19 pandemic, the Division of Education has continued to make major strides in advancing the innovative and standard-setting educational programs that have earned the widespread national and international acclaim and has used the lessons learned during the pandemic to make enduring transformational changes in the educational programs. Below are highlights of five iconic programs of the Division of Education.

ACS Academy of Master Surgeon Educators®

Founded in 2017, the Mission of the Academy is to play a leadership role in advancing the science and practice of education across all surgical specialties promoting the highest achievements in the lifetimes of surgeons. The inaugural cohort of the Founding Members and Associate Members was selected by the Academy's Steering Committee based on rigorous criteria and was inducted in 2018. The new category of Affiliate Membership, which includes non-surgeons or non-practicing surgeons with expertise in specific domains,

was added in 2019. Induction Ceremonies have been held annually and were held in-person in 2018 and 2019; the Induction Ceremonies in 2020 and 2021 were held virtually due to the COVID-19 pandemic. Emphasis on outreach to surgeon educators from across the House of Surgery and across the globe is a high priority for the Academy. Efforts in this regard have been very successful in selecting highly qualified surgeon educators for induction into the Academy.

Since its inception, the Academy has recognized the importance of being more than an honorific group. The Members of the Academy have been engaged in a variety of different activities of the Academy and have made major contributions to advance surgical education. This was not more evident than during the pandemic, with the establishment of the Special Committee to Address Challenges and Opportunities Relating to Surgery Residency Training During the COVID-19 pandemic. A number of Subcommittees were formed to lead initiatives, implement programs, and conduct scholarship. The following Subcommittees were appointed: Survey Subcommittee; Novel Teaching and Assessment Methods Subcommittee; Subcommittee on Disaster Planning for Surgical Education; and the Editorial Review Group for the Academy's Web Portal for Educational Resources. The work of the Special Committee and Subcommittees has included: 1) multiple scholarly projects resulting in manuscripts published in prestigious peer-reviewed journals; 2) virtual monthly programming in the form of the Grand Rounds Series, connecting the audience with expert panelists on a wide range of clinical and non-clinical topics, and Fireside Chats, providing the opportunity for audience members to virtually meet with giants in surgical education; 3) an online peer-reviewed educational resource portal, *The Cutting Edge of Surgical Education*, which will be launched in 2022 and serve to foster academic development and advancement of surgical educators, as well as advancement of surgical education; 4) presentations and discussions focusing on crucial and timely topics, such as physician wellness, virtual interviews, finances of surgical education, and diversity, equity, and inclusion; and 5) encore

presentations of recordings from past ACS Clinical Congress Named Lectures as part of the goal to foster lifelong learning and inspire innovation.

Emphasis on member engagement has remained central in the activities of the Academy. Since its inception, the Academy has connected with members via Symposia, Induction Ceremonies, Special Sessions at Clinical Congress, newsletters, an online listserv, surveys of the membership to identify program priorities, and work on Committees and Subcommittees.

Membership in the Academy continues to grow and currently stands at more than 300 in the three categories of Member, Associate Member, and Affiliate Member. During the 2022 cycle, 100 applications were received for membership in these categories. Following review by the Academy's Steering Committee, 82 individuals were selected for membership in the Academy in the three categories. The individuals selected were from general surgery and 10 other surgical specialties. Also, individuals selected included surgeon educators from across the globe, including several from low- and middle-income countries. The individuals selected will be inducted into the Academy on September 30, 2022.

There are two other forthcoming events. On the day of the Induction Ceremony, the Academy will host a Symposium, "Enhancing Future Membership Engagement in the Academy." This Symposium will be interactive and gather important information from the membership. Also, during the Clinical Congress in San Diego, the Academy will present a Special Session on "Advancement and Promotion of Surgery Faculty based on Educational Accomplishments." Renowned leaders and experts in the field of surgical education will participate in this Special Session.

ACS Clinical Congress

The ACS Clinical Congress remains the premier annual educational conference that offers a broad array of outstanding education and training opportunities to practicing surgeons, surgery residents, medical students, and members of surgical teams. The comprehensive Program of the Clinical Congress includes Named Lectures, Panel Presentations, Scientific Forum Sessions, Video-based Surgical Education Sessions, Meet-the-Expert Sessions, Town Halls, Didactic Courses, and

Surgical Skills Courses. The Surgical Skills Courses offer hands-on learning and skill verification in laboratory settings, along with relevant didactic content. Due to the COVID-19 pandemic, the 2020 Clinical Congress was held virtually and no Didactic or Skills Courses were offered. For the virtual 2021 Clinical Congress, a three-part longitudinal learning model was piloted for the Didactic Courses and the didactic components of the Skills Courses. The virtual 2021 Clinical Congress received high ratings from the participants and comments from the participants were very positive.

Plans are well under way to hold the 2022 Clinical Congress in person in San Diego. The program will include 12 Named Lectures, including a new lecture on Metabolic and Bariatric Surgery. The program also includes more than 120 Panel Sessions with hundreds of expert speakers, more than 30 Postgraduate Courses, including a wide array of Didactic Courses, and Surgical Skills Courses. This will be a hybrid meeting and also offer a completely virtual option to provide registrants maximum flexibility. The Named Lectures and several Panel Presentations will be livestreamed. Also, soon after the live presentations, the recorded sessions will be available for on-demand review. Clinical Congress registrants will be able to access recorded sessions on-demand and earn CME Credits through May 1, 2023. The Didactic and Skills Courses for the 2022 Clinical Congress have been modeled differently from past in-person Clinical Congresses based on the experience with the virtual 2021 Clinical Congress. They will include a pre-Congress component and intra-Congress component, and many will include a third part after the Clinical Congress. This three-part model should enhance retention and transfer of the knowledge and skills to the practice environments. In addition, a full complement of Scientific Forum, Town Hall, Meet-the-Expert, and Video-based Education Sessions will be offered, including two sessions honoring Icons in Surgery. This year's Special Sessions will include a presentation from the ACS Academy of Master Surgeon Educators on "Advancement and Promotion of Surgery Faculty based on Educational Accomplishments," and a session on "The Ukrainian Crisis: Surgical Lessons Learned."

Strategic plans for the future include meta tagging of content and making it available year-round. Tagging the content will also allow for personalized education based on practice needs at the individual surgeon level.

Surgical Education and Self-Assessment Program (SESAP®) and SESAP Advanced

Now in its 51st year, *SESAP*® remains the premier self-assessment and guided cognitive skills education program for practicing surgeons. It is also a very useful educational resource for surgery residents. The innovative education and cognitive learning model of *SESAP 17* was especially designed to promote expertise in surgery. The unique model 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. Also, for the first time, *SESAP 17* content was made available by category. Subscribers may purchase all 13 categories or select as few as three categories most relevant to their surgical practice and learning needs. In addition, learners can move among multiple categories without completing all the items. *SESAP 17* is available in web and print versions, and the web version is optimized for use on mobile devices.

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* was the first program to offer opportunities to earn the Division of Education’s Education Credits of Excellence to those interested in achieving and demonstrating the highest levels of cognitive skills through rigorous study of the content.

An innovative addition was *SESAP 17 Advanced* that was released for the first time in 2020. *SESAP 17 Advanced* features additional in-depth content for surgeons seeking further knowledge in specific areas. Modules in five domains address clinical problems associated with complexity or ambiguity. *SESAP 17 Advanced* has also offered Education Credits of Excellence. *SESAP 17* will end in October 2022.

The next edition of *SESAP*, *SESAP 18*, will be launched during the Clinical Congress 2022 in San Diego. Six authoring committees have developed, peer reviewed, and finalized items in *SESAP 18* using a process that generated 875 items, along with critiques, images, videos, and references. These items were reviewed further for clinical significance and educational value

by the *SESAP* Advisory Committee, and the committee selected the final 665 items in nine major categories of general surgery, including abdomen, alimentary tract, breast, emergency general surgery, endocrine, legal/ethics, perioperative care, surgical critical care, and trauma. *SESAP 18* includes a number of new features to support personalized education and application of new knowledge to practice settings. Education Credits of Excellence will continue to be offered to CME subscribers interested in achieving the highest levels of cognitive skills. Participants can earn a maximum of 168 *AMA PRA Category 1 Credits*™ through participation in *SESAP 18*, all of which can be used to fulfill self-assessment requirements.

SESAP 18 Advanced will be released in 2023 and will feature in-depth content for surgeons seeking additional knowledge in specific domains. Modules in abdomen, alimentary tract, breast, emergency general surgery/trauma, endocrine, melanoma/sarcoma, and surgical critical care will especially address clinical problems and domains that are complex and may be ambiguous or still evolving. *SESAP 18 Advanced* will also offer Education Credits of Excellence.

The participation of practicing surgeons and surgery residents in *SESAP* remains strong and the feedback has been very laudatory.

ACS Entering Resident Readiness Assessment (ACS ERRA)

The ACS Entering Resident Readiness Assessment (ACS ERRA) is an innovative, online, psychometrically rigorous assessment for use with entering surgical residents. Designed to assess the clinical decision-making skills (as opposed to recall of factual knowledge), ACS ERRA provides Program Directors with guidance regarding the preparedness of PGY-1 residents to assume new clinical responsibilities and assists with development of data-driven individualized learning plans. Program Directors receive two types of reports: individual resident reports and an aggregated program-level report, including comparisons with other residency programs. The ACS ERRA is based on the well-recognized “key features” approach that results in high reliabilities within short testing times.

ACS ERRA includes 140 critical decisions in 40 cases within 20 topics across 12 clinical domains. Assessment responses from the residents include selection from long menu lists of possible next steps, and short, free-entry answers that are assessed by the ACS ERRA authors.

ACS ERRA has been very successful and since its launch in 2018, the numbers of residents and residency programs enrolled has progressively increased. In 2022, 106 residency programs administered ACS ERRA to 840 residents, which is a new record since the time the program was launched. The feedback from the participants has been exceptionally positive.

Program of ACS-Accredited Education Institutes®

The gold standard of simulation centers is the ACS Program for Accreditation of Education Institutes (ACS-AEIs). The ACS-AEI Program was launched in 2005. The Goals of the ACS-AEIs are to promote patient safety through the use of simulation, develop new simulation-based education models and technologies, identify, and share best practices, and promote research and collaboration among the accredited institutes. A Consortium of the Accredited ACS-AEIs was created several years later to promote collaboration among the ACS-AEIs and is functioning extremely well.

An Annual ACS Surgical Simulation Summit brings together the Consortium of ACS-AEIs and others working in the domain of simulation-based surgical education. Keynote Addresses, Panel Presentations, and Scientific Presentations address timely topics. Over the past 2 years, collaboration has been pursued with the American Society of Anesthesiologists Simulation Education Network and joint sessions have been offered at the Summit.

Accreditation of simulation centers (education institutes) is offered at two levels: Comprehensive and Focused, based on specific standards and criteria. Accreditation Standards are continually undergoing review and revision. The third version of the Accreditation Standards, *Standards for Accredited Education Institutes*, was released in November 2021.

The aim of the 2021 revisions was to reduce redundancy and clarify intent. The focus is now on continuing accreditation, with frequent reports and longer intervals between reaccreditation cycles. All programs now complete a new annual compliance report. Several prospective ACS-AEIs have used the accreditation standards to garner specific resources from their institutional leaders.

The Standing Committees of the ACS-AEI Consortium have been addressing a spectrum of opportunities collaboratively and have played a key role in advancing the field of simulation-based education. Many scholarly activities and products have resulted from these efforts. The committees meet on a regular basis with the goal of pursuing opportunities to educate, train, and provide resources to members of the Consortium.

Despite the challenges during the COVID-19 pandemic, the ACS-AEI Program has flourished and has continued to make a major impact within the local institutions and nationally. The current total number of ACS-AEIs is 100, and the current number of ACS-accredited Simulation Fellowship Programs that are based within the ACS-AEI Consortium is 19.

The Division of Education has launched and taken to the next level a spectrum of other programs in addition to the five highlighted above. These continue to establish new national and international benchmarks. Information on any of the programs of the Division of Education is available upon request.

Division of Member Services

Membership Statistics

ACS Membership exceeds 84,000. Of 64,507 Fellows, 10,221 hold senior status and 15,701 are retired. (Both groups are dues exempt.)

Total Members	84,247
Fellows	64,507
US	55,712
Canada	1,246
International	7,549
Initiates	2,355
Associate Fellows	2,820
Residents	10,989
Medical Students	3,085
Affiliates	491

Initiates

This year ACS welcomes a total of 2,355 Initiates from 78 countries. Overall Initiate growth continues on an upward trend, consistent with the last several years. Applications for 2023 are on track to exceed our 2021 and 2022 numbers.

General surgery Initiates accounted for 59% of the class, and all other specialties accounted for 41%.

Initiates	2,355
US & Canada	1,496
International	859

The breakdown by gender is:

	Female	Male	Unknown	Other	Prefer Not to Answer
US & Canada	531	957	1	5	2
International	119	735	2	2	1
Totals	650	1,692	3	7	3

Of the 77 countries with Initiates outside of the United States and Canada, the top 10 countries accounted for 66.2% of the International Initiates (566), and the rest of the world accounted for 33.8% (289 Initiates). This correlates with strong chapter leadership in each area.

#	Country	# of Initiates	#	Country	# of Initiates
1	Bangladesh	182	6	Iraq	24
2	India	127	7	Japan	23
3	Pakistan	76	8	Philippines	23
4	Mexico	37	9	Chile	21
5	Saudi Arabia	32	10	Nigeria	21

In the United States, the top 10 states accounted for 47% of all domestic Initiates, with 703. Nine of the 10 are states with the highest populations. These are states with strong chapters and leadership. The other 40 states accounted for 53% or 793 Initiates.

#	State	# of Initiates	#	State	# of Initiates
1	California	131	6	Ohio	56
2	Texas	110	7	Virginia	47
3	New York	92	8	Illinois	46
4	Pennsylvania	75	9	Massachusetts	43
5	Florida	63	10	Georgia	40

Resident Membership Dues Exemption Pilot

As part of a 3-year pilot program to encourage recruitment and retention of surgical specialty residents and increase residency program use of the ACS Resident Membership Group Billing and Enrollment System, Resident membership dues were waived for the 2022-2023 academic year. Although Resident members make up the second largest group within the ACS, the annual turnover of those members is high. As of August 2, 2022, approximately 1,900 resident applications had been submitted since the start of the pilot in April 2022, of which more than 1,700 have been approved. Outstanding applications require additional verification, and staff works closely with applicants to finalize the process. More than 2,400 Resident memberships have been renewed. A full reporting with comparative data will be available next year.

Resident Retention

In the ongoing effort to bolster resident enrollment and the transition to Associate Fellowship and address concerns that “residents don’t know they are ACS Residents,” Member Services launched an aggressive communications campaign that highlighted the range of benefits available to Resident Members. Automated monthly emails were sent to residents on topics ranging from Surgeon Wellness to *SESAP* to Trauma to ACS Quality Programs. Open rates ranged from 24% to 66%. The response has been positive. Tracking of renewals and transition to Associate Fellowship will continue to determine the effectiveness of this retention program. A similar program is being launched this year targeting Associate Fellows.

Recruitment and Retention Activities

With the Clinical Congress in 2020 and 2021 held virtually, advertising to non-Fellows and nonmembers was targeted through Facebook and LinkedIn. This strategy is being evaluated to determine its return on investment and effectiveness.

Separately, other social media campaigns were launched targeting specialty recruitment for Fellows, specialty residency programs, surgical residents, and medical students. Results are being tracked and analyzed as we anticipate expanding social media recruitment advertising in 2022-2023.

Automated monthly emails were sent to contacts in all categories with a lapsed membership, nonmember surgeons who submit manuscripts to the *Journal of the American College of Surgeons (JACS)*, and nonmember surgeons who have purchased an ACS product. Staff will also start working with DROPC to identify surgeon nonmembers who participate in ACS Quality Programs.

Chapter Services

ACS Chapters work with the College to provide members with additional benefits, such as the opportunity to network with surgical peers locally, participate in advocacy activities at the state and federal levels, and conveniently attend in-person and virtual educational meetings with CME, to name a few.

Chapter Services provides guidance and assistance in these areas to the College’s 119 chapters, including 65 in the US, three in Canada, and 51 overseas.

New Chapters

The Board of Regents chartered the United Kingdom Chapter and the Costa Rica Chapter in October 2021, and the Bahrain Chapter was chartered in June 2022, becoming the 51st international chapter. Chapter Services will continue to facilitate the steady growth of ACS chapters around the globe so members may experience the benefits of networking, educational programming, and mentoring of young surgeons and students.

Chapter Annual Reports

All ACS Chapters must complete an Annual Report of activities during the previous year. The Annual Report allows chapters to highlight accomplishments and success stories while identifying areas that may benefit from further support.

Because of the ongoing COVID-19 pandemic, many chapters’ activities, plans, and strategies continued to be altered, postponed, and even canceled in 2021. Like in 2020, ACS chapters pivoted and adapted by providing members with virtual and hybrid learning and social opportunities.

The 2021 Annual Report captured information about the chapters’ efforts in the following areas: administration and management, membership recruitment and retention, educational programming and events, advocacy efforts, YFA, RAS, and medical student engagement, diversity, equity and inclusion, communications, and chapter finances.

New to the 2021 Annual Report, chapters were asked to complete several self-assessment questions on the abovementioned areas. Domestic and international chapters ranked the overall health of their chapters as follows:

	Excellent	Very Good	Good	Fair	Poor
Domestic	7%	27%	36%	24%	6%
International	6%	33%	42%	15%	4%

Each chapter's leadership received a customized report that compared their responses with the chapter aggregate. Chapter Services received a 100% response rate from all domestic and international chapters for the fifth year in a row. The high completion rate has allowed Chapter Services to benchmark and identify improvement opportunities in many of the areas mentioned above.

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

Recruitment and Retention

An important responsibility for ACS Chapters is to develop and implement clearly defined and quantifiable recruitment and retention strategies. Chapter Services continues cultivating new resources, as outlined below, to help chapters with their recruitment and retention strategies.

- Chapter banners with the new ACS branding were created and sent to chapters to help create a unified look with the ACS. Graphics to help promote ACS events and resources are shared with chapters throughout the year.
- Chapters were provided a list of Initiates in their area and a sample congratulatory recruitment letter.
- Chapters also received a list of Associate Fellows in their area and a template letter encouraging these members to apply for Fellowship before the December 1 deadline.
- A free webinar was conducted in November 2021 highlighting the benefits of international membership, the different membership levels, and explaining the process to apply for ACS Fellowship. More than 400 non-members, residents, and Associate Fellows registered for the webinar.
- The Domestic Chapter Membership Recruitment Grant Program financially supports domestic chapters seeking to increase chapter membership among dues-eligible Fellows and Associate Fellows. Under this program, chapters may request up to \$1,000 and must match 50% of the requested

amount. Seven grants were approved in FY2022 for the North Texas, Michigan, New York, Delaware, Rhode Island, Northern California, and Minnesota Chapters. Examples of how these funds are being used include: professionalizing recruitment materials such as postcards, flyers, website; holding special events for non-member/new Fellows; and social media advertising. Reports on these recruitment initiatives are due at the end of the year when the 2022 dues cycle closes.

- A *Resources for Chapter Leaders* email series was implemented, reminding chapter leaders of various tools and materials available to them. These emails included information about the following:
 - Chapter survey template
 - Bylaws template
 - Find a Chapter web page
- In collaboration with the International Relations Committee, a database of global observership/visiting fellowship opportunities for surgeons was finalized based on survey data collected from domestic and international chapter leaders and other surgeons. The information is available to constituents on the ACS website, and there have been more than 80 views and 25 downloads from the web page within the first 2 months of its posting.
- Understanding the importance of recognizing the ongoing efforts and commitment of ACS chapter leaders, Chapter Services developed a "Chapter Achievements" section for the 2021 Board of Governors Awards Program that was held virtually in October. As of August 2022, the Awards Program has been viewed more than 450 times.

Virtual/Hybrid Sessions for Chapter Leaders

Due to the ongoing pandemic, all meetings organized for chapter leaders had a virtual component. Over the last year, the following sessions were organized for chapter leaders:

- Chapter Goal Setting & Strategic Planning (virtual)—50 attendees
- Recruitment & Retention for Chapters (virtual)—50 attendees
- DE&I and Chapters (virtual)—~50 attendees

- New ACS Website Tour for Chapter Leaders (virtual)—120views
- Maryland Chapter Success Story (hybrid)—The Three Chapter Success Stories were presented at the 2022 Leadership Summit, which had over 700 in-person and virtual attendees.
- Kansas Chapter Success Story (hybrid)
- Italy Chapter Success Story (hybrid)

A mix of virtual and in-person events for chapter leadership will continue in FY2023.

Chapter Services Website Redesign

The Chapter Services web pages were revamped with the launch of the new ACS website. The web pages were consolidated to make it easier for members to learn about the benefits of their local chapters. An expanded *Resources for Chapters* section was also created, which includes the Chapter Guidebook, a link to Chapter Leadership Videos (YouTube), Surgical Jeopardy, and grant information, to name a few.

Find a Chapter Webpage

The Find a Chapter webpage is one of the portals where ACS members can learn more about each chapter and includes information about the leadership, upcoming meetings, and how to join. Chapter Services has been working diligently to ensure that members are aware of this page and has successfully increased web traffic over the past several years. There was a 5% increase in traffic to this page in FY2022 over FY2021.

Medicare Physician Payment Cuts

Chapters played an important role in the efforts to curb the proposed 9% cuts to Medicare physician payments in 2021. One hundred percent of US chapters signed on to a chapter-led letter of support to congressional leadership urging Congress to stop the cuts to Medicare Physician payment. Messaging from DAHP was also shared with chapter leaders about the importance of contacting their representatives through SurgeonsVoice. The Florida Chapter [released a video](#) to its members urging them to contact their representatives. ACS and chapters will continue to engage Congress to ensure that reforms bring stability to the payment system.

Chapter Dues Collection

ACS Chapters and members have long urged ACS to develop a chapter dues collection program that combines the national and chapter dues onto one invoice. Work has begun with Member Services, IT, Accounting, and Association Management staff to operationalize the combination of the national and chapter dues onto one invoice.

Combining the two invoices will lead to increased revenue for each chapter, which will provide financial resources to increase networking opportunities, education meetings, advocacy, leadership, and mentorship opportunities. It is believed that a 15%-20% increase in members who pay chapters dues will result.

Work has also begun on a chapter interface to the membership database specific to their chapter members or eligible members. This will include read only access to members data, dues payment history and other relevant information. The chapter will be able to run their own reports, and this will be the interface once dues collection starts to see pending transfers and the dues status of chapter members.

Promoting the Benefits of Chapter through ACS Publications

Chapter Services, in conjunction with the Board of Governors Domestic and International Chapter Workgroups, made it a priority over the past year to promote chapter successes and benefits in various ACS publications. These articles were read by hundreds of readers and are a testament to the breadth of activities that chapters are involved in. Articles covering advocacy successes, anniversaries, and chapter history are included below:

- Foundation Donations at Work: Chapter Initiative Fund Supports Local Efforts to Advance the College's Mission (*Bulletin*: July 2022)
- ACS Mount Rushmore State Chapter Celebrates 70th Anniversary (*ACS Brief*: June 14, 2022)
- Surgeons Voices: Interview with the Thailand Chapter President (*ACS Brief*: June 14, 2022)
- STOP THE BLEED® Legislation Advances in California Legislature (*Advocacy Brief*: June 2, 2022)

- 70+ Years of Chapter History (*Bulletin*: May 2022)
- ACS Louisiana Chapter Celebrates Platinum Anniversary (*ACS Brief*: May 17, 2022)
- New York and California Chapters Influence State Health Policy (*Advocacy Brief*: May 5, 2022)
- The Benefits of Getting Involved in ACS State Chapters (*Bulletin Brief*: April 29)
- ACS Connecticut Chapter Opposes Prejudgment Interest Legislation (*Advocacy Brief*: Mar. 10, 2022)
- The Manitoba Chapter's Gavel and its Enduring Meaning (*Bulletin*: January 2022)

Advocacy and Health Policy Abstract Competition

This past June, the Advocacy and Health Policy Abstract Competition for ACS residents and surgical trainees was launched. In the interest of encouraging surgical trainees to become involved in advocacy and health policy efforts early in their careers, this new competition will enable them to attend and present abstracts at the Leadership & Advocacy Summit from April 15-18, 2023, in Washington, DC.

ACS Chapters in the US are strongly encouraged to establish an advocacy and health policy abstract competition for residents and surgical trainees. These competitions can be held at an annual meeting, an advocacy day, or virtually. While guidelines for chapter competitions may vary from chapter to chapter, the research should focus on advocacy and health policy issues at the state or national level. Chapters that hold a local competition may submit the winning abstract for consideration at the national competition, which will take place during the annual Leadership & Advocacy Summit.

The authors invited to present their abstracts at the Summit are guaranteed to receive one of the \$500 Resident Travel Awards for the Leadership & Advocacy Summit to help defray travel costs to Washington, DC. Cash awards for the top three abstracts at the national competition will be announced during the Advocacy portion of the Summit on April 17.

Board of Governors Chapter Activities Workgroups

The Board of Governors Chapter Activities Domestic Workgroup serves as an advocate for ACS chapters within the US, its territories, and Canada. The 18-person workgroup assists chapters with implementing and promoting ACS programs to carry out the College's mission at the state, territorial, and provincial levels. Each member volunteers for one of the following subgroups, which are based on the workgroup's objectives:

- **Annual Reporting of Chapter Activities:** This subgroup analyzes the aggregate data from the annual report and provides recommendations for new initiatives that chapters can implement. The group also reviews and develops questions each year.
- **Resources for Chapter Leaders & Best Practices for Chapter Management:** This group is tasked with reviewing and updating the Chapter Guidebook. They are also responsible for reviewing chapter recruitment grants.
- **Value of Chapter Membership:** This group assists with communicating the value of chapters through ACS publications (*ACS Brief, Bulletin, Advocacy Brief*).

The Board of Governors Chapter Activities International Workgroup serves as an advocate for the 51 ACS international chapters. The purpose of the International Workgroup is to work on objectives and activities that offer support and guidance for international chapters and their members. Workgroup members are assigned to various subgroups based on the workgroup's objectives for the year. The subgroups for the 2021/2022 term are as follows:

- **Build-a-Chapter Subgroup:** This subgroup mentors and guides ACS Fellows in countries with the potential to form an ACS chapter. Ten countries were identified based on the number of ACS Fellows in each country. Subgroup members contacted Fellows within each country to gauge the level of interest in forming an ACS chapter with the goal of nominating a Governor, which is the first step in the chapter formation process.

- **International Chapter Promotion Subgroup:** This subgroup works on getting consistent articles and communications in ACS publications including the *Bulletin*, *ACS Brief*, social media platforms, etc., highlighting the activities and achievements of ACS international chapters. It is important to show that international chapters around the world play a key role in keeping local surgeons informed and connected with the College’s mission.
- **Engagement/Outreach Subgroup:** This subgroup engages with assigned chapters and provides mentorship and assistance to leaders. The subgroup works with the ACS staff liaison to identify and target international chapters who can best benefit from the guidance and support of a Workgroup member. This includes chapters who are struggling in certain aspects of chapter governance, plus newly formed chapters.

Leadership & Advocacy Summit

Approximately 700 individuals—220 in-person and 475 virtual attendees—participated in the 2022 Leadership & Advocacy Summit, April 2–5, in Washington, DC. It was the first in-person Summit that the College has hosted since 2019 and the first hybrid Summit, with sessions live streamed in real time. Speakers at the Leadership Summit offered insights on compelling topics, including second victim syndrome, advocacy and activism, surgeons as leaders, diversity, equity, and inclusion (DEI) in surgery, and the well-being of leaders. The Committee on Trauma and the Commission on Cancer both provided insightful presentations celebrating their 100-year anniversaries. Leadership Summit attendees also had the opportunity to hear from new ACS Executive Director Patricia L. Turner, MD, MBA, FACS, as she outlined her vision for the College moving forward.

The Advocacy Summit kicked off with a Keynote Dinner during which *Washington Post* associate editor Bob Woodward shared his views on the political climate. Another political journalist, Jake Sherman, founder of *Punchbowl News*, spoke at a luncheon sponsored by the ACS Professional Association Political Action Committee—ACSPA-SurgeonsPAC. Sessions presented during the Advocacy Summit included Medicare

Payment: MACRA and the MPFS, Paving the Way for NTEPS, Analyzing Data to Advance Advocacy, No Surprises Act, Advancing Equity, and Congressional “Asks.”

The next Leadership & Advocacy Summit will take place April 15–18, 2023, in Washington, DC.

Board of Governors

Board of Governors members serve as an official, direct communications link between the Board of Regents and the Fellows. ACS has 296 Governors: 153 Governors At-Large representing each US state and Canadian province and territory; 91 specialty society Governors; and 52 international Governors.

Executive Committee Activities

The Board of Governors is structured around six Pillars and 18 Workgroups and is governed by an eight-member Executive Committee. In addition to the Pillar Leads, the Executive Committee comprises the following Officer positions, who serve as ex officio members on the Board of Regents:

- Danielle Saunders Walsh, MD, FACS, FAAP, *Chair*
- Ross F. Goldberg, MD, FACS, *Vice-Chair and Advocacy & Health Policy Pillar Lead*
- Oscar D. Guillaumondegui, MD, MPH, FACS, *Secretary*

The 2021-2022 Pillar Leads were:

- Cherrisse D. Berry, MD, FACS, *New York, NY, Diversity Pillar Lead*
- Shannon M. Foster, MD, FACS, *Reading, PA, Communications Pillar Lead*
- Lillian S. Kao, MD, FACS, *Houston, TX, Quality, Research & Optimal Patient Care Pillar Lead*
- Deepak G. Nair, MD, FACS, *Sarasota, FL, Education Pillar Lead*
- Maie A. St. John, MD, PhD, FACS, *Los Angeles, CA, Member Services Pillar Lead*

Board of Regents Vice-Chair Linda G. Phillips, MD, FACS also served as an ex officio.

The Executive Committee met monthly and focused on the following activities:

- Developing content for the Annual Business Meeting at Clinical Congress 2022
- Encouraging panel sessions and town hall submissions for Clinical Congress 2023
- Revising the scope and purpose of the Governor Communications and Outreach Workgroup
- Enhancing communication efforts via *ACS Brief* and *Bulletin* submissions from Governors
- Encouraging Governor participation in the ACS Foundation and ACSPA-SurgeonsPAC
- Increased Collaboration with Advisory Councils (Pillar level, etc.)
- Conducting succession planning for Board of Governors Pillars
- Reviewing Governor Liaisons to determine if new Liaisons need to be established
- Selecting new members for the Nominating Committee of the Board of Governors

The Executive Committee hosted a New Governor Orientation session in November to help incoming Governors better understand their roles and duties and how best to augment their experience. New Governors were assigned to Board of Governors Workgroups in December. An Onboarding PowerPoint was distributed to Board of Governors Workgroup Chairs/Vice-Chairs and Governor Liaisons to provide an overview of their roles and responsibilities and a proposed workgroup meeting schedule for 2021-2022. Pillar Leads held meetings with their respective Workgroup Chairs/Vice-Chairs, as well as with several ACS Division Directors to further align activities.

In lieu of meeting in-person at the 2022 Leadership & Advocacy Summit, the Executive Committee convened virtual meetings for all Board of Governors Workgroups prior to the Summit and held Joint Pillar meetings with Advisory Council members in March. A Joint Advisory Council/Board of Governors All Pillars Meeting was held in June.

In-person activities have resumed for the Clinical Congress 2022, including the Joint Pillar meetings with Advisory Council members, a Joint Advisory Council/Board of Governors All Pillars Meeting, the Annual

Business Meeting, and the Board of Governors Dinner and Reception.

Efforts also have focused on the Governors Alumni Program (GAP) to maximize the knowledge and enthusiasm former Governors have for the College. GAP has more than 50 members, and additional activities are planned for 2023.

Pillar Updates

Following is an update on the activities of the Board of Governors Pillars and their respective workgroups. The Governors' contributions to these Workgroups result in the development of resources for Fellows.

Advocacy and Health Policy Pillar

The Advocacy and Health Policy Pillar focuses on healthcare legislation and regulation at the local, state, and national levels, working closely with the DAHP.

The Health Policy and Advocacy Workgroup seeks to advance 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 key 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. The workgroup is exploring ways to better define and address administrative burden, moral injury/burnout, and disparities and inclusion via advocacy efforts and activities.

The purpose of the Grassroots Advocacy Engagement Workgroup is 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 continues to promote increased engagement directed at the grassroots level via the Advocate at Home program and Chapter activities, such as lobby days and advocacy presentations. Current activities include leveraging state medical societies via increased surgeon membership, expanding opportunities to collaborate with specialty societies on key issues, and collaborating with the Board of Governors Diversity Pillar to incorporate DEI in lobby day efforts.

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

- ACSPA-SurgeonsPAC
- 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. Pillar activities focus on increasing communication between Governors and their respective chapters and specialty societies through presentations, reports, summaries, *Bulletin* and *ACS Brief* articles, and an annual survey. A key deliverable this year was a best practices document to assist Governors in submitting Clinical Congress proposals and gaps.

The Pillar also works to improve collaboration among Board of Governors workgroups and other ACS Committees.

The Governor Communications and Outreach Workgroup's scope and purpose was revised to better reflect its current activities. In collaboration with the Division of Integrated Communications, the workgroup provides direct feedback on internal and external communication vehicles, publications, and efforts, i.e., design, functionality, etc. Members also participate in solicited and invited authorship and editorial contributions to ACS publications. For example, the workgroup provided feedback on the design and functionality of the revised facs.org and the new policies and format of the ACS Communities.

The Survey Workgroup published the 2021 Board of Governors Annual Survey results in numerous formats over the last year, including the [2021 ACS Governors Survey: Surgical Training Paradigms: From Medical School into Practice in the Bulletin](#) (May 2022; Volume 107, Number 5). The 2022 survey results on the communication needs and efforts, DEI and wellness efforts at institutions, surgical volunteerism/public health, and advance practice practitioners are being analyzed.

Diversity Pillar

In January, the ACS Office of DEI convened the ACS-DEI Strategic Alignment Joint Meeting to bring together the Board of Regents, Board of Governors, and ACS Committees to operationalize:

- DEI Toolkit – for departments/organizations
- DEI Curriculum – for surgical programs
- DEI Pipeline Program – survey existing pipeline programs
- Assess ACS demographics – members and leadership for opportunities
- DEI Grant Recipients – ensure alignment with the strategic mission

To develop an ACS portfolio of DEI educational sessions and tools that reflect the College's standard of excellence and to build upon the strong DEI foundation established in the ACS, Pillar members participated in the Office of DEI's ACS DEI Educational and Alignment Collaboratives, an intensive monthly series of workshops.

The Pillar also participated in the 2022 Quality & Safety Conference's general session on Quality Care Is Equitable Care, which focused on how health equity is linked to quality patient outcomes.

The DEI Education/Advocacy Workgroup's activities have focused on surveying pipeline programs on best practices and needs, drafting a statement on pay parity/equity, and efforts to better understand and decrease underrepresented in medicine (URiM) resident attrition.

The DEI Education/Communication Workgroup has developed content for the *Bulletin* and *ACS Brief* to help promote awareness of DEI issues. *Bulletin* articles include [Overcoming Disparities in Surgical Care among Native Americans](#) (April 2022; Volume 107, Number 4) and [The Role of Social Determinants of Health on Cancer Screening](#) (May 2022; Volume 107, Number 5). The workgroup also submitted several Clinical Congress 2023 session proposals on DEI topics.

The DEI Toolkit Workgroup is developing a toolkit for ACS Chapters and partner organizations to enhance DEI efforts at the local level.

Education Pillar

As a result of the work of the Governors in the Education Pillar workgroups, the ACS has advanced various initiatives this past year.

The members of the Continuing Education Workgroup hosted a collaborative meeting in May for Board of Governors Workgroups, Advisory Councils, the Resident & Associate Society, the Young Fellows Association, and other ACS committees to share Clinical Congress 2023 proposal ideas and improve quality of submissions. The workgroup also collaborated with the ACS Division of Education on possible opportunities to provide CME for video-based reviews. Members continue to analyze survey data on M&M conferences to help improve educational experiences for trainees and surgeons.

The Patient Education Workgroup collaborated with the Division of Education by providing feedback on the Patient Education Toolkit. This web-based delivery platform includes the entire catalog of ACS patient education programs and patient education from the National Institutes of Health. Additional efforts are underway to increase awareness of this resource.

The Surgical Training Workgroup continues to focus on projects and efforts related to faculty curriculum development, an application review toolbox for program directors, mitigating lower operative volume post-pandemic, mentoring new graduates, and a coding/billing curriculum for trainees. The workgroup also collaborated on numerous session proposals for Clinical Congress 2023.

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 and Chapter Activities International Workgroup updates are referenced in the Chapters section.

The Surgical Volunteerism and Humanitarian Awards Workgroup members conducted outreach through ACS Communities, the *Bulletin*, military Governors, and Advisory Councils to increase awareness of the awards. The workgroup has selected five recipients to be honored at the Board of Governors Dinner and Reception during Clinical Congress 2022.

Quality, Research, and Optimal Patient Care Pillar

The Pillar works closely with the Division of Research and Optimal Patient Care to ensure that Fellows can provide the best care to their surgical patients. Members have helped to promote the *ACS Quality Improvement Course: The Basics* among Governors and their constituents, as well as have provided feedback on future iterations. The Pillar continues to collaborate with the Division on ways to increase alignment of the quality verification program and overall activities.

Members partnered with the Diversity Pillar on ways to better align activities on social determinants of care, such as on the development of the 2022 Quality & Safety Conference's general session on Quality Care Is Equitable Care.

The Best Practices Workgroup continues to focus on The Top 3: Best Practices in Surgery project by collecting manuscripts from Advisory Councils and selected quality programs to further help Fellows stay abreast of the literature. The manuscripts will be summarized for easy reference and promoted via social media, the *ACS Brief*, and the ACS Communities. Other efforts have focused on reviewing *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 issues related to surgical competency. Several subgroups focus efforts on the topics of social-emotional support, professionalism, aging, infertility and pregnancy, and ergonomics. Members have collaborated with the Surgeon Well-Being Workgroup on a professional satisfaction and well-being survey, as well as have initiated a collaborative effort with the Committee on Professional Opportunities for Senior Surgeons, the Ethics Committee, the Society of Surgical

Chairs, and the Surgical Care Delivery Workgroup to revise the 2016 ACS Statement on the Aging Surgeon and to provide additional resources to Fellows.

The Surgical Care Delivery Workgroup analyzes and addresses surgeon workforce issues, assesses patient access to quality surgical care, and evaluates the status of surgical care delivery in the ambulatory setting. The workgroup partnered with the Committee on Trauma and the Military Health System Strategic Partnerships ACS to develop a late breaking session for Clinical Congress 2022 on Surgeons on the Frontline of Gun Violence Safety Inside and Outside of the Operating Room. Several articles and commentaries were published in the *Bulletin* on *Improving Care for Rectal Cancer Patients in Rural Canada* (May 2022; Volume 107, Number 5).

The Telehealth Workgroup created four subgroups to focus efforts on clinical/use cases, technology/infrastructure, advocacy, and graduate medical education. Members presented the Improving Quality, Access, and Equity with Telehealth session at the 2022 Quality & Safety Conference and published a *Bulletin* article on *Telemedicine in the COVID Era and Beyond: Overcoming Barriers to Improve Access to Care* (July 2022; Volume 107 Number 7). A telehealth primer also is in development.

The Committee to Study the Fiscal Affairs of the College, chaired by Oscar Guillaumondegui, MD, FACS, Board of Governors Secretary, continues to review and monitor the fiscal health of the College.

Advisory Councils

The 14 Advisory Councils (ACs) represent each of the surgical specialties. Led by John Stewart, MD, FACS, the Advisory Councils undertook several initiatives this year independently and through partnership with other governing and leadership groups.

Individually, the Advisory Councils assisted with reviews of expert witness testimony for the Central Judiciary Committee (CJC), 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 continue to submit content for the weekly *ACS Brief*.

As part of its specialty recruitment marking plan, the Advisory Councils are contributing new content to new web pages designed for member recruitment, including videos on benefits for their specialties, literature resources, and highlighting ACS well-being and quality programs, applicable to all specialties.

The Advisory Councils collectively submitted 119 proposals for Panel Sessions, Postgraduate Courses, Meet-the-Expert sessions, and Town Hall meetings for Clinical Congress 2023. Several proposals were submitted with co-sponsorship with other specialty Advisory Councils. The Advisory Councils have collaborated with Board of Governor workgroups on panel submissions for the Clinical Congress, and a meeting was held this spring designed to encourage inter-committee panel submissions.

Several Advisory Councils are connected with efforts in other Member Services areas. The Advisory Councils have responded to the request from the Board of Governors Best Practices Workgroup and forwarded the top 3 articles from their specialties for review and dissemination.

The Advisory Councils for Gynecology and Obstetrics, Plastic and Maxillofacial Surgery, Oral and Maxillofacial Surgery, and Ophthalmic Surgery are collaborating with the ACS Intimate Partner Violence Task Force on a webinar and IPV campaign being highlighted in October. The Advisory Councils for Pediatric Surgery, Plastic and Maxillofacial Surgery, and Colon and Rectal Surgery are working with the ACS International Relations Committee on specialty webinars.

Young Fellows Association

The 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 Executive Committee, workgroups, and special project committees.

Executive Committee

The YFA Executive Committee continues to be engaged in our mission to provide resources for young Fellows despite the unique challenges brought about by the COVID-19 pandemic. Adding an educational component to our meetings has enhanced our discussion and broadened our knowledge bases. Subjects covered included DEI in surgical meetings; navigating bullying, harassment, and unconscious bias; and how social media and technology can bring us together in our shared goal of providing high-quality patient care.

Advocacy and Issues Workgroup

The workgroup also focused on making meetings more inclusive for participants with varied physical, environmental, social, and spiritual needs. Led by Claudia Emami, MD, FACS, a white paper is being drafted to present to the ACS leadership as a resource for planning future meetings for a diverse surgeon population.

And finally, this workgroup supported the update on the ACS Restrictive Covenants Statement, working with Patrick Bailey, MD, MLA, FACS, Medical Director, ACS Advocacy, to craft language that makes it easier for surgeons to maintain patient care when changing jobs within a specific geographic area.

Communications Workgroup

This workgroup targeted its efforts this year on improving the YFA Twitter Account. Forming a subcommittee under the leadership of Claudia Emami, MD, FACS, we have increased the YFA account to 1,389 followers, up from 1,208 in 2021. The workgroup is working with staff from the ACS's Integrated Communications Division to create a more standard content schedule for social media and to update content on the website.

A new initiative was to collaborate with the Board of Governors on its annual survey. The YFA distributed the survey to the YFA leadership. The Governors valued the input from the YFA so much that this will now be an annual survey to the YFA leadership.

Education Workgroup

The Education Workgroup is responsible for developing, proposing, and executing educational programs at Clinical Congress and other ACS programs, including promoting scholarly activity as a career development opportunity for YFA members. The group has reached out to surgeons in the YFA demographic to enhance the breadth of its proposals and has collaborated with numerous other committees within the College to sponsor joint sessions for the Clinical Congress. YFA members submitted 46 session proposals to the YFA Education Committee to review and evaluate for Clinical Congress 2023. Of these proposals, 21 sessions were submitted to the ACS Program Committee for Clinical Congress 2023. Nearly all YFA sessions are cosponsored with other committees promoting collegiality and a multidisciplinary focus.

The workgroup recently published a primer for graduating residents and young surgeons undergoing a job change. Topics covered include navigating the job search, signing a contract, billing and coding, reimbursement, financial planning, and locums as an alternative employment option. The primer is located on the ACS website and is being distributed broadly through the YFA and RAS newsletters, ACS Communities, and social media networks.

The YFA Speaker's Bureau continues to promote YFA members as experts in their selected areas and to initiate speaking opportunities. We have increased the bureau's portfolio to 41 presentations; the presentation titles are arranged alphabetically according to identified topics and keywords.

Furthermore, the Education and Quality Workgroups collaborated to establish the YFA High-Performing Teams Subcommittee. The first workshop was held at the Leadership and Advocacy Summit, and a second workshop will be held at Clinical Congress 2022.

Membership Workgroup

The Membership Workgroup annually assumes the role of selecting and supporting more than 65 liaisons to ACS standing committees, Advisory Councils, and Board of Regents workgroups. Every position is posted, and an open call is shared with all YFA members. The YFA Executive Committee regularly reaches out to each liaison to talk about their work and offer support and resources as needed. In between these meetings, liaisons are encouraged to lean on their “assigned” YFA workgroup for help and resources.

The members of the committee work to personally reach out to lapsed members via e-mail to encourage them to renew their ACS membership and serve as a contact person/navigator to get involved with the College and YFA. Feedback from last year’s effort prompted credentials staff to implement a process to regularly remove e-mails that bounce back, which will be tracked during this year’s campaign.

Mentoring Workgroup

The Mentoring Workgroup continues to run its successful mentorship program. In its eighth year, the program pairs established surgeons, young Fellows, and Associate Fellows into 21 mentoring triads. The triads identified and met goals that solidified surgical leadership, produced papers, provided oral presentations, or assigned leadership positions within ACS. In its new virtual format, the mentorship program met quarterly for webinars on Mentorship and Sponsorship, Developing a Mentee-Driven Mentor Relationship, and Claiming your Worth. The program’s goals include equipping young surgeons for leadership roles within the ACS.

Quality Workgroup

The Quality Workgroup ensures the development and integration of young Fellows throughout all aspects of quality in the ACS. While the COVID-19 pandemic has disrupted how we have traditionally engaged, we continue to work on various efforts to help develop the next generation of surgeons within surgical quality.

The workgroup is active in making sure young Fellows have opportunities to participate as moderators and panelists across the spectrum of educational conferences the ACS provides, specifically the ACS Quality and Safety Conference.

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 ACS. The following report presents the work of six very active committees and workgroups.

Executive Committee

During the Leadership & Advocacy Summit, the RAS Executive Committee organized a leadership workshop to address the needs of trainees and practicing young surgeons.

In 2020, the RAS conducted a nationwide survey of residents that identified that a lack of access to personal protective equipment (PPE) amid the COVID-19 pandemic was predictive of depression and burnout. In 2022, the RAS conducted a follow-up survey, and used data collected from its members to create content for the August 2022 issue of the *ACS Bulletin*, including the following articles:

- The Communications Committee described how the COVID-19 pandemic has affected resident wellness—from burnout and depression to fear of contracting the virus—and outlines residents’ concerns related to educational opportunities
- The Advocacy and Issues Committee provided perspective on the crucial role of advocacy measures during the COVID-19 pandemic as they pertain to surgical trainees and physician wellness
- The Associate Fellows Committee explored how the COVID-19 pandemic continues to affect early practice surgeons, specifically with respect to operative volume, compensation, career opportunities, and wellness

- The Education Committee considered how the COVID-19 pandemic radically changed the training and surgical education format and how some of these modifications have become enduring alterations
- The Membership Committee examined how COVID-19 has affected residents' ability to engage in professional societies and how this dilemma affects residents professionally and personally

The RAS Outstanding Mentor of the Year Award honors an outstanding Fellow who has played an influential role of a surgery trainee. This year, Laura Johnson, MD, FACS, associate professor at Emory University in Atlanta, GA, will receive the award. Dr. Johnson was nominated by Yewande Alimi, MD, assistant professor of surgery, MedStar Georgetown University Hospital in Washington, DC.

The RAS Executive Committee annually selects and supports more than 65 liaisons to ACS standing committees, Advisory Councils, and Board of Regents workgroups. Every position is posted, and an open call is shared with all RAS members. Biannually, the RAS Executive Committee members contact each liaison to talk about their work and offer support and resources as needed.

Advocacy and Issues Committee

The committee selected the topic Competency-Based Training: A Gateway to Efficiency or a Hurried Sprint to the Finish Line for the Symposium this year. An essay contest was open to all RAS members, and the Advocacy and Issues Committee volunteers judged the essays. This year's winners were Danielle Ellis, MD, for the "pro" essay and Ingrid Woelfel, MD, for the "con" essay. The essay winners will each present their views on this topic at the Symposium. These presentations will be coupled with "pro" and "con" presentations from expert speakers Rebecca Minter, MD, FACS, and Adnan Alseidi, MD, FACS, respectively. Karen Brasel, MD, MPH, FACS, will moderate this session. The event will include speaker presentations and a panel discussion, which will be pre-recorded and available for viewing during the virtual ACS Clinical Congress.

Monthly Conference Calls and Project Collaboration

RAS committees now meet on Zoom and for the Advocacy & Issues Committee, including a short update from the DAHP staff frequently keeps advocacy front and center. Topics this year included Medicare physician reimbursement, prior authorization, and expanded funding for GME spots. Not only do committee members engage in the conversation by asking questions for clarification and discussing potential solutions, but these conversations also spur new projects and collaboration.

Associate Fellow Committee

The Associate Fellow Committee is one of the newer RAS committees. Finding members to participate in meetings regularly was initially challenging. We grew the committee's membership and created several meaningful projects by asking state ACS chapters to nominate a local associate Fellow surgeon. The committee now hosts monthly meetings and has adopted a focus on advocacy. Each month, a representative from the DAHP updates members on advocacy issues. These updates have been well received and hopefully will translate to an increase in SurgeonsPAC donations from resident and associate Fellow members.

Clinical Congress

For the past 3 years, the committee has hosted a session at Clinical Congress, Why Should I Become FACS and How Do I Do It? bringing in 50-60 attendees at each session, with an attributable growth in Fellowship applications. This year, the session will be held in-person again on October 18, 12:00 pm – 1:00 pm.

A new interview series was created and published this year to inform various surgical subspecialties regarding the benefits of seeking Fellowship. Interviewees describe what ACS means to them, how ACS affiliation has helped their career path, how they promote ACS Fellowship within their specialty, and general advice about the benefits of FACS. The series emphasized selecting a diverse group of interviewees.

Focusing on developing leadership opportunities, the committee invited interested Associate Fellows to an online meeting, How to Prepare a Winning Liaison Application, during RAS's annual open call for liaison positions for ACS committees. Five associate Fellows submitted applications.

Communications Committee

Srineil Vuthaluru, MBBAS, a first-year resident at the University of Nebraska Medical Center, Omaha, won the RAS Essay Contest and was awarded a \$500 cash prize. The theme was More Than Just a Number: How Should We Be Evaluating Candidates for the Match? His essay will be published in an upcoming issue of the *Bulletin*.

The RAS Facebook page was established 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. Members of each RAS standing committee share posting responsibilities during the week.

The *JACS Journal Club* discusses *JACS* articles quarterly on Twitter. Authors are invited to attend the discussion, and many ACS members and non-members discuss these topics for one week on Twitter.

Education Committee

Routine activities such as Surgical Jeopardy and the So You Think You Can Operate? skills competitions are resuming at Clinical Congress after a 2-year hiatus due to the Covid-19 pandemic. Both events will be held in person at Clinical Congress 2022

A new video series, ACS Chapter Meetings: Activities for Residents, highlights five different activities that chapters can replicate to improve resident engagement. Committee members interviewed chapter executives and volunteer leaders to produce five videos, varying in length from 6–12-minutes on how to present mock orals, skills competitions, paper competitions, American Board of Surgery in Training Examination prep, and Surgical Jeopardy at ACS chapter meetings. The videos,

published on the [ACS RAS YouTube channel](#), have been shared with the ACS chapters and RAS members via their newsletters and respective webpages.

Behind the Knife Podcast

The RAS Education Committee continues to partner with the Behind the Knife podcast on their weekly video journal reviewing landmark papers in surgery. Active committee members create 5-minute videos that review landmark papers concisely with engaging visual illustrations of the manuscripts. These videos, released on a near-weekly basis, correlate with the "This Week in SCORE" curriculum and have been exceptionally well received.

Membership Committee

In keeping with our mission to provide educational, networking, and career development opportunities for medical students and residents, the Membership Committee continued to sponsor a series of virtual Hangouts on topics of interest to our members in 2022. This program has been ongoing for several years and is now a staple of the committee. Over the past 2 years, the committee increased the frequency of the hangouts to monthly and elected to focus efforts on highlighting various surgical subspecialties. The decision to prioritize surgical subspecialties was intended to provide resources to medical students and residents who might want to pursue training in one of the surgical subspecialties to demonstrate RAS's commitment to inclusion of all surgical subspecialties—particularly those that are underrepresented in the ACS. In addition, the hangouts transitioned from a conference call to a Zoom format, which enhanced the quality of the sessions. This year, the group continued to focus on surgical subspecialties and supplement with an additional hangout focused on assisting interns in transitioning to residency.

RAS developed a brochure for each specialty that highlights ACS's unique resources for medical students interested in surgery and surgeons in training to supplement the Surgical Specialty Hangout Series. A campaign letter was drafted to accompany the digital version of the brochure and distributed to each Advisory Council RAS Liaison to share with their

medical student and resident peers. The brochures are available in digital and hard copy format.

The International Scholarship Exchange Program continues to be temporarily suspended; awardees' travel is postponed until ACS travel bans are lifted. Nevertheless, in keeping with our commitment to international outreach and a culture of inclusivity, the Membership Committee is planning a Hangout the week before Clinical Congress 2022 to offer a walkthrough of how to navigate Clinical Congress as a Resident or Associate Fellow. The session will be a collaborative effort between the Membership Committee, the RAS-ACS Global Surgery Workgroup, and the ACS International Relations Committee. To facilitate the sustained impact of this event, the group intends to form a subcommittee devoted to outreach and collaboration with international members.

Global Surgery Workgroup

A call for applicants and selection process was held to identify resident members for a team to support the Rwandan Ministry of Health in strengthening trauma systems within Kigali. With the ACS Committee on Trauma and Operation Giving Back (OGB), the team will assist with emergency care system assessment, development of action priorities, support for strategic implementation, and coordination of stakeholders.

In collaboration with OGB and H-MARIA, a formal mentorship program was launched to guide medical students in Puerto Rico through applying for residency. We assisted with recruiting 18 RAS members to be paired with the accepted students, and mentorship assignments began this summer.

An online *Ethics in Global Surgery* Hangout was offered. The session began with a didactic portion introducing the importance of ethics, followed by discussing ethical dilemmas and unintentional consequences of global surgery activities.

Operation Giving Back

OGB, the volunteerism initiative of the ACS, serves as a comprehensive resource center where you can find information to investigate and participate in surgical volunteer opportunities. OGB provides the necessary

tools to facilitate humanitarian outreach among ACS members of all specialties, at all stages of their profession, and with an emphasis on domestic and/or international service. Through a network of high-impact partner organizations, OGB directs you to volunteer opportunities that align with your skills, passions, and beliefs.

Committee on Global Engagement Domestic Subcommittee

OGB's Domestic Subcommittee added three new members, and the group is focusing its efforts on growing OGB's initiatives in the United States.

The Health Career Collaborative (HCC) brings to the classroom a team of healthcare professionals, physicians, public health educators, school administrators, teachers, and students. Its mission is to provide mentorship, engaging health curriculum, and exposure to health careers to high school students from low-income, underrepresented minority communities. It has expanded into 17 cities, 26 medical schools, and 30 high schools across the US. The program provides an up-to-date curriculum on COVID-19 which includes public health and safety, basic science, epidemiology, infectious disease, microbiology, and mental health. It also offers medical students the Health Career Collaborative Program Initiation Grant as a result of its partnership with Aetna's Division of Racial and Ethnic Equality.

The ACS-Puerto Rico/HMARIA program has been suspended due to COVID-19. Its focus has shifted to providing experiential learning opportunities to surgical residents, medical students, and premed students on the island. As for right now, our offerings include a Structured Cyber Mentor Program, a Cyber Surgeon/Doctor/Nurse Speaker Series, Cyber Medical School/Residency Interview Prep and Recommendation Letters Support. More than 300 undergraduate pre-med students, medical students, and medical residents have participated in each of these opportunities. Through a network of high-impact partner organizations in Puerto Rico, the program directs ACS surgeons to volunteer opportunities that align with their skills, passions, and beliefs and matches them with local medical students. Member Services Director Michael J. Sutherland, MD, FACS, and Girma Tefera, MD, FACS, OGB Medical

Director, are planning to travel to Puerto Rico in 2022 to discuss re-starting the rotation component of the ACS-Puerto Rico/HMARIA program.

This year, for the first time at Clinical Congress, the Domestic Subcommittee will have a session on Domestic Volunteerism. This session will feature the leaders of our main domestic partners who will address topics of how to get involved in volunteering, how to run impactful programming, and implementation science.

International Subcommittee

Hawassa Surgical Training Hub

OGB's International Subcommittee has been a pivotal group in the creation of the inaugural ACS-COSECSA Surgical Training Hub at Hawassa University southern Ethiopia. Over the past year, the Trauma Systems development and education has been successful. An online TEAM course was provided on five occasions, and multiple consultative discussions were organized to develop a Dispatch Center for the City of Hawassa.

On February 18, 2022, the Committee on Trauma voted unanimously to proceed with planning for ATLS promulgation in Ethiopia at Hawassa University. This past spring, three members of Hawassa University attended the ATLS provider course in Ankara, Turkey. Next steps in ATLS promulgation include having the same members attend the ATLS instructor course in Beirut in August 2022. We anticipate the inaugural ATLS provider course in Ethiopia will take place in Hawassa in early 2023.

Plans are forming for workgroup members to be on the ground this coming December to provide a research methodology course. This will be the first OGB sponsored trip to Hawassa since the start of the COVID-19 pandemic. Regular rotations will re-start at the beginning of 2023.

Lusaka Surgical Training Hub

By mid-February 2022, OGB had the results to a comprehensive needs assessment conducted at the University Teaching Hospital (UTH) in Lusaka, Zambia. Sixty-three individuals (22 faculty, 40 residents, 1 nurse) submitted responses via RedCAP. Questions covered topics in Education, Quality Improvement, Research, and Clinical Care. With the results of the needs assessment, the Lusaka hub workgroup members are now able to strategize and plan for upcoming trips and activities.

In March 2022, Dr. Tefera and Miranda Melone conducted a site visit to UTH and the University of Zambia. During this trip, the team met with key stakeholders, leaders, and residents to discuss the main priorities and needs of the current post-graduate surgical training program. Upon learning of the keen interest in both research development and training in minimally invasive surgery, OGB scheduled two additional trips to take place by the end of September – one for research and one for education and clinical care.

In May 2022, three members of the Lusaka Research Workgroup conducted a successful visit with University Teaching Hospital staff and trainees. Workshops were conducted for both faculty and trainees. The faculty workshop focused on various research topics and how to be a good mentor. The trainee workshop went over some basics in research methodology including how to write a research question. Future programs for research include developing a mentorship program with both ACS and UTH mentors and implementing some virtual workshop events.

An education/clinical care focused trip is scheduled for the last week of September. While the goals of the trip are still being outlined, the major focus will be laparoscopic surgery. OGB is also working with a Lusaka local contractor to renovate a space near the UTH surgery department which will serve as a both a simulation lab and research center.

By the end of December, we anticipate having the Quality Improvement Workgroup travel to Lusaka as well and in early 2023, we plan to start regular rotations to the hub by our US partner institutions.

Rwanda Subspecialty Programs

Cardiothoracic Surgery

In October 2021, the first ACS-sponsored in-person planning meeting took place at the headquarters office. This meeting was called to discuss the collaboration between the Rwanda Human Resources for Health Secretariat and Operation Giving Back for the purpose of creating a cardiothoracic training program in Rwanda. In total, eight individuals stationed at King Faisal Hospital traveled from Rwanda to participate in the meeting. We developed a workplan to guide next steps in the

program creation process. Since then, OGB conducted an all stakeholders meeting in February 2022 to map out clinical and teaching activities for 2022.

In January 2022, Valerie Rusch, MD, FACS, and Douglas Wood, MD, FACS, traveled to Kigali, Rwanda, to assess current needs and facilities at King Faisal Hospital. This trip provided a better understanding of the current landscape and key players OGB would need to engage going forward. Since this trip, OGB has brought together multiple stakeholder NGOs such as Team Heart, Chain of Hope Belgium, and CROP-Halifax to align with the Rwanda HRH agenda and work collaboratively. We are currently working to solve issues such as supply chain management, workforce development, development of clinical care protocols, etc. A thoracic surgery-related mentoring trip is scheduled for September.

Trauma Surgery

This past spring, a trauma needs assessment tool was finalized by Barclay Stewart, MD, with the assistance of Dean Jean Claude Byiringiro of the University of Rwanda. Dr. Stewart traveled to Rwanda in May 2022 to understand the possibilities of implementing the needs assessment tool and creating a pathway to develop the Rwanda Military Hospital into a Level 1 Trauma Center. The findings of this needs assessment were presented to the executive board of the COT. Eileen Bulger, MD, FACS, Ronald Stewart, MD, FACS, and Jeff Kerby, MD, FACS, are supportive of this initiative.

Plastic/Maxillofacial Surgery

In June 2022, Greg Evans, MD, FACS, Steve Roser, MD, FACS, Amanda Gosman, MD, FACS, Andrea Pusic, MD, FACS, and OGB staff conducted a needs assessment trip to Rwanda and met with plastic surgeons Charles Furaha, MD, and Faustin Ntrienganya, MD, to discuss their newly created plastic surgery post-graduate program through the University of Rwanda. Drs. Pusic and Gosman represent the Plastic Surgery Foundation and the SHARE Program, which provides a virtual education platform for international plastic surgery residents. With the guidance of Drs. Charles and Faustin, OGB and the SHARE program are working together to develop a workplan and visiting professor rotation schedule starting this September. The current plan is to conduct six trips per year with each trip focusing on a specific element of plastic surgery. Members of the ACS

Advisory Council for Plastic and Maxillofacial Surgery are invited to participate.

On August 4, 2022, OGB hosted an all-stakeholder call that included the plastic surgeons, the Rwanda HRH, the SHARE Program, and Operation Smile. Operation Smile has been involved in plastic surgery in Rwanda for over 15 years and has made significant investments in infrastructure. We look forward to working with them and aligning our efforts around the agenda set by the University of Rwanda and the HRH.

Advocacy Subcommittee

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 DAHP. A 2022 appropriations request was sent to the House encouraging USAID to consider treatment and recommended that the USAID Administrator spend no less than \$1,000,000 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 under-served areas in developing countries through USAID. Sixteen additional healthcare associations signed the letter sent to the US Committee on Appropriations, strengthening the message of support in these efforts.

On March 15, 2022, President Biden signed into law H.R. 2471, the Consolidated Appropriations Act of 2022. The enacted legislation's report language contained the following paragraph:

Neglected Surgical Conditions. -The USAID Administrator shall support efforts to strengthen surgical health capacity to address such health issues as cleft lip and cleft palate, club foot, cataracts, hernias, fistulas, and untreated traumatic injuries in underserved areas in developing countries, including in contexts without water or electricity. Strengthening surgical health systems includes the training of local surgical teams and assisting ministries of health to develop and implement national surgical, obstetric, trauma, and anesthesia plans. Not later than 90 days after enactment of the Act, the USAID Administrator shall brief the Committees on Appropriations on the planned uses of funds for these purposes in fiscal year 2022.

While there is no dollar amount attached to the paragraph, the inclusion of the language remains significant.

The subcommittee now works closely with Kristin McDonald, ACS Manager of Legislative and Political Affairs, which has allowed OGB to provide comments on a report to the American Medical Association House of Delegates discussing short-term medical service trips, attend a strategy meeting hosted by Atul Gawande, MD, FACS, the Assistant Administrator for Global Health at the US Agency for International Development, and extend an invitation to Dr. Gawande to speak at OGB's Global Engagement Session at this year's Clinical Congress. We are grateful for this recent collaboration and look forward to future engagement.

Operation Giving Back has become a member of the Global Health Council. This is a global health and global surgery advocacy group in Washington DC. We would like to thank and acknowledge the leadership of Raymond Price, MD, FACS, as advocacy subcommittee chair.

Education Subcommittee

In 2022, the OGB Education Subcommittee was successful in getting approval for a Domestic Volunteerism session at Clinical Congress. The subcommittee again collected proposals from a wide range of OGB partners. In total, 12 proposals were submitted for Clinical Congress 2023.

ACS-COSECSA Women Scholars Program

In support of the College of Surgeons of East, Central and Southern Africa (COSECSA) goal to increase the number of female trainees and women surgeons in the region to 25%, OGB and the Association of Women Surgeons Foundation (AWSF) continued to provide additional financial support to increase the enrollment of women in surgical training in the COSECSA region. The scholarship is intended to be used for educational expenses such as accreditation, fellowship examination, and membership dues to both COSECSA and the ACS. This year, scholarships were awarded to five Track I Scholars and 10 Track II Scholars. This year's scholars are from the following countries: Kenya, Rwanda, Zimbabwe, Uganda, Tanzania, and Ethiopia. A total of 64 scholars have been impacted by the program since its inception in 2017.

Board of Governors Surgical Volunteerism & Humanitarianism Workgroup

To recognize and honor the humanitarian efforts of the surgical community, the Board of Governors Surgical Volunteerism & Humanitarian Workgroup determines the winners of the annual ACS-Pfizer Surgical Volunteerism and Humanitarian Awards. This workgroup, staffed by OGB, collects nominations in the following categories: Academic Global Surgeon, Resident Volunteerism, International Volunteerism, Domestic Volunteerism, Military Volunteerism, and Humanitarian. In October 2021, the following awards were presented at Clinical Congress:

- Chandrakanth Are, MBBS, MBA, FRCS, FACS—*Academic Global Surgeon*
- Rochelle Dicker, MD, FACS—*Domestic Surgical Volunteerism*
- Brent A. Senior, MD, FACS, FARS—*International Surgical Volunteerism*
- Seng Feng Jeng, MD, FACS—*International Surgical Volunteerism*
- Rami Kantar, MD, MPH—*Resident Surgical Volunteerism*

The awardees were celebrated through their participation as panelists in the Humanitarian Surgical Outreach at Home and Abroad: Reports of the 2021 Volunteerism and Humanitarian Award Winners Panel Session, the Board of Governors Awards Program, and the virtual OGB Reception. OGB is proud of their accomplishments and will continue to engage Pfizer Awardees in future programmatic efforts.

New Academic Global Surgery Research Fellowship

OGB, the University of Utah Center for Global Surgery, the Program for Global Surgery at Virginia Commonwealth University, and Hawassa University College of Medicine and Health Sciences, committed their distinctive capabilities to launch and support a new Academic Global Surgery Fellowship.

The fellowship program, which began July 1, 2022, will build upon the efforts of an existing training program established between the ACS OGB program

and the Hawassa University College of Medicine and Health Sciences by fostering interdisciplinary and multidisciplinary collaborations centered on surgical training, research, and education.

Each year, fellows will be selected from either the University of Utah or Virginia Commonwealth University for a 1-year appointment. Fellows will facilitate research, conduct educational and quality improvement programs, disseminate results and data, create a mentoring relationship, and increase academic output at Hawassa University Hospital. To build lasting partnerships and produce impactful research, fellows will travel to Hawassa for three to six months over the course of the fellowship and they also will be invited to participate in advocacy campaigns. Their research will be presented at related conferences and will be documented in a final year-end report.

Volunteer Database

OGB's volunteer database continues to grow. To date, there were 84 registered partner organizations providing volunteerism opportunities and more than 1,000 registered volunteer surgeons. We aim to increase the availability of opportunities and continue to engage ACS Fellows for outreach in domestic and international volunteerism.

Military Health System Strategic Partnership ACS (MHSSPACS)

The Military Health System Strategic Partnership established in 2015 between the Undersecretary of Defense for Health Affairs and the American College of Surgeons is completing its seventh year. This partnership benefits the Military Health System, the ACS, and the general public in surgical education, systems-based practices in quality and trauma, and research. The partnership's goals include preserving lessons learned from conflict during times of relative peace, creating a permanent military Joint Trauma System (JTS), and establishing a professional home for military surgeons. Organized through five major initiatives, the work, and activities of the partnership in the last year are summarized below.

In November 2021, MHSSPACS organized a 6th anniversary meeting, titled "Setting a Course for Military and Civilian Medicine," in Washington, DC, to inform senior leaders and key stakeholders of the progress and results achieved through the partnership and to discuss future priorities.

Education and Training

The MHSSPACS has developed the framework for and supported the Department of Defense's Clinical Readiness Program of Knowledge, Skills, and Abilities (KSA), which identifies the knowledge points, and skillsets essential for a combat casualty team member. The first initiative consisted of developing the blueprint for the expeditionary general surgeon based on the military JTS Clinical Practice Guidelines, actual cases performed during deployment as gathered from the DoD Trauma Registry, and the experience of subject matter experts. With this blueprint as a guide, an item bank of questions was developed and distributed to assess military surgeons, including expeditionary general surgeons, trauma surgeons, and orthopedic surgeons. The exam identifies areas of deficiency and distinguishes between an experienced surgeon with multiple deployments from a novice. An essential skills course for general, trauma, and orthopedic surgeons was developed, and an aligned curriculum for trauma and general surgeons was initiated.

Building on this work, the ACS trauma and education divisions have been working over the past year to design a computer-based multimedia aligned curriculum (M-curriculum) to address areas needing improvement in either knowledge points or skills. The entire curriculum has received contributions from more than 46 authors and consists of 7 Knowledge Domains, 42 Online Modules, and 465 KSAs. To overcome the delays experienced in finalizing the curriculum, MHSSPACS engaged the services of E-Learning Pros Instructional Design Inc, a highly rated vendor previously used by the ACS, to accelerate the completion of the curriculum this federal fiscal year. A partially completed curriculum - covering Wounds, Amputations, Fractures, and Torso Trauma in 10 modules- will be available on the ACS website by the end of August 2022. It will be accessible remotely,

free of charge, for review of knowledge areas needing improvement or for just-in-time learning. The modules are also being translated, free of charge, into Ukrainian. They can be distributed to surgeons working or volunteering in Ukraine, neighboring countries, or other parts of the world when needed.

The entire M-curriculum of 42 modules is expected to be completed by the end of September 2022 and will also include modules on Head and Spine Injury, Transfusion and Resuscitation, Critical Care and Prevention, Airway and Breathing, and Expeditionary Unique.

Surgical Quality

MHSSPACS collaborated with the Military Health System Surgical Quality Consortium (MHS SQC) and the ACS Division of Research and Optimal Patient Safety to develop and host an annual Military Health System Surgical Quality Consortium for Surgeon Champions and their Surgical Reviewers. At this meeting, stakeholders address challenges unique to Military Treatment Facilities by reviewing the NSQIP data and collaborating on surgical quality education and training research projects.

The February 2022 virtual meeting had more than 60 unique sign-ons, with more than 25 persons receiving CEUs/CMEs. The program included sessions on The State of NSQIP, Recognition of Meritorious Performers, Peer and Leadership Engagement, ACS NSQIP Quality Verification Program for Hospital Systems/ACS Quality Improvement Course, and Introduction to Statistical Methods of NSQIP.

Of the 25 evaluation respondents, all rated the overall quality as a 4 or 5 on a 5-point scale, and no event received a score less than 3.

Trauma Systems

The MHSSPACS works with the Joint Trauma System to help identify Military Treatment Facilities that can serve as trauma centers. This entails both a community need (for example, assuring that a population has access to high-level trauma care within one hour of serious injury) and a willingness on the part of the MFT to develop the resources (including surgeons and specialists) to provide trauma care. The goal is to increase trauma exposure to military trauma teams as

part of the clinical readiness mission where it is feasible to care for both military and civilian patients.

A second method of assuring continuous access to trauma care for combat casualty teams is to partner with busy, Level 1 civilian trauma centers. With the passage of the Mission Zero Act in 2022, monies have become available to support such Military Civilian Partnerships (MCP). The first round of funding will be announced in late September 2022. The criteria for selection of those who will receive funding is contained within the Blue Book published by the MHSSPACS. MHSSPACS Medical Director M. Margaret "Peggy" Knudson, MD, FACS, is working with Health and Human Services/ Assistant Secretary for Preparedness and Response on the applications for Mission Zero funding. Additionally, a summary of current MCPs and the Blue Book Criteria was compiled by Daniel Grabo, MD, FACS, and others and published in the 2022 Military Supplement of the *Journal of Trauma and Acute Care Surgery*.

Dr. Knudson hosted a *special military session* during the 100th anniversary celebration of the Committee on Trauma in March 2022.

MHSSPACS also supports the Future Trauma Leaders (FTL) program conducted through the Committee on Trauma, by funding a scholarship for a military surgeon to participate in this 2-year program. The FTL was established in 2016 as a unique way for the ACS COT to offer an in-depth training and mentoring opportunity to junior trauma and acute care surgeons, not more than five years out from fellowship completion. FTLs are paired with a mentor and assigned to research, quality improvement, injury prevention, advocacy, or education projects in their areas of interest within the COT and work within appointed COT committees. In 2021, MHSSPACS and the COT selected Major Rachel M. Russo, MD, MS, NHDP-BC, an Air Force Trauma Surgeon and an assistant professor of surgery at the University of California at Davis and the Uniformed Services University of the Health Sciences, as the first military FTL for the newly dedicated active-duty military position. Dr. Russo has expertise in en route care and mass casualty response as a physician leader on the Critical Care Air Transport Team and as the Surgical Disaster Team Leader for Travis Air Force Base.

Her research focuses on the management of shock in military and civilian settings, and she specializes in translational science to investigate novel therapies to reduce deaths from blood loss and brain injury and serves as the Surgical Director of the Combat Casualty Care Research Program at David Grant Medical Center and head of the resident research program. She is a former winner of the ACS COT Resident Trauma Papers Competition and serves as a Vice-Chair representing the Air Force to the COT, coordinating the resident trauma papers competition for the Air Force. Dr. Russo was recently funded to develop an anesthesia resuscitation kit to support 72 hours of critical care for a brain-injured patient being managed in a prolonged casualty care contingency. She is also one of the leaders involved in a multicenter phase two clinical trial investigating plasma as a TBI therapeutic that has been funded by the DOD.

Research

In order to assure military-relevant research continues during this inter-war period, the MHSSPACS financially supports the Coalition for National Trauma Research (CNTR) as a Stakeholder organization. In addition, Dr. Knudson sits on the Board of Directors for CNTR. Two major papers from her DoD funded research grant on clotting disorders after injury have been published this year (one in *JAMA Surgery* and the other in the *Journal of Trauma and Acute Care Surgery*) and many additional projects are underway supported by the data on 8,000 injured patients who were prospectively enrolled in the CLOTT study at 17 major US trauma centers. In May 2022, Dr. Knudson participated in the CNTR-NIH funded research meeting focusing on post-traumatic VTE. Additionally, she and her CLOTT researchers are working with the NIH on studies in COVID-19 patients who have clotting disorders. Two of those research papers were published in *The New England Journal of Medicine* this year.

Excelsior Surgical Society

The Excelsior Surgical Society (ESS) is a formal society within the ACS for active or retired military surgeons, domestic or international. Over the past 6 years, the society has steadily grown to more than 450 active members and developed six committees of activities:

Research Committee, Membership Committee, Mentorship Committee, Outreach Committee, Program Committee, and the Diversity, Equity, and Inclusion Committee. This membership growth has enabled the ESS to select its first Board of Governors Representative in the person of Captain Gordon G. Wisbach, MD, MBA, FACS, MC, USN.

ESS hosts monthly educational webinars organized by the respective committees and in collaboration with other surgery or trauma organizations, such as the Trauma Center Association of America. On Memorial Day 2022, the society launched a new biannual philanthropy initiative to raise funds supporting medical students to attend Clinical Congress and foster mentoring relationships with more experienced military surgeons. The second appeal will be released on the occasion of Veterans Day.

Committees

Women in Surgery Committee

The mission of the Women in Surgery Committee is to create opportunities for all women within the surgical professions through the American College of Surgeons. The Committee advances women through leadership, education, advocacy, and professional developments. The Women in Surgery Committee (WiSC) is led by Sharon Stein, MD, FACS, Chair, and Nasim Hedayati, Vice-Chair. The Committee conducts its work through the efforts of the following five subcommittees: Mission and Membership, Awards, Program, Mentorship, and Personal Empowerment.

Committee Leadership Succession

The Mission and Membership Subcommittee oversees the integration and formation of the WiSC Mission in all the Committee's goals, work, and activities and is responsible for creating diversity within the membership to ensure representation of women surgeons to achieve the Committee's mission. This year, the subcommittee started designing and implementing an expanded leadership succession plan for the full committee and the subcommittees to ensure strong leadership transitions, increased leadership opportunities for

committee members, and held two leadership retreats with subcommittee leaders to assess the work of the committee, its alignment to the WiSC mission, and ACS's vision, mission, and goals.

Mentorship Program

In its 9th year, the WiSC Mentorship Program offers young woman surgeons the opportunity to engage in a 1-year mentorship program with a woman Fellow who has 10+ years of practice experience and expertise in career development, research goals, work-life balance, practice development, and leadership development. In addition to the mentor-mentee relationship, each cohort gathers four times a year for virtual professional development sessions on topics of most interest to the group. The program continues to support women achieving their personal and professional goals.



Committee Collaborations

This past year, the Women in Surgery Committee prioritized collaborating with internal and external groups

Kuwait Women Surgeons

The Kuwait Women Surgeons Mentorship Program team contacted the Women in Surgery Committee for resources and support to enhance their mentorship program. Mentorship in Kuwait, especially women mentoring women, is a new concept for women surgeons. Throughout the year, the committee members met with the Program leadership, the mentors, and the mentee and mentors. The Program leadership sessions focused on designing and facilitating a mentorship program. The mentor sessions focused on communication and relationship building skills, and the mentee and mentor session focused on how to create and nurture a mentor-mentee relationship.

Mentorship Program Guide

As a result of the collaboration with the Kuwait Women Surgeons group and the expansion of Women in Surgery ACS Chapter representatives and the request for mentorship program resources, the Women in Surgery Committee and the International Relations Committee started a collaborative project to write a mentorship program guidebook for domestic and international based groups to start, expand, and/or enhance mentorship programs. The guidebook is still in development and a draft will be available for review in the coming months.

Leadership Seminar

WiSC held its sixth annual leadership seminar during the ACS Leadership & Advocacy Summit in-person in April 2022. The seminar featured a keynote speaker on contract negotiations from Resolve and small and large group discussion on various negotiation scenarios. The 30 attendees comprised Women in Surgery Committee Members, YFA and RAS leaders, ACS Women in Surgery Chapter Representatives, and Board of Governors members.

Mary Edwards Walker Inspiring Women in Surgery Award

"First women" is a main descriptor for the 2022 Mary Edwards Walker Inspiring Women in Surgery Award.

This year's recipient is Ernestine Hambrick, MD, FACS, Clinical Assistant Professor of Surgery at University of Illinois College of Medicine, and retired colon-rectal surgeon from then Michael Reese Hospital and Medical Center, Cook County Hospital and Grant Hospital, in Chicago, IL.

Dr. Hambrick has supported women in surgery, especially women within colon-rectal surgery (CRS). Dr. Hambrick created a women's group within CRS and would organize a lunch at the annual convention. The first lunch simply included Drs. Hambrick and Ann Lowry, MD, FACS, from the University of Minnesota. The luncheon has grown to more than 200 ASCRS Fellows, and many of the women within the group advanced to various leadership positions within surgery and are making significant contributions to the surgical community.

Named in honor of Dr. Mary Edwards Walker the first female surgeon employed by the US Army, the only female recipient of the Congressional Medal of Honor,

and a tireless crusader for women's rights, the Mary Edwards Walker Inspiring Women in Surgery Award recognizes an individual's significant contributions to the advancement of women in the field of surgery.

Olga Jonasson Lecture

Sponsored by WiSC, the Olga Jonasson Lecture continues to be a testimony to leadership and education in surgery and a reflection of the capacity of women to reach academic pinnacles. Andrea Hayes, MD, FACS, presented the 2021 Olga Jonasson Lecture, *Grit in Spite of Adversity in the Pursuit of Excellence*. Inspired by Olga Jonasson, MD, FACS, and her leadership success, Dr. Hayes shared her personal story of becoming a Black woman surgeon in the United States and how grit led her to finding resiliency and pursuing excellence in her career. A recording of Dr. Hayes' lecture and a written adaptation of her lecture is available [here](#).

Omaida C. Velazquez, MD, will present the 2022 Olga Jonasson Lecture on Tuesday, October 18th at 2:30 pm PT, titled "The Authentic Endorsement of Diversity, Equity, and Inclusion in Academic Surgery: A Second Renaissance in Its Inception."

Committee on Diversity Issues

The Committee on Diversity Issues is led by Kathleen LaVorgna, MD, FACS, Chair, and Tania Arora, MD, FACS, Vice-Chair. With the creation of the ACS Diversity Office and the Board of Governors' Diversity Pillar, the committee is working to re-align its vision, mission, and goals with ACS DEI-A goals. Starting in December 2021, the committee has completed reflection activities and continues their discussion and reflection on defining an aligned committee vision, mission, and goals during their every other month meetings.

In 2021, the committee implemented a subcommittee structure to support the overall operations of the committee and expand its current initiatives. This year, with the Membership, Program, and Communication subcommittees, the Committee on Diversity Issues accomplished:

- Completing a membership assessment including gaps and needs for the committee and committee member composition, resulting in a new committee membership application to meet the needs.

- Adopting an enhanced Membership Policy and Procedure
- Leadership Succession Plan for Committee and Subcommittee Leadership
- Four podcast episodes for the Profiles in Diversity Podcast featuring Estell Williams, MD, FACS, Colin Martin, MD, FACS, FAAP, Herb Chen, MD, FACS, and Todd Rosengart, MD, FACS.
- Submitting eight Clinical Congress proposals with a 50% acceptance rate for 2022.

The Committee continues to offer resources to support surgeons with the challenges they may face with diversity and cultural issues. The Committee offers tools and resources on DEI needs assessment, cultural competency, recognizing implicit bias; and creating diverse surgical teams—which are all publicly available on the ACS website.

Intimate Partner Violence Taskforce

The Intimate Partner Violence Taskforce continues to bring awareness and education to the prevalence of intimate partner violence in patients and surgeon colleagues, peers, and other healthcare professionals. The Intimate Partner violence Taskforce was created in 2018 by Patricia Turner, MD, MBA, FACS, and Barbara Bass, MD, FACS, serving as co-chairs together until April 2022. In April 2022, Stephanie Bonne, MD, FACS became a co-chair with Dr. Bass.

IPV Awareness and Education Initiatives

Intimate Partner Violence: What Every Surgeon Should Know was an engaging virtual 2021 Clinical Congress session focused on educating surgeons and session attendees on the prevalence of IPV, how to identify IPV in practice, common injuries, and how to screen for IPV, strategies for when IPV is suspected and resources for patients and surgeons when caring for IPV, experiencing IPV, and for abusers.

At 2022 Clinical Congress, the IPV Taskforce in collaboration with the Surgeon Well-being Workgroup and the Board of Governors Physician Competency and Health Workgroup is hosting the session, "Security, I Think We Have a Problem: Danger in the Safest Place." This panel session uses storytelling to provide surgeons the opportunity to learn how to identify and recognize

safety issues, including workplace hazards, intimate partner violence, substance abuse, and mental health/suicide, and learn tangible skills, and resources to address these issues, and how to handle them—in the moment and afterwards.

2022 Awareness Campaign Month

The Intimate Partner Violence Taskforce is partnering with the Society for Gynecologic Surgeons, the American Academy of Ophthalmology, and the ACS Advisory Councils for Ophthalmic Surgery, Oral and Maxillofacial Surgery, and Plastic and Maxillofacial Surgery and the Board of Governors for a month-long awareness campaign during IPV Awareness Month (October). Through video, written, and visual content, the campaign aims to increase awareness and understanding of IPV and provide resources for support.

IPV Curriculum

The Taskforce is currently working on an assessment of IPV curricula available to medical students and residents and understanding what IPV education they receive during training. This project is in the early stages. Once the assessment is complete, the Taskforce will identify gaps and needs in IPV curricula and determine how the Taskforce can help meet the gaps and needs in IPV curricula.

International Relations Committee

The International Relations Committee's (IRC's) mission is "to spread the College's mission globally and guide its international engagement." The IRC accomplishes this goal through the activities of its several subcommittees. Under the leadership of Chair Nader Hanna, MD, FACS, and Vice-Chair Haytham Kaafarani, MD, FACS, the committee continued its focus on creating educational resources for the global community and leadership opportunities for international surgeons.

Education, Quality, and Communications Subcommittee

An annual focus of the Education, Quality, and Communications Subcommittee is the development of session proposals for the Clinical Congress. This year, the subcommittee submitted 21 panel proposals to the Clinical Congress Program Committee, collaborating with ACS international chapters, international Governors, and 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 the Clinical Congress. To this end, the subcommittee annually provides a listing of international subject matter experts for the Program Committee to use in identifying speakers.

Annually, the subcommittee oversees the selection of the International Chapter Opportunity Program awardees. The ongoing challenges presented by the COVID-19 pandemic continued in 2022. Because of this, the Bangladesh Chapter and Bolivia Chapter, the 2020 awardees, will hold their courses in 2022. The Bolivia Chapter will host "Advanced Safe Surgery Laparoscopic Training Program – A Minimally-Invasive Surgery Didactic Symposium and Hands-On Session," September 15-16, 2022. The Bangladesh Chapter plans to host the "Comprehensive Approach to Learning Safe Minimal Access Surgery: A Multidisciplinary Endo-Laparoscopic Surgery Training Course," November 26-27, 2022. Both courses will include faculty from the United States and locally for a global perspective. The courses will be available to surgeons at every career stage, ensuring trainees and attending surgeons have access to cutting-edge content taught by world-renowned experts. Content from these courses will be developed into enduring educational resources for the international surgery community. Applications for the 2023 award year are in process. The 2023 International Chapter Opportunity Program included a specific call for proposals from chapters and surgical organizations in Africa, with the aim of increasing access and strengthening relationships.

The subcommittee completed one of two online textbooks for international surgeons. The *Gastrointestinal Surgical Emergencies* textbook has been available online since November 2021 and has more than 1,000 downloads across 90+ countries.

International Fellowship Subcommittee

The IRC continues to host webinars for the global surgical community, with the topics generated from surveys of international chapter leaders and Governors to ensure the content is relevant and resonates with international Fellows and members. All webinars are recorded and uploaded to the ACS YouTube Channel and are all housed on the ACS website. This year, the subcommittee added a series of webinars on Trainees Making a Global Impact.

The first webinar in the series, *On Poverty, Justice, and Surgery*, was held in June 2022 and had 346 registrations and 83 views post-webinar on the ACS YouTube channel. The second webinar of the series, *Building Sustainable Global Surgical Programs through Evidence-Based Education*, is scheduled for August 25, 2022.

In 2022, the subcommittee hosted two new webinars in the HeForShe series, in partnership with the Women in Surgery Committee. HeForShe: COSECSA Scholars featured two women surgeons in Africa who were awarded scholarships through the Operation Giving Back and Association of Women Surgeons. Florence Umurangawa Ngarambe, MD, and Precious Gamuchirai Mutambanengwe, MBChB, discussed the relationships they have formed with mentors from around the world as well as the opportunities and barriers they encountered as a small number of women surgeons practice in the Sub-Saharan African region. The webinar had 193 registrants and 288 post webinar views. The second webinar, *Pathways to Leadership in Surgery*, included panelists Asmaa Al-Rashed, MD, FACS, FRCSC and Sandra Wong, MD, MS, FSSO, FACS, FASCO discussed their personal journeys as leaders within their institutions and as women leaders of national surgical organizations. The webinar had 228 registrants and 171 post webinar views. The next webinar in the series, *Mentorship Across Generations*, with Sareh Parangi, MD, FACS, and John Hwabejire, MD, FACS, is scheduled for November 2022.

International Scholarships Subcommittee

The IRC is responsible for international scholarships that provide opportunities for international surgeons to visit and attend major meetings of the ACS. All international scholarships deferred from 2020 due to the COVID-19 pandemic were activated in 2022. Annually, the ACS commits \$224,500 to support these traveling award opportunities for international surgeons.

The Scholarship Subcommittee partnered with the International Governors Workgroup on a formal framework for observership opportunities for international scholarship recipients. The database is housed under the ACS Scholarships, Fellowships, and Awards webpage under Observerships. More information is included in the Chapters section.

The Scholarship Subcommittee supported the administration of a new ACS scholarship. The John D. Corson International Guest Scholarship will support an award in the amount of up to \$10,000 to provide an academic vascular or cardiothoracic surgeon residing in the United Kingdom (UK) or Republic of Ireland (ROI) with the opportunity to attend the educational opportunities of the Clinical Congress. The recipient, Robert Fleck, MD, from Ireland, will also travel to academic medical institutions in the US/Canada to share knowledge of best practices and current surgical research.

Community Surgeon Travel Award: The Attendee Perspective

Yagya Shakya, MD, is a General and Gastrointestinal Surgeon in Dhulikhel Karve, Nepal, which is approximately 30 kilometers from the nation's capital, Kathmandu. Practicing surgery in a rural, improvised community was always a goal for Dr. Shakya. While working toward his bachelor in medicine and bachelor in surgery (MBBS) degree, he was awarded a scholarship by the Siddhi Samriti Hospital located in Bhakatpur, Kathmandu, a local non-profit hospital that piqued his interest in working in resource-limited communities and in the area of health disparities. During his post-graduate residency, he worked with remote outreach surgical programs through Dhulikhel Hospital and Kathmandu University Teaching Hospital.

In Dr. Shakya's current practice setting, he collaborates with the Dhulikhel Hospital's Department of Community Programs to regularly organize elective surgical camps at various rural locations throughout Nepal. These camps are not just limited to the outreach centers of Dhulikhel Hospital but also to government-run health facilities throughout rural Nepal. During these camps, Dr. Shakya conducts surgeries that can be done in local or regional anesthesia, (e.g., hernia, hydrocele, perianal surgeries) and also serves as the consulting surgeon in some rural centers affiliated with Dhulikhel Hospital where he spends extended periods of time to conduct emergency as well as elective surgeries.

Scholarships Committee

Under the leadership of Herbert Chen, MD, FACS, the ACS Scholarships Committee administers the College's domestic research scholarships, fellowships, and awards. Annually, the Scholarships Committee awards more than \$2,272,000 in funds to support career development for surgeons from residency to mid-career and professional development.

2022 Award Recipients**George H. A. Clowes Memorial Career Development Award**

Caitlin Hicks, MD, FACS, *The Johns Hopkins University*

Faculty Research Fellowship

Joshua B. Brown, MD, MSc, FACS, *University of Pittsburgh*

Donnele Daley, MD, FACS, *University of Michigan*

Yinin Hu, MD, FACS, *University of Maryland*

Gita Mody, MD, FACS, *University of North Carolina at Chapel Hill*

Resident Research Scholarship

Holly Blackburn, MD, FACS, *Yale University*

Emily Barrett, MD, FACS, *University of Michigan*

Karlie Haug, MD, FACS, *University of Wisconsin*

Hanna Phelps, MD, FACS, *Washington University*

John Riley, MD, FACS, *University of Pennsylvania*

Burkely Smith, MD, FACS, *University of Alabama at Birmingham*

National Surgeon Scientist Program

Donnele Daley, MD, FACS, *University of Michigan*

Michael Lidsky, MD, FACS, *Duke University*

ACS / Triological Society Clinical Scientist Development Award

Evan Graboyes, MD, FACS, *Medical University of South Carolina*

ACS / SVS Foundation / NIH Research Career Development Award

Andrea Obi, MD, FACS, *University of Michigan*

ACS Board of Regents Innovative Grant for Diversity, Equity, Inclusion, and Anti-Racism

Kareen Abdelfattah, MD, FACS, *University of Texas Southwestern Medical Center*

Karen Brasel, MD, FACS, *American Association of Thoracic Surgeons*

Paris Butler, MD, FACS, *Society of Black Academic Surgeons*

Keith Carter, MD, FACS, *American Academy of Ophthalmology*

Michelle Joseph, MD, FACS, *Harvard University, Boston Children's, Brigham and Women's*

Lisa Newman, MD, FACS, *Weil Cornell University*

Jenny Shao, MD, FACS, *Society of American Gastrointestinal and Endoscopic Surgery*

Tom Varghese, MD, FACS, *Society of University of Surgeons*

Tanya Zakrisson, MD, FACS, *The University of Chicago*

Kankuben B Gelot Award – North Carolina and South Carolina Chapters

Jordan Robinson, MD, *Atrium / Carolinas Medical Center*

W T Hillman Terzian, MD, *Wake Forest University School of Medicine*

Health Policy Scholarships

Suresh Agarwal, MD, FACS, *American Association for the Surgery of Trauma*

David Bentrem, MD, FACS, *Society for Surgery of the Alimentary Tract*

Elizabeth Berger, MD, FACS, *American College of Surgeons – General Surgery*

Stephanie Bonne, MD, FACS, *Eastern Association for the Surgery of Trauma*

Christopher Cifarelli, MD, FACS, *American Association of Neurological Surgeons*

Sarah Collins, MD, FACS, *American Urogynecologic Society*

Brian Duty, MD, FACS, *American Urological Association*

David Etzioni, MD, FACS, *American Society of Colon and Rectal Surgeons*

Romeo Ignacio, MD, FACS, *American Pediatric Surgical Association*

Taryne Imai, MD, FACS, *The Society of Thoracic Surgeons*

Wei Li, MD, FACS, *Society for Vascular Surgeons*

Leila Mady, MD, FACS, *American Academy of Otolaryngology-Head and Neck Surgery*

Ajay Maker, MD, FACS, *American Hepato-Pancreato-Biliary Association*

Ashit Patel, MD, FACS, *American Society of Plastic Surgeons*

Deborah Stein, MD, FACS, *American Surgical Association*

Leah Tatebe, MD, FACS, *American College of Surgeons – General Surgery*

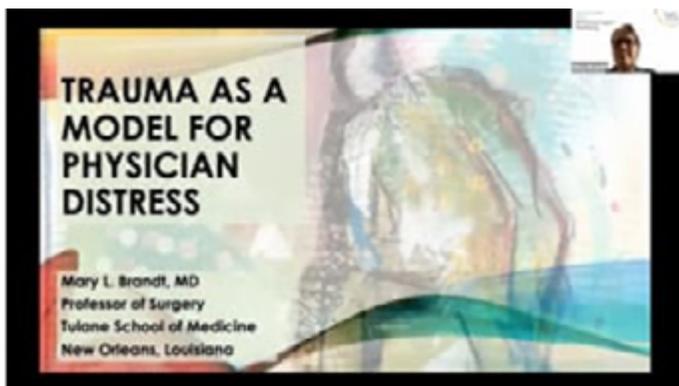
Ali Tavakkoli, MD, FACS, *New England Surgical Society*

ACS Surgeon Well-being Program

The ACS Surgeon Well-being Program launched in March 2020 with the vision of fostering well-being, resilience, and work-life integration for surgeons at every career stage. This program looks beyond surgeon burnout and focuses on the surgeon as a whole person. Through education, resources, tools, and advocacy, the ACS Surgeon Well-being program seeks to foster and encourage surgeons' health and well-being to ensure the physical and mental strength necessary to support their professional pursuits and provide optimal patient care. At a systems level, the ACS advocates for worksite cultures that support optimal work-life integration for surgeons.

The Surgeon Well-being Workgroup, initially co-chaired by Patricia Turner, MD, MBA, FACS, and Mary Brandt, MD, MDiv, FACS, and now co-chaired by Dr. Brandt and Patrick J. O'Neill, PhD, MD, FACS, oversees the efforts and work of this program. The workgroup comprises 14 members, including the Chair and Vice-Chair. The workgroup members represent multiple specialties, practice types, career stages, ages, gender, sexual identities, race/ethnicities, and geographic locations. The Program is staffed by a program coordinator who devotes about 60% of their time and a manager who devotes about 20% of their time to support the workgroup and the overall program efforts.

The Program has key short- and long-term strategic priorities to foster and advocate for surgeon well-being that guide the program pillars of education, resources/tools, and advocacy. The below initiatives that support the current goals are highlighted in this compilation video.



Yearly Awareness Campaigns

The Program began hosting awareness months, starting in January 2021, to provide topic-specific and targeted communications on well-being. Each year, the Program designs and creates content for Suicide Prevention Awareness Month and National Physician Suicide Awareness Day (September), ACS Surgeon Well-being Month (January), and Mental Health Awareness Month (May). A variety of communication vehicles are used to deliver the content that includes video, audio, and written text, through all ACS communication channels. The content focuses awareness and education for each specific topic and provides tips, tools, and resources for individuals and systems to adapt models and practices to support well-being.

Webinars

- *Re-framing Surgeon Well-Being: How the trauma model informs approaches to well-being solutions at systemic levels*
- *Managing microaggressions: What to do when it gets personal Webinar Series*
- *Surgeon as Caregivers—The Triple Threat: Caring for Yourself While Caring for a Loved One While Caring for Patients*

Bulletin Brief and ACS Brief Articles

The Program provided content for the *Bulletin Brief* initially on a two-times per week basis from March 2020-June 2020 then transitioned to one time per week from June 2020-February 2022 as the *Bulletin Brief* transitioned to the *ACS Brief*. Now, the Program provides well-being content for the *ACS Brief* when it is timely and relevant per the overall focus and goals of the *Brief*.

The articles feature a variety of topics, resources, and tools that are timely and relevant to surgeon well-being. The articles have explored the eight dimensions of well-being, well-being on the individual and systemic levels, stress awareness and management, finding joy in work, managing transitions throughout the COVID-19 pandemic, and frameworks to check in on ones' well-being. The tools and resources featured in the articles focus equipping readers with resource knowledge on immediate supports, such as the Physician Support Line, and short- and long-term resources to build knowledge on well-being and ways to implement well-being practices, such as videos, webinars, and modules.

The Whole Surgeon Video Series

The video series showcases ACS members at all career stage levels sharing their pursuits outside of the workplace and the OR, how it brings them joy, and helps them thrive and flourish as an individual and surgeon to promote their well-being. The initial video series engaged ACS members at all career stages and around the globe sharing about cooking, running, skiing, photography, fishing, hiking, knitting, racquetball, playing music in bands and orchestras, and much more.

Online Resource Repository

The Program maintains an online resource repository—on the ACS website and the ACS YouTube channel via the Surgeon Well-being Playlist. Resources include:

- COVID-19 Resource Repository
- Online Crisis Intervention Resources
- Online Curated Journal Articles
- Video interviews on well-being frameworks, models, practices, and suicide prevention awareness:
 - Wellbeing Initiatives for Resident Wellness
 - Physician Suicide Awareness and Prevention
 - Mindfulness Body Scan Exercises
 - The River and the Reservoir Video
 - White Board and Professional Timeout: Creating Culture in the Workplace

In development is an online interactive Individual Well-being Toolkit. This toolkit is pending launch on the ACS website.

Long-Term Strategy

The program's efforts focus on research and evaluation, partnerships and collaborations, advocacy, with weaving in systems-level programming and support in all these areas.

Advocacy

Statements of The College: The Surgeon Well-being Workgroup prepared two statements in 2022 that were adopted by the College. These statements are vital to the program through outwardly communicating that surgeon well-being and access to well-being is a priority.

- ACS Statement on Surgeon Well-Being
- ACS Statement on Physician Health Programs and Surgeon Well-Being in support of the Federation of State Medical Boards Policy on Physician Illness and Impairment: Towards a Model that Optimizes Patient Safety and Physician Health.

Research and Evaluation

ACS Member Well-being Survey: In partnership with the Board of Governors Physician and Health Competency Workgroup, the Surgeon Well-being Program is leading efforts to administer a member well-being survey. The goals of this survey are to:

- Understand the current state of well-being for ACS members, including, work life satisfaction, finding joy in practice, and other aspects of well-being, focusing on best practices and unmet needs.
- Develop 10 metrics of well-being to incorporate into ACS hospital verifications, in collaboration with the Division of Research and Optimal Patient Care.
- Bring together a myriad of stakeholders for a summit to listen and teach with presentations focused on the ACS survey.

Partnerships, Coalitions, Collaborations

Phone-A-Friend: The Workgroup is partnering with the Senior Surgeon Workgroup within the Division of Education to assist with operationalizing a pilot phone peer-support program for rural surgeons. With 12 senior surgeon volunteers, the goal is to offer short-term, one-off peer support for rural surgeons to receive support across a variety of issues. In addition to operationalizing the pilot, the Workgroup is leveraging their partnership with the Military Peer Support Program to incorporate program measurement tools to evaluate the pilot program.

Surgical Society Well-being Environmental Scan: The Workgroup is completing an environmental scan of well-being efforts offered by other surgical societies. The goal of this is to understand what is currently being offered and bring together surgical societies to form a well-being coalition to share resources, support well-being work, and leverage the collective efforts to prioritize surgeon well-being.

Archives

The ACS Archives responded to 127 research requests over the past year. The Archives received twelve new accessions that included records from the Executive Services, Member Services, Program Committee, the Connecticut Chapter, and video content.

Special Projects

In 2021-2022, the Archives worked on several special projects, starting with the Commission on Cancer and Committee on Trauma 100th Anniversaries. The Archives team put in many hours of research, scanning, and fact-checking for the Cancer website and articles for the *Bulletin*, as well as the Trauma anniversary book and timeline. Many photos and documents were digitized for these projects and are now accessible in the Archives Catalog. Additionally, the Archives provided assistance in producing the book *Black Surgeons and Surgery in America*, edited by Don K. Nakayama, MD, FACS, which included factchecking, coordinating use and permissions for images, and assisting with distribution. To date, the book has sold about 200 copies, and has been downloaded by nearly 1,000 people.

Collection Management

The Archives Catalog is accessible through the ACS Archives website (facs.org/archives). Over the past year the Archives team has worked on adding more digital content directly to the catalog to allow users to “self-serve” as often as possible. This includes uploading high-demand content to the Internet Archive and YouTube and embedding those files directly into the Archives Catalog. Examples of those materials are Clinical Congress Program Books, *Clinical Congress News*, oral histories, and ACS publications.

The Archives Catalog software is capable of hosting multiple portals, which the Archives has established for two different projects. The first, a Digital Exhibits Portal, is now live and hosts several of the ACS Archives Highlights as a pilot project. This space will continue to host Archives-curated digital exhibits to showcase our collections more thematically. The second portal is the Fellowship of Surgeons project, a collection of biographies of deceased Fellows inspired by the Royal College of Surgeons’ (RCS) *Plarr’s Lives of the Fellows*. The project was initiated by creating biographies for all our deceased Past-Presidents which are now in the portal and available for searching and viewing. Over the past year, entries have been created for all past Board of Regents members as well. In addition, the College developed an agreement in 2022 between the ACS and the RCS to share biographies of those Fellows that were members of both organizations.

The web archiving project, initiated on July 1, 2021, continues to be contracted through Archive-It, a web-archiving software that crawls and captures web content. A snapshot of the entire ACS website was completed in the summer of 2021 in anticipation of the new website launch in spring of 2022. We have since set up crawls for vital public-facing content that should be preserved in the Archives. Now captured are College statements, newsletters, the *ACS Brief*, the Commission on Cancer, and Committee on Trauma 100th Anniversary content, and more in its original format. Members and the general public are now able to look at web content as it initially appeared through our Archive-It portal: <https://archive-it.org/home/AmCollSurgeons>.

History and Archives Committee/Outreach

The History and Archives Committee (HAC) published six *Bulletin* articles on various historical topics this past year:

- “Presidential illness, privacy, and a surgeon’s character: Some artifact” by Aron D. Wahrman, MD, MBA, MHCD, FACS; <https://bulletin.facs.org/2021/07/presidential-illness-privacy-and-a-surgeons-character-some-artifacts/>
- “The impact of brickmaking on Franklin Martin’s character and self-confidence” by Gordon Telford, MD, FACS; <https://bulletin.facs.org/2021/09/the-impact-of-brickmaking-on-franklin-martins-character-and-self-confidence/>
- “Dan Elkin and Al Blalock: Present at the Creation” by Thomas F. Dodson, MD, FACS and Andrew J. Page, MD, FACS; <https://bulletin.facs.org/2021/11/dan-elkin-and-al-blalock-present-at-the-creation/>
- “The Manitoba Chapter’s gavel and its enduring meaning” by Randolph P. Guzman, MD, FRCSC, FACS, RVT, RPVI; <https://bulletin.facs.org/2022/01/the-manitoba-chapters-gavel-and-its-enduring-meaning/>
- “The Buxton Mission School, the Original “Pipeline” of Black Surgeons: Part 1” by Don K. Nakayama, MD, MBA, FACS; <https://bulletin.facs.org/2022/03/the-buxton-mission-school-the-original-pipeline-of-black-surgeons-part-1/>
- “The Buxton Mission School, the Original “Pipeline” of Black Surgeons: Part 2” by Don K. Nakayama, MD, MBA, FACS; <https://www.facs.org/for-medical-professionals/news-publications/news-and-articles/bulletin/may-2022-volume-107-number-5/from-the-archives-the-buxton-mission-school-the-original-pipeline-of-black-surgeons-part-2/>

The History of Surgery Online Community remains active with 891 members and has seen increased engagement over the past year. Members of the HAC often post historical vignettes, and prior years’ poster presenters are invited to write up their presentations each year in a blog post format and post to the Discussion forum. The Community is our main advertising target for Clinical Congress, History of Surgery poster sessions, the Archives Fellowship, and special projects and events.

Society of Surgical Chairs

The 2022 Society of Surgical Chairs (SSC) President, Gerard Michael Doherty, MD, FACS, with support from Vice-President Janet E. (Betsy) Tuttle, MD, FACS, Secretary Treasurer Mary Therese Hawn, MD, FACS, and Councilperson at Large Douglas Scott Tyler, MD FACS, continues the stewardship of this Society as a managed program of the ACS.

The SSC Women’s Committee, led by Mary Therese Killackey, MD, FACS, hosted their annual *Spring Leadership Retreat and Reception* at the ACS on April 6, 2022. The program featured a presentation titled *Managing Funds Flow: What you need to know* by Leigh A. Neumayer, MD, FACS, of the University of Florida College of Medicine-Jacksonville and included several group discussions around the topic of leadership and department management.

Following the retreat, the Women’s Committee welcomed full time women faculty members from five Chicago institutions for an evening reception: Northwestern, University of Illinois at Chicago, The University of Chicago, Rush University, and Loyola University.

The SSC 2022 annual meeting will be held on Sunday, October 16th in San Diego, CA. The annual program is titled, *The New Workplace*, and will focus on changes and challenges related to patient care and personnel management in the ever-evolving field of academic surgery. This program will include presentations from Jessica C. Dudley, MD, Chief Clinical Officer at Press Ganey, and Kevin B. Moody, Associate Dean for Human Resources at Stanford University.

This year’s annual meeting will also include a Mentor Program, Business Meeting, and a Joint Session with the Association of Academic Surgical Administrators.

The SSC continues its relationship with the Association of American Medical Colleges (AAMC), Council of Faculty and Academic Societies, and Societies Consortium on Sexual Harassment in STEMM (science, technology, engineering, mathematics, and medicine). The SSC leadership continues to nominate promising residents to the AAMC Organization of Resident Representatives each year.

Division of Research and Optimal Patient Care (DROPC)

Quality Campaign

Quality has been a cornerstone of the ACS for more than 100 years and is a core part of what it means to be a Fellow. The ACS is launching an integrated, multiyear, evidence-based campaign to elevate and drive the adoption of its quality programs across the country. By combining the credibility of the ACS with the reach of providers, the College will be able to evaluate the value of its quality programs and demonstrate to hospitals, payers, and patients that quality means establishing the highest standards and then exceeding them.

The primary goals of the Power of Quality campaign include driving adoption of the ACS Quality Programs by more hospitals to serve more patients, increase surgeon engagement and participation in the ACS Quality Programs, raise awareness of the ACS Quality Programs and drive adoption of quality metrics in public policy, and establish patient recognition of ACS Quality Program excellence.

As part of this campaign, the College is releasing a Surgical Quality Partner trust mark and toolkit for hospitals. This mark is a designation that the hospital is an ACS Quality Partner and participates in at least one of the ACS Quality Programs. The mark signifies the recipient's dedication to forward-focused care through consistently improving procedures and approaches. The Surgical Quality Partner mark will be presented to 28 Quality Verification Program (QVP) hospitals that participate this year and to all 2,500 hospitals that participate in an ACS Quality Program in early 2023.

ACS Fellows and members are encouraged to advocate for the ACS Quality Programs in their institutions, help raise awareness, and bring the quality programs to every hospital and patient in America.



ACS Quality & Safety Conference (QSC)

- The 2021 ACS Quality & Safety Conference (QSC) was held virtually and free of charge, which attracted nearly 8,500 registrants worldwide.
- Highlights of the virtual conference included a Quality Improvement (QI) Course with a live Q&A panel, approximately 450 abstract presentations, and an interview between ACS Board of Regents Vice-Chair Steven Wexner, MD, FACS, and keynote speaker Eduardo Garcia.
- ACS closely monitored the ongoing COVID-19 pandemic and deemed it safe to return to an in-person QSC for 2022. It was held in Chicago, IL, and attracted more than 1,000 attendees.
- Highlights of the 2022 conference included 50+ sessions, a variety of networking events, and a Quality Improvement (QI) Basics Workshop which was a full-day, hands-on learning experience led by QI experts. General sessions included content on topics such as Leadership Pearls, Diversity Equity and Inclusion in Surgery, Standardization, Planetary Health/Sustainability.
- The 100-year anniversaries of Cancer and Trauma Programs were celebrated and underscored the College's long history in quality improvement efforts.
- For those unable to attend the meeting in person, 30+ sessions were recorded at the live meeting and will be available for viewing on the on-demand platform beginning August 15th. The on-demand platform will include the session recordings, Quality Program updates, and 400+ abstracts.
- One goal for the 2023 ACS QSC will be to return to pre-COVID attendance rates.
- The 2023 Conference will be held July 10-13 in Minneapolis, MN.

ACS Quality Improvement Course: The Basics

- Since the launch of the *ACS Quality Improvement Course: The Basics* in November 2021, nearly 110 people paid and registered to gain access to the materials. The QI Basics Course was made available to all ACS staff.
- A total of 97 people (staff and paid subscriptions) have successfully passed the QI Basics Course.

- The ACS Quality Improvement Workshop: The Basics was offered at the 2022 ACS Quality and Safety conference. 114 people registered to partake in the full day workshop.
- The workshop ran all four days of the ACS Quality & Safety Conference and included team activities, discussions, and lectures. It focused on the quality improvement process, the role of data in quality improvement, overcoming contextual barriers, leadership and teamwork, and engaging stakeholders.

ACS National Surgical Quality Improvement Program (ACS NSQIP)

- More than 700 sites are currently enrolled in the program, 20% of which are international. Interest in the program remains strong both domestically and internationally.
- There were 41 adult sites added over the past fiscal year, compared to 44 sites in FY 2022, 36 in 2021, and 47 in 2020.
- The Quality Verification Program was successfully integrated into ACS NSQIP, creating a path to participate in both the registry and verification process as the ACS NSQIP QVP. All sites - whether new or renewing - are in the process of being moved to an updated contract reflecting the new program structure and that is auto-renewing.
- Effective Jan 2022, the program moved to new single fee inclusive of NSQIP and NSQIP QVP, simplifying billing and budgeting
- Approximately 80% of ACS NSQIP Adult hospitals are participating in at least one or more of the Adult NSQIP Collaboratives; 49 of 79 existing collaboratives are health system collaboratives.
- The most recent NSQIP Adult collaboratives to form are the Froedtert Health NSQIP Collaborative and Wellstar NSQIP Collaborative, both existing hospital systems in ACS NSQIP.
- In early 2022, Duke University Hospital formed a virtual Spine Collaborative focusing on T NSG Spine procedures.
- There are now eight Pediatric collaboratives - three regional and five system.

Children's Surgery Verification (CSV) Program

- 157 hospitals participate in NSQIP Pediatric, of which 46 are also verified hospitals in the Children's Surgery Verification Program. This is a 44% increased growth in Children's Surgery verified hospitals.
- The First Level I Musculoskeletal hospital was verified.
- The CSV completed 27 site visits, the most site visits in a single year since program inception.
- NSQIP Pediatric launched hospital specific Report Cards for procedure specific modules, Appendectomy and Spine.
- All piloted Process Measures are now being collected in the NSQIP Pediatric Registry (Button battery, Malrotation with volvulus, post-tonsillectomy hemorrhage).

Geriatric Surgery Verification Program (GSV)

- Since opening enrollment in October 2019, the GSV Program has received 51 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 2 Verification must demonstrate all 30 GSV Program standards are in place through a comprehensive site visit.
- Despite the ongoing impact that COVID-19 has on hospital operations and resources, two hospitals achieved Level 1 Verification during the last fiscal year, and 24 hospitals are currently seeking Level 1 or 2 Verification, with an anticipated 12 site visits tentatively scheduled for the current fiscal year.
- In September 2021, the ACS was awarded a \$2 million, 3-year grant from The John A. Hartford Foundation. The *GSV Phase II: Evaluation and Improvement* project will evaluate content, implementation, and outcomes of the program to foster broad dissemination to diverse sites, including rural settings and safety net hospitals.
- The project team will also evaluate the need for palliative care standards to better meet the needs of older surgical patients with serious illness.
- During the first year of the grant, the project team selected NORC at The University of Chicago to

support the evaluation itself, recruited a diverse group of over 30 stakeholders, and held a half-day, virtual meeting to determine the best tools and methods for the evaluation.

Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)

- The MBSAQIP currently has 893 accredited centers, of which 47 are new applicant centers.
- MBSAQIP surgeon site reviewers have completed more than 300 virtual site visits.
- Four of MBSAQIP-accredited centers participated in the Center for Medicare & Medicaid Innovation (CMMI) Bundled Payments for Care Improvement Advanced (BPCI Advanced) Alternative Measure Set by using the data collected in the MBSAQIP Registry to submit quality measures for this bundled payment program.
- The MBSAQIP has been collecting Patient Reported Outcomes (PROs) for 3 years in a system that was built and supported internally. The survey data collected and the patients that are being followed will migrate into a system that is integrated with the MBSAQIP Registry. This migration will allow for a more seamless management of the PRO program and allow our accredited centers to be able to collect long-term data on quality of life, weight, and comorbidity resolution over time.
- Stacy Brethauer, MD, FACS, FASMBS took over as the chair of the Committee for Metabolic and Bariatric Surgery (CMBS). Dr. Brethauer has been involved in the CMBS, as well as our MBSAQIP Data and Quality Subcommittee for several years. He also led the MBSAQIP's second national quality improvement project, Employing New Enhanced Recovery Goals to Bariatric Surgery (ENERGY).
- Kim Evans-Labok took over as the Program Manager for the MBSAQIP. Kim has served as the Project Manager for the team since 2017 and has been heavily involved in the implementation of the MBSAQIP's national quality improvement projects, launch of the new data registry platform, and the internal alignment with the other accreditation and verification programs.

QVP + Emerging Programs

ACS Quality Verification Program (ACS QVP), the first verification program to establish foundational standards for surgery-wide quality infrastructure, launched in late 2021 and was announced as an included benefit to all ACS NSQIP hospitals. In July of 2022, the first 25 hospitals (domestic and international) to become verified by the QVP were announced. There are over 50 additional hospitals actively working towards verification by the QVP, with several hundred more that regularly attend the monthly webinar series and participated in a QVP-specific track at the 2022 Quality and Safety Conference.

Development continued for the new verification program that aims to provide standards and improve care for Emergency General Surgery (EGS) patients. The EGS Verification Program (EGS-VP) is a joint effort of the ACS and the American Association for the Surgery of Trauma (AAST) using the ACS quality program four-part model (1. Standards, 2. Infrastructure, 3. Data, 4. Ongoing Verification) and incorporates quality standards from the ACS QVP. This program will allow hospitals to assess resources and quality processes to improve and standardize care within this patient population. An EGS module within NSQIP has been created to help hospitals collect data, benchmark their outcomes and drive quality improve efforts. Participants will soon be able to capture non-operative management of EGS.

The ACS and the Society for Vascular Surgery (SVS) have collaborated to create a new verification program in vascular surgery. The Vascular Verification Program (Vascular-VP) uses the ACS quality program four-part model (1. Standards, 2. Infrastructure, 3. Data, 4. Ongoing Verification) and incorporates quality standards from the ACS QVP to help hospitals assess resources and quality processes to improve and standardize inpatient vascular care. This program is slated to launch in early 2023 and will offer two levels of verification to allow hospitals to achieve verification relative to their scope of practice within vascular care. Both the SVS Vascular Quality Initiative registry and a vascular module within NSQIP will both be designed to support hospitals' data capture needs in alignment with verification program standards.

Two additional verification programs have completed alpha pilots and are preparing to launch in 2023. Standards for the High-Risk Gastrointestinal Surgery Verification Program (HRGI-VP) outline resource needs and specific clinical care pathways for both benign and malignant disease management across a range of high-risk GI procedures that include the following disease sites: Hepatobiliary, Esophagogastric, and Rectal. This program is continuing to refine, align, and test the standards with the plan to launch in tandem with a companion module within NSQIP to assist hospitals with data collection and outcomes review to drive quality improvement within this patient population.

Additionally, there is a General Thoracic Surgery Verification Program (Thoracic-VP) that is being developed in collaboration with The Society of Thoracic Surgeons (STS) that addresses specific resources and clinical care standards within the general thoracic surgery population inclusive of both benign disease and cancer care. This program has also completed an alpha pilot and is continuing to refine standards with plans for a formal launch in mid-2023.

COVID-19 Registry

- ACS COVID-19 Registry remains open and free to hospitals who wish to continue to collect or analyze their own data on COVID-19 hospitalized patients.
- At its peak, the registry had 70 hospitals participating; now, 10 do.
- More than 20,000 cases have been entered into the ACS COVID-19 Registry.

Surgeon Specific Registry (SSR)

- More than 13.6 million cases are recorded in the SSR, with more than 7,250 surgeon users.
- The SSR QI Advisory Committee was developed to bring more end-user value to the SSR.
- The SSR Practice Improvement Initiative (PII) was developed and designed by surgeons (SSR QI Advisory Committee) for surgeons. The SSR PII allows surgeons to collect, analyze, and learn from their case data to help improve surgical patient care, their practice and performance. This activity allows surgeons to obtain CME credit linking quality and education.

- The improved SSR Benchmarking Report functionality was released.
- All SSR variables were aligned with NSQIP.

SSR Practice Improvement Initiative

Number of surgeon participants in the SSR Practice Improvement	283
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SSR Education

Number of Surgeon participants in SSR Webinar Education 2021-2022	145
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Committees

Division of Research and Optimal Patient Care Committee (DROPCC)

- Beginning in January 2022, DROPCC gathered for a four-part retreat to discuss the vision and strategy for the ACS Quality Programs. The areas of focus included: program bundling, data registry participation and value, policy strategies, and research and development strategies.
- The DROPCC Committee further defined each of the topic areas and came up with a five-part plan which consists of: (1) Program Bundling, (2) Developing and Implementing a Quality Campaign, (3) Developing a Center for Study of Surgical Quality, (4) Identifying a Task Force on ACS Partnerships, and (5) Identifying a Task Force on Public Reporting, Tiering, and Accountability.
- The DROPCC presented the plan to the ACS Board of Regents and included the goals, objectives for each goal and a timeline for implementing the five-part plan. The ACS Board of Regents approved the plan.

Surgical Research Committee (SRC)

- The SRC promotes surgical research in publications through its Profiles in Surgical Research project. The project is a collaborative effort with the *Bulletin*, highlighting prominent surgeon-scientist members of the ACS.
- The SRC will be hosting eight Clinical Congress Sessions in 2022.
- Idalberto Badell, MD, from Emory University, was selected to receive the 2022 Jacobson Promising Investigator Award.

- A representative of the SRC participated in a workshop hosted by the Agency for Healthcare Research and Quality (AHRQ). The 2-day virtual workshop was organized under the auspices of the Multicenter Handoff Collaborative (MHC) initiative sponsored by the Anesthesia Patient Safety Foundation (APSF).

Health Services Research Methods Course

- The 2022 Health Services Research Methods (HSRM) Course, chaired by Gretchen Schwarze, MD, FACS, co-chaired by Arden Morris, MD, FACS, and sponsored by the SRC, will take place in December 1-3, 2022, in Chicago, IL.
- 12 faculty from across specialties have been asked to participate.
- Participants will have the opportunity for 1-on-1 consultations regarding their own research.

Committee on Perioperative Care

- The CPC continues to work alongside the Association of PeriOperative Nurses (AORN) to review and comment on proposed guidelines. The CPC will continue to work closely and collaborate with AORN to produce guidelines and standards that provide optimal care for the surgical patient.
- The committee nominated and selected Carla Pugh MD, FACS, from Stanford University, as the 2022 lecturer during its Spring 2022 meeting.
- A representatives of the CPC participated in a workshop hosted by AHRQ. This 2-day virtual workshop was organized under the auspices of the MHC initiative sponsored by the APSF.
- The Committee will be hosting eight sessions during the 2022 Clinical Congress.

Clinical Scholars Program

July 2021-June 2022

- Alexandra Briggs, MD, was the ACS/JAHF James C. Thompson Associate Fellow Scholar in Geriatric Surgery, July 2020-July 2022. Dr. Briggs is a trauma and acute care surgeon and assistant professor of surgery at Dartmouth Hitchcock Medical Center in Lebanon, NH.
- Sanjay Mohanty, MD, was the ACS/JAHF James C. Thompson Associate Fellow Scholar in Geriatric Surgery, July 2020-July 2022. Dr. Mohanty is an

assistant professor and colon and rectal surgeon at the Indiana University School of Medicine (IUSM).

- Courtney Collins, MD, was the ACS Associate Fellow Scholar in Geriatric Surgery and Patient Reported Outcomes, July 2020-July 2022. She is a general and minimally invasive surgeon at The Ohio State University Wexner Medical Center.
- Hadiza Kazaure, MD, was the ACS/JAHF James C. Thompson Associate Fellow Scholar in Geriatric Surgery and Patient-Reported Outcomes, July 2020-July 2022. She is an endocrine surgeon at Duke University.

July 2022-June 2023

- Xane Peters, MD, is the current ACS/The John A. Hartford Foundation James C. Thompson Clinical Scholar in Residence, July 2022-July 2024. He is a general surgery resident at Loyola University Medical Center in Chicago.

Sponsored Grants and Contracts

Geriatric Surgery Verification - The John A. Hartford Foundation

The Geriatric Surgery Verification Program and The John A. Hartford Foundation's continued partnership seeks to systematically improve surgical care for older adults while serving diverse populations across the nation. With continued support from JAHF, ACS is using a new 3-year, \$2 million award to evaluate the content, implementation, and outcomes of the GSV Program as it is put into place in real settings, and to make any necessary adaptive changes to foster broad dissemination of this program around the US, including rural settings and safety net hospitals. A key part of this work will include developing and incorporating standards for palliative care, and then determine opportunities for alignment with other existing JAHF and ACS quality improvement programs. Clifford Ko, MD, FACS, serves as the project Principal Investigator.

Scaling and Spreading Electronic Capture of Patient-Reported Outcomes (PROs) Using a National Surgical Quality Improvement Program (NSQIP) - HHS/AHRQ

ACS NSQIP continues to collaborate with other interested parties on important initiatives and pilots. The ACS NSQIP Ambulatory Patient Reported Outcomes (PROs) Project uses the ACS NSQIP to

scale routine health IT-enabled capture of PROs for quality improvement to the national level in ambulatory surgery, and to leverage the ACS NSQIP network of Collaboratives to spread its uptake. The project is partially funded through a grant awarded to the ACS from AHRQ and is a follow-up to the PROs Alpha Pilot Project that concluded in May 2018. The project officially launched in February 2020 with eight hospitals. The project uses validated measures, Patient Reported Outcome Measures (PROMs), that have widespread acceptability and face validity to surgeons and are germane to all ambulatory surgical procedures. In total, 34 questions are being collected by the sites to measure the domains of global function, pain interference, fatigue, physical function, and shared decision making. To date, 64 sites are enrolled in the pilot, and the grant has been extended until April of 2023.

Safety Program for Improving Surgical Care and Recovery (ISCR) - Department of Health & Human Services (HHS)/AHRQ & Johns Hopkins University Armstrong Institute for Patient Safety & Quality (JHU)

Ongoing since 2016 and funded by AHRQ via JHU, this project aims to measurably improve patient outcomes through implementation of enhanced recovery after surgery practices in hospitals. This project will enroll US hospitals across four service lines: Colorectal, Hip/Knee, Emergency General Surgery, and Gynecology. Baseline data will be collected during the 3-month hospital onboarding process, the intervention will be implemented, and data collection will continue during the 9-month project period and 3-month sustainability period. This project includes a participation option for non-ACS NSQIP hospitals; ACS will construct the process and outcome data collection platform. This is a joint project between JHU and ACS. Clifford Ko, MD, FACS, serves as the ACS Principal Investigator for this subcontract.

- Sustained participation in the ISCR program for approximately 400 hospitals across four surgical service lines (Colorectal, Gynecology, Orthopedic, and Emergency General Surgery)
- Supported data collection efforts, with a 95% monthly case entry rate for all participating hospitals
- Completed four cohorts of ISCR program on March 1, 2022

Developing Disparities-Sensitive Surgical Quality Metrics Across the Continuum of Care - National Institutes of Health (NIH)/National Institute on Minority Health & Health Disparities (NIMHD)

This award funded by NIMHD was granted a fifth year no-cost extension which ended 05-2022 and the Investigators are currently preparing final performance reports. This project aims to determine robust Surgical Disparities-Sensitive Metrics across the continuum of care that can be used to develop targeted interventions aimed at eradicating disparities. Identifying valid and reliable Disparities-Sensitive Metrics for surgery will enable determination of the true extent of surgical quality disparities and enable successful monitoring of the progress of reduction of disparities. This project is a collaboration between ACS, Brigham and Women's Hospital, Eastern Virginia Medical School, and University of California Los Angeles. L.D. Britt, MD, FACS, serves as the principal investigator and Clifford Ko, MD, FACS, as co-investigator for this project. During this no-cost extension period, Disparities-Sensitive Metrics will be brought into the registries, starting with NSQIP.

Trauma Programs

COT Annual Meeting and 100th Anniversary Celebration

The Committee on Trauma began its 100th Anniversary Celebration during the Annual Meeting in March 2022 in Seattle, WA. The entire staff did an incredible job putting together the live events and additional opportunities to celebrate our past while setting the stage for our next 100 years. Many in attendance were impressed with the featured Timeline Room and its inspiring displays detailing the rich history of the COT. An online version of the timeline is available for viewing [here](#). There were four special sessions during the meeting including ACS COT: Looking to the Future, the Regional COT and Global Engagement, ACS COT Recognition of Military Service, and Reflections on the Impact of the COT. The centerpiece of our COT 100 celebration was the release of the COT Centennial Book, *Looking to the Future through the Lens of Legacy*. This book was produced through the vision and leadership of our COT immediate Past-Chair and current Medical Director Eileen M. Bulger, MD, FACS, with major contributions from current and past leadership, as well as the amazing efforts of our staff partners and ACS Integrated Communications team.

The book is still available for purchase. Lastly, the March issue of the *Bulletin* commemorated the evolution of the Committee on Trauma and its mission to improve the care of injured patients over the past 100 years.

COT Leadership Transition

In March 2022 during the Annual Meeting, the COT transitioned its leadership to Jeffrey D. Kerby, MD, PhD, FACS, from the University of Alabama who has assumed the role of COT Chair for a 4-year term. He will be supported by Warren C. Dorlac, MD, FACS, COL USAF (Ret.), who will serve as Vice-Chair of the COT and Chair of the Regional Committees on Trauma. Eileen M. Bulger, MD, FACS, completed her term as chair and transitioned into the role of Trauma Medical Director for the ACS while continuing to work with the COT and ACS leadership. Lastly, Ronald M. Stewart, MD, FACS, was recognized for his work and service as COT Medical Director.

Future Trauma Leaders Program

The Future Trauma Leaders (FTL) Program was expanded by having a dedicated Orthopedic position funded by the Orthopedic Trauma Association along with another position that is alternatively funded by MHSSPACS and a donation from Kirby Gross, MD, FACS. These positions are in addition to the four annual FTL spaces.

FTL100 Campaign

The special FTL100 campaign to support the Future Trauma Leaders (FTL) Program exceeded the \$1,000,000 fundraising goal by raising more than \$1,300,000. The funds raised will be able to support the program well into the future.

Diversity, Equity, and Inclusion Work Group

The DEI Work Group is collaborating with several other societies on efforts to ensure broad representation in nominees for opportunities such as membership in the COT and participation in the Future Trauma Leaders Program. These societies include Association of Women Surgeons (AWS), Society of Black Academic Surgeons (SBAS), Society of Asian Academic Surgeons (SAAS), Latino Surgical Society (LSS), and Association of Out Surgeons and Allies (AOSA). The COT is also partnering with other trauma organizations to address DEI issues such as improving pathways to a career in trauma surgery. The COT, American Association for the Surgery

of Trauma (AAST), and Pediatric Trauma Society (PTS) received an ACS Board of Regents Innovative Grant for DEI and Anti-Racism. The purpose of the grant is to develop a pipeline for racially/ethnically under-represented middle and high school students interested in surgery, trauma, and medicine. The grant will select students from schools in the three cities hosting the next COT, AAST, and PTS meetings and provide them early exposure and hands-on experience, match them to a mentor, and help them with their professional development.

COT Leadership and Participation Opportunity Boards

COT Leadership Opportunity and COT Participation Opportunity Boards continue to be a work-in-progress to engage and offer opportunities for members across the Central COT and RCOT. Since launch, many interested and qualified candidates have applied for both leadership and participation opportunities. Work groups and committees have continued to meet virtually and move forward with projects and initiatives, showing a high level of engagement. Leadership positions beginning in March 2023 are being actively added to the boards, and participation positions are in the process of being updated and added to the boards.



Trauma Education

Advanced Trauma Operative Management (ATOM) 3rd Edition Course

The newest edition of the ATOM course was released to global course sites in March 2022 and announced at the Committee on Trauma's Annual Meeting and 100th Anniversary celebration in Seattle, WA. This was the first update to the course since 2010 and marked a transition from publishing and management through CineMed to in-house production in collaboration with the Division of Integrated Communications. The new financial model will represent a significant increase in revenue for the College.

Military Health System Strategic Partnership American College of Surgeons (MHSSPACS)

The MHSSPACS Clinical Readiness Curriculum is a 42-module online program that is part of a three-pronged approach to preparing surgeons for deployment into wartime settings and/or austere environments. In FY2022, the remaining content and quiz questions were developed, and the instructional design and development was completed for 20 modules by the Trauma Education team. The Trauma Education group had to seek help on the development of 17 of those modules due to time constraints and competing priorities. The project was turned over to the vendor fully at the end of FY22.

Advanced Disaster Medical Response (ADMR)

ADMR is a 20-module online program geared towards multidisciplinary disaster teams responding in a potentially austere environment. The prototype for the modules was developed in late 2021. The first two modules of ADMR, Mass Casualty Incident Management and the Incident Command System, have been designed and developed. The project was put on hold from March 2022 through the end of June 2022 due to the emergent need for the MHSSPACS project with the ongoing Ukraine crisis.

Disaster Management and Emergency Preparedness (eDMEP)

The eDMEP program is an 8-module online program that is targeted towards the hospital disaster response team which may include: trauma surgeons, ER physicians, advanced practice providers, administrators, and staff. This project has a unique "choose your own adventure" format to it where the learner can choose from six different case scenarios. The learner chooses a scenario that is most relevant to their practice environment so that when they learn the content, it is through a lens that is already familiar to them. All six case scenarios will feature the same core content but have knowledge checks along the way related to their specific case scenario to help reinforce the content being presented. The first prototype was built for the March 2022 COT Annual Meeting. The content has been developed for modules 2, 3, 4, 5, and 6. Module 1 is an introduction, and Module 8 is a review. Module 7 is on mechanisms of injury and how to prepare for these in the hospital environment. This project was put on hold from May 2022 through the end of June 2022 due to the emergent need for the MHSSPACS project.

Ukraine – Education Efforts

The Trauma Education team worked closely with the STOP THE BLEED® program to distribute timely education materials and support training initiatives throughout Ukraine. These efforts included provision of the Trauma Evaluation and Management (TEAM) curriculum at no cost; free MyATLS Mobile Application downloads; support for a Ukrainian translation, publication, and distribution of the ATLS 10th Edition Student Manual; and coordination of efforts for ATLS training courses in Warsaw, Poland.

ATLS International Promulgation

Global expansion of the ATLS program has renewed after a lull during the COVID-19 Pandemic. Most recently, Region 15 of the COT supported and oversaw the promulgation of ATLS in Albania and Austria. The addition of ATLS to the Hawassa program in Ethiopia is under way with final instructor training taking place in Lebanon in August 2022. Promulgation is scheduled to take place between late Fall 2022 and Spring 2023. Other recent applications include Kosovo, Bulgaria, Slovakia, Guyana, and Guatemala. Recent international activities have led the ATLS leadership team to take a renewed look at the international promulgation model, which previously allowed partnership only with a national surgical society and prohibited partnering with hospitals or government entities. A more flexible model in places like Ethiopia, Argentina, and Nigeria have increased chances for long-term sustainability.

Collaborations with Quality Education

Trauma Education has been providing instructional design consulting services to the Trauma Quality Education group, including associated templates and guides. During the 2022 COT Annual Meeting, Trauma Education recommended scenario-based training to the Trauma Quality Education group for their updated verification standards to help current and future reviewers understand the real-world application.

ATLS Key Metrics		
Year	Number of Courses	Number of Students
2008	2,504	41,866
2009	2,616	45,284
2010	2,575	44,923
2011	2,734	47,404
2012	2,079	39,478

2013	1,858	40,463
2014	2,992	51,909
2015	3,276	66,775
2016	3,376	67,819
2017	3,588	68,389
2018	3,053	50,453
2019	2,853	48,346
2020	1,800	24,470
2021	3,578	51,396
2022*	3,574	53,610

*2022 numbers projected based on information as of July 31, 2022

MyATLS Mobile Application

After a thorough RFP and vendor evaluation process, the Trauma Education team has partnered with Hugo & Cat for the re-design and development of the MyATLS Mobile Application. A team of senior IT leaders and senior Trauma Education staff collaborated in the RFP process and participated in several “concept workshops” with vendors to answer the question: Should ACS and ATLS content be delivered via the same mobile app or a separate app? The answer was that due to the differences in target audiences and the nature of the content, these should be separate apps. Project kick-off took place in May 2022, and the team is currently wrapping up the research/discovery phase. Stakeholder and user interviews have been completed, and a business analysis will be presented in mid-August. The app will provide the core, just-in-time content the MyATLS app has been known for but will also provide premium education content to put classroom skills into practice through interactive algorithms and case scenarios. The minimally viable product (MVP) will be ready for release around March 2023.

ATLS 11th Edition Revision Project

After a year of pre-project planning, the ATLS 11th Edition revision project kicked off in July 2022. Phase 1 has subject matter experts working on content development. This crucial phase will allow for refinement of core content of ATLS and elimination of content/scope creep and online/microlearning opportunities outside of the core ATLS course. Product development will begin in March 2023 with groups working across content areas in the online modules, student manual, skill stations, and patient scenarios. Initial testing and feedback phase will begin March 2024 with a final launch between October 2024 and March 2025.

Trauma Systems Update

White Book Revision

The revised White Book (*Regional Trauma Systems: Optimal Elements, Integration, and Assessment – Systems Consultation Guide*) is complete and will be used for the first time for the Indiana state consultation in November 2022.

Field Triage Guidelines

The ACS was awarded a 2-year Cooperative Agreement from the National Highway Transportation Safety Administration to lead the revision of the Field Triage Guidelines last updated in 2011. This project was completed in March 2022, and the new guidelines are available on the ACS website.

Trauma Systems Consultations

After a hiatus due to COVID-19, the systems team conducted a consultation for the City of Memphis in May 2022. A consultation is planned for Indiana in November 2022, and a rural-focused consultation will take place for Georgia in January 2023. Several other consultations are under discussion.

Rural Trauma

The new Rural Trauma Advisory Council comprises rural trauma surgeons from around the country. Their role in bringing trauma care to the severely injured patient is important and gaining the awareness it needs. This council held its inaugural meeting in January and a Verification, Review, and Consultation (VRC) focused meeting in April, which included leadership from Quality and VRC. They will provide input and guidance for the revision of standards for Level IV trauma centers as an initial project.

Advocating for a National Trauma and Emergency Preparedness System (NTEPS)

As a joint project between the trauma systems and advocacy pillars, a multidisciplinary workgroup has developed the blueprint for a National Trauma and Emergency Preparedness System. This was presented at the ACS Leadership and Advocacy Summit, and conversations have been initiated with the Office of the Assistant Secretary for Preparedness and Response. On August 25, a virtual webinar was held to engage a diverse array of stakeholder organizations who will form an advocacy coalition to advance this vision.

Trauma Center Verification

The COT continues to conduct virtual site visits successfully and will consider returning to limited in-person visits in the next fiscal year.

Standards Revisions

The COT successfully launched the revised trauma centers standards in March 2022. Focus has now shifted to developing and launching Qport, which provides the pre-review questionnaire (PRQ) and administrative platform for site visits, as well as training on the new standards and processes.

TQIP Annual Conference

The 2022 TQIP conference will be held in Phoenix, AZ, December 11-13, 2022. The conference theme this year is *Leadership Promoting Wellness: Taking Care of Your Team to Take Better Care of Patients*, and our Keynote speaker is Stephen Trzeciak, author of *Compassionomics* and *Wonder Drug: 7 Scientifically Proven Ways That Serving Others Is the Best Medicine for Yourself*. This year, we will have our first pediatric trauma survivor. His family and care team will discuss how the trauma system came together for a great save and great outcomes for this child. Other sessions of note include a session on the history of the COT, a session on Loop closure, and Patricia L. Turner, MD, MBA, FACS, will share her vision for the future to close out the conference. The popular TQIP Academy session has transformed into a TQIP Master Class as centers will learn from fellow centers that are “experts” for items such as time to transfer, time to OR, and performance improvement.

TQIP Peer Coaching Program

This program connects participating centers with ongoing PI gaps with vetted coaches, i.e., Trauma Program Managers and Medical Directors from high performing centers. The pilot began in May 2022 and is expected to run approximately 12 months when a decision will be made about full program implementation.

Patient Reported Outcome Measures (PROs) Pilot

IQVIA built the platform, and center recruitment has begun for an initial patient enrollment date in early 2023. The pilot is expected to run approximately 18 months, when a decision will be made about full program implementation.

Performance Improvement and Patient Safety

PIPS commenced the review and revision of previous Traumatic Brain Injury guidelines led by Geoff Manley, MD, and Bryce Robinson, MD, FACS.

- Trauma Quality Programs Best Practices Guidelines: Mental Health & Substance Abuse
These guidelines are complete and will be presented at the TQIP conference in December 2022.
- TQIP Mortality Reporting System
The workgroup has finalized four case studies for quarterly publication.

Trauma Quality Program Participation

Level I & II TQIP

- There are 528 trauma programs currently enrolled in Adult Level I & II TQIP.
- Of the 397 Adult Level I & II/Combined ACS Verified centers, 100% are participating in Adult Level I & II TQIP.
- There is 1 program in the process of joining Adult Level I & II TQIP.

Pediatric TQIP

- There are 161 programs currently enrolled in Pediatric TQIP.
- Of the 121 Pediatric Centers/Combined ACS Verified centers, 119 (98.3 %) are participating in Pediatric TQIP.
- There is 1 program in the process of joining Pediatric TQIP.

Level III TQIP

- There are 200 programs currently enrolled in Level III TQIP.
- Of the 124 Adult Level III ACS Verified Centers, 121 (97.6%) are participating in Adult Level III TQIP.
- There are 7 programs in the process of joining Level III TQIP.

States/Collaboratives

- Currently there are 21 fully enrolled TQIP collaboratives.

Verification

There are currently 561 unique ACS Verified Trauma Centers.

- 144 Adult Level I Centers
- 204 Adult Level II Centers
- 124 Adult Level III Centers
- 64 Level I Pediatric Centers
- 8 Level II Pediatric Centers
- 37 Adult Level I, Peds II Centers
- 12 Adult Level II, Peds II Centers

Traumatic Injury Prevention

Medical Summit on Firearm Injury Prevention

The ACS COT, along with cohosts including the American College of Physicians, the American College of Emergency Physicians, the American Academy of Pediatrics, and the Council of Medical Specialty Societies, are preparing to hold a Medical Summit on Firearm Injury Prevention on September 10-11 in Chicago, IL. The summit will use a consensus-based, non-partisan approach to select recommendations for executive action and/or legislation at the federal, state, and municipal levels that would decrease firearm-related injuries. It seeks to identify elements of the most effective programs that can be implemented by physician practices/clinics/hospitals/health systems in partnership with their communities to effectively lower the risk of violence, with an emphasis on marginalized communities that are disproportionately impacted by violence.

ISAVE Workgroup

This workgroup has developed a Trauma Informed Care curriculum and conducted “train the trainer” sessions to prepare pilot sites to implement the new curriculum.

Clinical Scholar

The COT’s first Firearm Injury Prevention Clinical Scholar in Residence, Arielle Thomas, MD, completed her very productive scholarship in June 2022. Shelbie Kirkendoll, MD, the new scholar in this program, began in July 2022.

ACS COT Firearm Study, funded by National Collaborative on Gun Violence Research

ACS received a no-cost extension for this project, which will now conclude in June 2023. Data collection from 165 participating trauma centers is complete, and the work will now focus on analysis, exploring the association between outcomes and individual- and community-level risk factors in non-fatal firearm injuries. The principal investigators are Avery Nathans, MD, FACS, and Deborah Kuhls, MD, FACS.

Trauma Advocacy

Wins for the COT in the second session of the 117th Congress include the first-ever appropriation for Mission Zero (\$2 million), a grant program that funds military trauma training at civilian trauma centers within the 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAI); passage of the Bipartisan Safer Communities Act, the first substantive gun violence prevention law in 30 years and consistent with COT Firearm Strategy Team (FAST) recommendations; reintroduction of the Prevent Bleeding Loss with Emergency Devices (BLEEDing) Act (S. 4269/H.R. 7850), which intends to provide grant funding to states and municipalities for STOP THE BLEED kits and has been shaped with significant COT input; and introduction of House and Senate resolutions (*H.Res. 951/S.Res. 532*) that celebrate 100 years of the COT.

Wins for COT state advocacy include seven state proclamations celebrating 100 years of the COT and pending passage in California of AB2260, Tactical Response to Traumatic Injuries Act, which would require placement of STB kits in an extended list of private sector buildings. AB2260 is on the last step in the legislative process before submission to the Governor and reflects more than five years of COT effort.

COT advocacy engagement is reflected by SurgeonsPAC participation, 47% year to date, up 5% from 2021 and increasing SurgeonsVoice participation of 54%.

STOP THE BLEED® Update



STB numbers as of June 30, 2022

Total prepared: **2.14 million**

Instructors: **109,427**

Countries: **135**

The STB Program has grown exponentially within non-medical organizations, creating an opportunity to bring STB into companies that focus on increased safety and injury awareness. The STB Organizational Partners Program was implemented to meet the varying needs of these organizations. Through these collaborations, STB has created organization-specific training that meets the organization's response and safety requirements. These requests do not take away from the core of the STB Course; however, it may add specific training requirements per the organization's mission. Currently, STB has been rolled out to: Amazon, Tesla, Verizon, CRM, Lewis Tree, Wild Response, CoreCivic, and The Hartford. The program is coordinating with more organizations in the implementation of a STB program.

In response to requests for support for the ongoing war in Ukraine, the ACS STB Program launched a link on STOPTHEBLEED.org to receive donations that would facilitate community and Ukraine requests to offer support in providing bleeding control equipment. As of July 25, 2022, donations received were \$76,148, which has allowed the ACS to provide more than 2,200 STB tourniquets and bleeding control equipment. In addition to the equipment, the STB Course, portions of ATLS, and other trauma care materials were translated into Ukrainian and distributed throughout trauma centers, military medical commands, and with emergency responders. STB program staff coordinated with our program vendor, North American Rescue (NAR), to offer the C-A-T tourniquet at a reduced price to further provide equipment through other organizations and people who inquired how to provide support. The collaborative efforts have provided more than 50,000 C-A-T tourniquets and other bleeding control equipment to be sent to Ukraine. The delivery of equipment was coordinated, by STB staff, through international logistics transport organizations communicating with Ukraine Ministries of Health and Defense, regional hospitals, healthcare

non-profit organizations, and medical providers to include Roxolana Horbowj, MD, FACS, ensuring bleeding control equipment was received and pushed forward for utilization and impact. With the support ACS was providing, we were recognized by other medical organizations as the leader for providing trauma support to Ukraine, further expanding the STB reach. A PSA was created in partnership with Administration for Strategic Preparedness and Response and the Department of Health and Human Services, utilizing celebrities from medical drama programs on major networks who provided quick action STB steps when a bleeding emergency occurred. Also, in partnership with Brigham and Women's Hospital, a YouTube video was created in Ukrainian providing the steps for how to stop bleeding. Donations are still being received, and we continue to provide equipment to support Ukraine.

STB in collaboration with the City of Chicago emergency preparedness staff rolled out the Safe Chicago Program. The program is created to provide bleeding control equipment to the city that would provide the necessary assistance in the event of a bleeding emergency. In partnership with the Office of Emergency Management and Communications (OEMC), STB equipment has been placed in all leased or owned City of Chicago buildings. STB training for all staff has been ongoing with courses being taught on a weekly basis. The initiative has been successful, and steps are being made to ensure kits are available not only with city staff but sister agencies, i.e., Chicago Public Schools. The latest success for the program is there will be STB equipment in all Chicago Public Schools at the beginning of the 2022 school year. The Safe Chicago Program and ACS STB is coordinating efforts to place equipment on all public transportation vehicles and provide training to all staff operating the trains and buses in the city. The aim is to provide STB training for all city employees and have bleeding control equipment easily accessible for the citizens and visitors of Chicago to provide immediate response during a bleeding emergency. The Safe Chicago Program further provides for 911 dispatchers to direct anyone to the closest STB kit, if needed. This collaboration provided an opportunity for the ACS STB to co-brand with Safe Chicago, identifying the partnership on all STB equipment. STB equipment throughout the city will display the sticker below and provides immediate access

to the STB Interactive Course using the QR code. The program has been recognized as a priority of Mayor Lori Lightfoot, and she recognized the partnership in a press conference announcing the initiative.



STB introduced the Non-Healthcare Professional Instructor category in April, which has expanded the reach of STB instruction exponentially. The new category was created to accommodate the continued request to expand the instructor pool from individuals who fall into the new categories. Also, the expansion was a result of the growth in organizations implementing STB as a core part of employee training and requiring their organization safety trainers to become STB instructors. The organizations who have implemented STB have been working with staff and leadership to develop organization specific programs and to facilitate training and rolling out STB organizationally. In addition to the programs being implemented, each organization provides a point of contact that offers input on industry specific course requirements, organization implementation strategies, course participation data, and specific organizational reporting and requirements.

The following non-healthcare professional categories were added to the STB instructor portal:

- National Safety Council Trainer/Instructor
- American Heart Association CPR/BLS Instructor
- American Red Cross CPR Instructor
- American Red Cross First Aid Instructor
- OSHA Safety Instructor
- Certified Health Teacher
- Organization Safety and Health Instructors
- FEMA Certified Trainer
- Wilderness First Responder Instructor

Cancer Programs

The seven ACS Cancer Programs and four functional core units are achieving their mission to improve the care of the patient with cancer by accrediting ~2,100 programs, reporting on 1.5 million new cancer cases, developing 6-10 new cancer staging protocols and synoptic operative reports, while also meeting new strategic goals. High level summaries are provided below.

Accreditation Programs (Commission on Cancer [CoC], National Accreditation Program for Breast Centers [NAPBC], and National Accreditation Program for Rectal Cancer [NAPRC])

The primary mission of the accreditation programs is to improve the quality of cancer care, through standard setting, quality measures, and accreditation. The Key Performance Indicator is to accredit ~ 2,100 programs.

The CoC will conclude its centennial celebration at the annual October Clinical Congress. Once completed, centennial materials, including key stakeholder interviews, recordings, publications, 100 conversations, and celebration photographs, will be archived. The annual meeting will also highlight major progress made towards the development of the Cancer National Quality Improvement Collaborative, a core infrastructure that now supports all three accreditation programs (details below). Lastly, the CoC is implementing the new pediatric standards and plans to pilot a new rural accreditation model under an NIH grant.

The NAPBC has completed an open comment period for the new breast cancer standards based on the patient journey. Once the *Optimal Resources for Breast Care* is published, training templates will be distributed, and the new standards will be validated across NAPBC programs.

Since inception the NAPRC has accredited ~60 new programs and is now commencing the process of re-accreditation for early joiners. NAPRC quality improvement course curriculum and project development as well as gap analyses for resource needs and value assessments are under way.

In collaboration with other accreditation programs in DROPC, all cancer programs have updated rules and regulations specific to the conduct of site visits. New recruiting and site visit training processes and procedures are actively under implementation.

National Cancer Database (NCDB) Infrastructure

The primary mission of the NCDB infrastructure is to collect vital statistics and support the data needs of the CoC. The Key Performance Indicator for the NCDB is to collect and report on 1.5 million cancer cases.

The NCDB has been working steadily towards transitioning away from the traditional annual call for data and towards universal adoption of concurrent abstraction and time-sensitive reporting of cancer data. Several things now position the NCDB well for this transition: the Rapid Cancer Reporting System (RCRS) removed technical barriers; a submission monitor now provides quality control monitoring capacity; registrars have gained limited concurrent abstraction experience through quality measures; and the new rules engine software and new "R" reporting tools are expected to be applicable to other short-term NCDB reports with the potential to report to CoC programs prior to data warehouse submission. This effort will require a redesign of the current data warehouse processes and it is under investigation. Simultaneously, the NCDB has an active cybersecurity plan for its servers and is considering programming language security concerns as it pursues warehouse redesign efforts. Of note, process improvements within the NCDB are ongoing and have reduced the time cost by 44% from 2020 to 2022.

A second prong approach to securing the future of the NCDB is the work it has done to reduce the data abstraction burden, first by removing 70 data fields, second by drastically reducing the number of years of follow up, and currently by working on SCANR. By helping to create centralized and standardized approaches to cancer case index finding and source document aggregation, this effort is expected to not only reduce the data burden for high resource institutions, but also to address data disparities that are known to exist for low resource institutions.

NCDB Statistics and Analytics

The primary mission of the NCDB Statistics and Analytics team is to support the analytic needs of the Cancer Programs. The Key Performance Indicator for Statistics and Analytics is to conduct quality assurance for >500 data fields and NCDB reports for 1.5 million new cancer cases.

This year the Statistics and Analytics team faced the unique task of analyzing the 2020 cancer data to understand how the COVID-19 pandemic disrupted cancer care, cancer statistics, and hospital cancer reports. Every year the NCDB cancer reports, covering performance on quality measures, benchmarks, and short- and long-term outcomes, are provided to hospitals and many of these are used to assess their compliance with standards in support of program accreditation. While historically the data models have been stable and reliable with little variance outside hospital performance, 2020 data are not consistent with prior years. Extensive effort has been put into testing and validating data completeness and understanding observed vs expected cancer outcomes, prior to release of Participant User Files and hospital reports. Results from these validity studies will be published for the benefit of all cancer investigators and used to consider compliance adjustments.

The Statistics and Analytics team has played a major role in implementing new rules engine software and in the designing, building, testing, and releasing of five new quality measures. The team has also expanded the value of the NCDB data by providing data and analytic support to the American Joint Committee on Cancer (AJCC) as it embraces evidence-based stage group optimization. NCDB staff have tested and validated machine learning options for optimizing stage groups. Other exploratory efforts are under way for supporting the needs of NAPRC, NAPBC and the Cancer Research Program (risk calculator).

American Joint Committee on Cancer (AJCC)

The primary mission of the AJCC is to provide staging standards for the international cancer community. The Key Performance Indicator for AJCC is to publish five new AJCC cancer staging protocols each year.

The AJCC has finished the transition away from printed books to electronic, online publication of Version 9 staging protocols with new features including diagnostic-staging tables, tumor-specific staging rules, and evidence-based survival figures. Given that the protocol production process can now produce at least five new protocols a year, new emphasis is being placed on educating and training customers on the new content. A REDCap customer survey is being distributed to conduct a thorough assessment of product acceptance.

The AJCC plays a major role in the cancer community, including in support of cancer surveillance partners such as the National Cancer Institute, Centers for Disease Control and Prevention, and American Cancer Society (partial underwriter), as well as libraries, electronic medical records, and other forms of digital health. For this reason, AJCC has worked hard to become an international informatics staging standard and has accomplished this through deliberate collaboration with SNOMED. AJCC further supports a national standard through the dynamic link library it supports for the central registries.

Cancer Research Program (CRP)

The primary mission of the CRP is to support research needs of the Cancer Programs.

The Key Performance Indicator for CRP is to publish four new technical standards. The CRP has completed and is now publishing volume 3 of the *Operative Standards for Cancer Surgery* (OSCS) and it continues to develop new OSCS content, market new *Journal of the American College of Surgeons* videos and publish the results of breast and gastric tumor board video projects. At the same time as CRP is transitioning away from its prior focus on surgical trials, it is reformulating the direction the implementation science team will take to address challenges associated with accreditation standards and in support of emerging products within the NCDB.

Cancer Surgery Standards Program (CSSP)

The primary mission of CSSP is to improve cancer surgery quality. The Key Performance Indicator for CSSP is to publish four new synoptic operative reports.

The CSSP is fully engaged in the development and implementation of CoC 2020 Operative Standards. CSSP members developed CoC Standards 5.3-5.8 educational materials and visual abstracts and hosted educational forums at diverse venues, including Clinical Congress, ACS Quality & Safety Conference, National Cancer Registrars Association annual meeting, Cancer Programs Accreditation Conferences, and at national surgical specialty society meetings. Operative Standards 5.7 and 5.8 are live for both program implementation and measurement of compliance for program accreditation and CSSP remains actively involved in monitoring and supporting all needs related to these

standards. A related activity of CSSP is to support the development and implementation of 4 news synoptic operative reports each year.

Cancer National Quality Improvement Collaborative (CaNQIC) Core

The primary mission of CaNQIC is to improve the quality of care through focused quality improvement (QI) efforts on cancer care delivery. The Key Performance Indicator for CaNQIC is to conduct at least one national QI project a year.

The CaNQIC, new to the Cancer Programs, is off to a productive start. The CaNQIC was a natural outgrowth of the Return to Screening PDSA QI Project led by CoC in collaboration with the American Cancer Society. Nearly 800 CoC and NAPBC programs participated in this Return to Screening PDSA, and the project resulted in the addition of well over half a million extra cancer screenings in 2021. The success of this effort led others to propose and conduct a smoking cessation QI Project which is ongoing with ~800 programs participating. CaNQIC staff are not only conducting high volume national QI projects, but also are building sustainable infrastructure, including the creation of a charter and QI Steering Committee, charged with reviewing, triaging and prioritizing resource requests for the conduct of CaNQIC projects. The lack of familiarity of staff and non-staff cancer leaders and members demands that education and methodologic training in QI be a high priority. All staff training, which made use of existing online ACS material, is nearly complete.

Education Core

The primary mission of Education Core is to facilitate implementation of Cancer Program products and services. The Key Performance Indicator for Education Core is to support four major annual meetings and 12 webinars.

The introduction of new NAPBC, NAPRC, and CoC standards, new CoC quality measures, and the release of many new products and services from AJCC, CSSP, RCRS, and Standards for Oncology Registry Entry have kept the Education Core busy supporting conferences and webinars. The Accreditation Virtual Conference,

National Cancer Registrars Association, and the cancer track of the Quality & Safety Conference were well-attended, and the content was outstanding. Frequent webinars support ongoing activities such as the CaNQIC smoking cessation QI project.

Communications Core

The primary mission of the Communications Core is to convene stakeholders and disseminate key information about Cancer Programs products, services, people, and activities. The Key Performance Indicator for Communications is to produce and distribute weekly Cancer Program news and support CoC Cancer Liaison Physicians (CLPs), State Chairs, and Member Organizations.

The Communications Core has successfully supported the yearlong CoC 100th Anniversary campaign; hosting a website with historical content, publishing key articles that delineate the century long leadership role the CoC has played in improving the quality of cancer care, and hosting celebrations. In addition to a weekly Cancer Programs newsletter, it has increased the use of social media, increased followership, and collaborated with Integrated Communications to increase the national ACS newsfeed. The local and regional work with CoC State Chairs and CLPs and national work of Member Organizations is never done and the focus is on ever increasing engagement and delivering on the needs of programs through creation of best practice guides and toolkits and collaborating with the efforts of the American Cancer Society. Activities and outcomes are assessed using surveys and monitoring attendance.

Division of Integrated Communications

The Division of Integrated Communications (IC) led and managed many important strategic initiatives over the past year, including the successful launch of the new ACS branding and visual identity; deployment of a modernized website; creation of a new staff intranet; development of sophisticated marketing analytics dashboards; and improved integration of channels such as video, podcasts, and social media into communications plans. Notably, IC achieved these goals while continuing to produce a very high volume of work—publications, conference and event materials, marketing initiatives, news releases, and many other internal and external communications projects.

The Division welcomed two new directors in late 2021. Natalie Boden joined the College in November to lead member and staff communications (Internal Communications) and Brian Edwards joined as Chief, External Communications in early December.

The Division's focused work this past year included:

- Completing the ACS rebranding efforts and roll out of the new logo and sub-brand identity
- Launching facs.org with a new visual design and user-centric experience
- Raising the profile of ACS in the news, positioning the College as an important subject matter expert—such as hosting a press conference on firearm violence and raising awareness of the emergency medical response efforts in Ukraine
- Beginning development of a multiyear campaign focused on the importance of surgical quality improvement in partnership with DROPC and Advocacy
- Using business intelligence analytics (including PowerBI) for better decision-making in promoting events and programs
- Continuing to develop and implement content strategies for social media, ACS publications, and engagement campaigns.

New Branding

The new ACS branding and visual identity system was formally launched this year, introducing a modern but classic look for the College and its programs. The initial launch focused on the overall ACS brand, including a new logo, a contemporary color palette, and a systematic approach to type and style. IC has worked with every ACS Division and program to incorporate the new ACS logotypes, colors, and style into all internal and external communications—creating a cohesive look and feel for the entire ACS, while maintaining differentiation among programs. This effort has already yielded better unity and visibility across the College's many programs. Our reworked branding strategy was inspired by some iconic brands that have numerous sub brands as well.

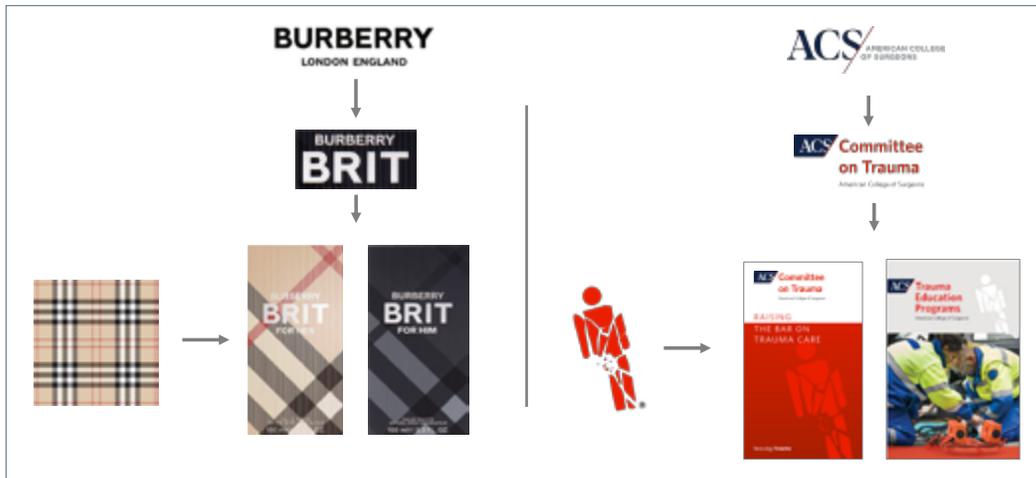
Brand Architecture

The graphic on the right shows a comparison between ACS's brand/sub-brand architecture and the similar system used by FedEx.



Legacy Brand Iconography

This graphic compares how sub-brand logotypes and legacy design elements are incorporated within the graphic systems for ACS and Burberry (e.g., Trauma’s logotype and “Broken Man” mark, and Burberry’s “Brit” logotype and reinterpreted tartan).



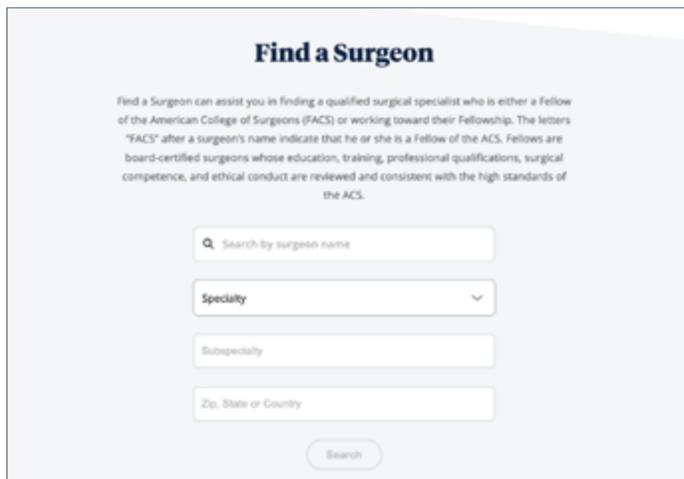
Digital Strategy

Website

The new facs.org launched on May 1, reflecting the new ACS branding. The website features audience-focused navigation, better storytelling capabilities, and improved search tools. Since the launch, the average time spent on the site is 04:12—up by 41%. The new site has much improved search functionality to help users find what they are looking for more quickly. Sessions with search went up by 52%, indicating users are exploring and engaging with our content and using search as a reliable way to find information.

The site also includes a personalization feature that continues to improve the user experience. As part of this effort, a reimagined ACS user profile is slated to launch later this year.

On the right is a snapshot of the facs.org homepage, below is the Find a Surgeon search page.



Digital Content Strategy

As part of the facs.org improvement efforts, a group of Web Champions has been established to serve as divisional representatives and collaborative partners. Monthly meetings are held to provide functionality updates, gather feedback on what is working well and what should be updated, and brainstorm ways to improve facs.org. Surgeon subject matter experts are also engaged to help ensure content is accurate and relevant to members and program participants.

E-Newsletters

Email communication continues to be a strong medium. In FY 2021-2022, the ACS sent 17.7 million emails, an increase of 4.7% over the previous year. Nearly one-third of emails sent were newsletters. The average open rate and clickthrough rate remain strong at 39% and 2.4%, respectively. The ACS *Bulletin Brief* was relaunched as the ACS *Brief* with a new content organization strategy to enhance the user experience and more quickly connect readers to the content that interests them. The new ACS *Brief* and all of our other email templates have been updated to reflect the new ACS branding. An example of the new ACS *Brief* newsletter is on the right.

Data-Driven Marketing Approach

As Integrated Communications more aggressively takes a data-driven approach to marketing decisions, two new positions were added in 2022: a Senior Manager of Marketing & Analytics and a Marketing Manager. These roles will drive use of new marketing initiatives and increase results-reporting across the organization. Additionally, Power BI has been added to the martech stack to visualize data in a unified interactive dashboard. See below for an example dashboard.



ACS Brief
Providing members with timely and relevant news, perspectives, opportunities, and calls to action.

Current Literature | Multimedia | More News | Claim CME
May 31, 2022

CLINICAL CONGRESS 2022
Drs. Hoyt, Darling, Drake, Stewart, and Eight Others Headline This Year's Clinical Congress Named Lectures
Some of the most influential individuals in surgery and healthcare will share their invaluable perspectives on a range of topics during Clinical Congress 2022.

COVID-19
Long-COVID Research Indicates Implications for Surgery
More than 2 years since the beginning of the COVID-19 pandemic, research into long COVID is coming into focus, and the findings may affect surgical decision-making.

CLINICAL RESEARCH
Clinical Trials Show Promising Future for Management of Spinal Cord Injuries
The ACS Advisory Council for Neurological Surgery has reviewed multiple clinical trials on the treatment of spinal cord injuries that were entering advanced phases and found that many offered promising results.

CURRENT LITERATURE
This week's peer-reviewed articles:
Risk Reduction Strategy Helps Decrease Incidence of Retained Surgical Items
Study Suggests Residents Can Safely Perform Laparoscopic Cholecystectomy Independently
Review Examines Hypercalcemia in Cancer Patients

Dr. Turner Offers Perspective on ACS Motto, "To Heal All with Skill and Trust"
During the recent ACS Leadership & Advocacy Summit, Executive Director Patricia L. Turner, MD, MBA, FACS, detailed the meanings of the College's motto, "To Heal All with Skill and Trust." She explained how it relates to the ACS's priorities, and how the College is moving its work forward. Watch Dr. Turner's full address.
[Watch Now](#)

More from the ACS
ACS Well-Being Resources Help Surgeons Navigate Challenging Times
Apply for the ACS Gerald B. Healy, MD, FACS, Traveling Mentorship Fellowship
ACS Members Can Watch 2022 ACS Leadership Summit Content for FREE and Earn CME
Apply to Join ACS Committee on Diversity Issues to Address Healthcare Disparities
Register for Free ACS Well-Being Program Webinar on Caring for Patients, Loved Ones, and Yourself

Participate in Poll on Delaying Surgery after COVID-19
What is your personal decision method regarding how long to delay elective surgery using general anesthesia after a verified SARS-CoV-2 infection? Visit the ACS Communities to take part and see the opinions of your surgical colleagues.
[Take Poll](#)
Login Required

Upcoming Events and Deadlines
Women in Surgery Committee Membership Applications
Due June 15
ACS In-Person CPT Coding Workshop
June 24 - 25. Register today!
ACS Quality and Safety Conference
July 15-18. Register today!
ACS Clinical Congress 2022
Save the Date: October 16-20
[See Events](#)

Career Connection
New opportunities this week include the following and more:
Orthopedic Surgeons
WellSpan Health, Gettysburg, PA
General Surgeons
Association of South Bay Surgeons, Torrance, CA
Neurosurgeons
Penn Medicine Lancaster General Health, Lancaster, PA
[Career Opportunities](#)

[Claim CME](#)

f t in @ iiii
American College of Surgeons
633 N. Saint Clair St., Chicago, IL 60611 | facs.org/facsbrief
p: 312-202-5000 | bulletin@facs.org

Social Media Engagement

Since last year, we have gained 2,900+ followers on our Instagram account and steadily grew our Twitter, LinkedIn, and Facebook channels. As we slowly began to return to in-person conferences and events, we used social media to increase engagement during events such as the Leadership and Advocacy Summit and the STOP THE BLEED® news conference with the City of Chicago.

For the Quality & Safety Conference in July, social discussion amassed 5.3 million impressions along with 354 total mentions.

Furthering our efforts to address the public health crisis of firearm violence, a June 2 press conference generated 5 million impressions and 550 total mentions.

Our social channels saw a significant increase in traffic when Patricia L. Turner, MD, MBA, FACS, assumed her role as Executive Director with more than 2,800 engagements across all platforms. Members were eager to hear from Dr. Turner and had positive reactions to her introductory video.

As our social presence continues to steadily grow across platforms, we are reaching our audience through a social strategy that encompasses storytelling and human-interest pieces, as well as College history and innovation. DEI discussions and social issues have been at the forefront of the social sphere, and our younger member base is excited and ready to engage in this work.

As we continue to evolve our social strategy, we expect continued growth and engagement, ultimately increasing our visibility with members and the public.

Public Information

This past year, the ACS Public Information team organized two news conferences on timely topics: the first was focused on the STOP THE BLEED® campaign's advocacy for placing bleeding control kits in public places and the second emphasized the ACS Committee on Trauma's (COT) consensus-based recommendations for preventing firearm violence, which has continued to escalate across the nation.

On March 1, ACS collaborated with the City of Chicago's Office of Emergency Management and Communications for a Chicago news conference to announce that more

than 550 bleeding control kits had been placed in public facilities around the city as part of the "Safe Chicago" initiative. It was also announced that new training opportunities were available for municipal employees and the public to learn the lifesaving techniques taught in a STOP THE BLEED® training course.

Nearly every Chicago news outlet covered this story resulting in 50 news reports over 3 days. Coverage included reports by network affiliates ABC and CBS (TV and radio); TV coverage by NBC News, FOX News, WGN News; and online news coverage by the *Chicago Sun-Times* and the *States News Service* for an estimated aggregate audience reach of 74.4 million.

ACS also partnered with the City to run STOP THE BLEED® public service announcements (PSA) on NBC-operated broadcast and digital properties in the Chicago region. The PSA campaign delivered more than 2.3 million impressions in the greater Chicago market, amplifying the STOP THE BLEED message to help viewers understand how to respond if they find themselves dealing with an uncontrolled bleeding situation. On the national level, a June 2 ACS news conference was livestreamed via the ACS YouTube channel from the ACS Washington, DC Office. During this event, ACS Executive Director, Patricia L. Turner, MD, MBA, FACS, and ACS trauma leaders called for bipartisan solutions to reduce the rising number of deaths and serious injuries seen in trauma centers daily as a result of escalating firearm violence. Eileen M. Bulger, MD, FACS, Medical Director of ACS Trauma Programs elucidated 13 consensus-based recommendations from COT's Firearm Strategy Taskforce (FAST). She emphasized the recommendations are actionable items that represent a road map to a solution that can impact saving lives. Former COT Chair and Medical Director of ACS Trauma Programs, Ronald M. Stewart, MD, FACS, San Antonio, Tex., provided his unique frontline perspective as a trauma surgeon who has treated victims of two of the largest mass shootings in U.S. history. He credited decades of work from the COT in setting organized, regional trauma systems of care that make a real lifesaving difference in communities. Current COT Chair Jeffrey Kerby, MD, FACS, spoke about how the number of daily firearm injury victims are on the rise in trauma centers and how this increase affects trauma

center staff; and ACS Medical Director for Advocacy and Health Policy, Patrick Bailey, MD, FACS, presented his viewpoint as a firearm owner who supports the consensus-based FAST recommendations.

This news conference represents a palpable shift for ACS in terms of disseminating immediate breaking news on important issues of the day that affect surgeons and their patients. This event was livestreamed, enabling ABC News to share key portions of remarks, particularly those delivered by Dr. Ronald Stewart, across all of its platforms. Another TV outlet that tapped into our livestream was KSAT News, out of San Antonio, TX, the community that witnessed a horrific mass shooting at a grade school in the neighboring town of Uvalde in May. Both of these livestreams captured half a million viewers while the news conference was happening.

Furthermore, journalists who viewed the livestream of the event reported on it. News coverage included articles in *MedPage Today*, *WebMD*, and *Medscape*, and strong media pickup of an ACS-issued press release reporting on the news conference a short time after it concluded.

Total media mentions were 130 news articles that reached an estimated overlapping audience of 648 million with the highest news coverage reported in the states of Texas and Washington, where two of our COT leaders—who spoke at the news conference—practice trauma surgery.

Communicating to the Public: Emergency Response Efforts in Ukraine

As the humanitarian crisis in Ukraine from the Russian invasion began and escalated, so did the concern and activism of the medical community to render assistance in any way possible. Some of our public information activities supported much needed emergency response initiatives for Ukraine. ACS has supported education efforts to ensure people in Ukraine know the basics of bleeding control so that they can implement these lifesaving techniques when needed on the ground. An ACS press release reported on the efforts of Roxolana Horbowyj, MD, FACS, who is conducting frequent online courses in Ukrainian via Zoom to educate people on the ground. The work of Dr. Horbowyj and others was featured in *HealthDay*, *The Washington Post* and the UK-based *The Independent*.

Further, actors who play physicians on American television shows *New Amsterdam* and *Good Sam* promoted STOP THE BLEED® in a PSA, with Ukrainian subtitles, to bring specific step-by-step training information to the people of Ukraine. Lenworth Jacobs, MD, FACS, ACS Medical Director for STOP THE BLEED®, contributed to the development of the script for well-known movie and TV producer Michael Seitzman. ACS issued in April press release announcing the PSA which contributed to coast-to-coast media coverage to augment coverage initiated by Mr. Seitzman's production firm, Maniac Productions.

Raising the ACS Profile in the Media

Since January, the ACS public information team has taken a more focused approach to share ACS's expertise and insights with reporters covering key healthcare topics. As a key part of that process, our public information team is taking a more strategic approach to raise the profile of ACS with clearer messaging. An example of the value of this approach can be viewed in a [New York Times magazine article by Kim Tingley](#) on the uncounted impact of the COVID-19 pandemic on public health, which mentioned postponed operations. In an interview with ACS Dr. Turner, Tingley was told that the *ACS considers elective surgery to be essential*.

For an on-air and online news story by National Public Radio reporter Will Stone (writing for the column "*Shots*") captured the ACS viewpoint about elective surgery being essential during an interview with Dr. Turner.

Our media team has also worked with COT leaders on pre-interview messaging on firearm injury and prevention and is preparing targeted public information campaigns with cancer program leaders by the end of this year on timely breast cancer and lung cancer topics for the general public.

Our public information team has also supported research led by Medical Director of ACS Cancer Programs, Heidi Nelson, MD, FACS, for an ACS Cancer Programs quality improvement initiative ("Return to Screening") that addressed missed cancer screenings during the pandemic. To make up for the deficit, ACS Cancer Programs worked to ramp up screenings through its accredited cancer programs. As a result, 748 accredited cancer programs in the United States

participated in a three-month effort to get more patients screened (April - June 2021). An initial report about the initiative was *published online* in the journal *Cancer* (March 21, 2022). There was strong media interest in the study, and the ACS team worked to help arrange several media interviews for Dr. Nelson. News coverage included the *TODAY Show website*, AXIOS, Aunt Minnie, HealthDay, VeryWell Health, and a *blog post* on the National Cancer Institute's website.

News Coverage

ACS news coverage remains strong with primarily medical trade news reports, followed by general media news stories. To date, we have tracked 14,561 media clips for the past year, with an estimated aggregate potential readership of 49.67 billion for all ACS news mentions.

News from the annual *Clinical Congress News* kit and other Congress-related news continues to be one of our highest earned media events for the past year. The 2021 Congress captured 316 media clips, with an estimated potential reach of 383.4 million impressions. (An impression is counted every time a person has contact with a piece of media.)

Non-Clinical Congress stories that also captured multiple media mentions include:

- Firearm injury and prevention news
Particularly the ACS news conference on June 2; and ACS publicly stating *support for bipartisan legislation* to make firearm ownership safer (June 23).
(907 clips; 3.5 potential billion aggregate readers)
- ACS mentions STOP THE BLEED articles
(553 clips; 3.1 billion aggregate readers)
- Dr. Patricia Turner takes the helm of the American College of Surgeons (Jan. 3, 2022)
PR Newswire analytics
 - Total news release pickup - 320 news outlets
 - News release views and hits - 6,986

We continue to develop positive relationships with healthcare journalists and receive consistent news coverage with key medical outlets, including *General Surgery News*, *MedPage*, *WebMD*, and consumer outlets such as *HealthDay*, and *USA Today*. We also earned coverage from numerous top tier media outlets

including network news stations, CNN, *The New York Times*, and *The Washington Post*.

Also worth noting: The National Cancer Database remains a huge draw for media mentions in journal articles published by the NIH in PubMed. It is often cited as the data source by reporters who cover these journal studies.

Now that journalists are once again covering other medical topics beyond COVID, our public information team aims to enlarge the scope of topics for news coverage in the coming year.

Journal of the American College of Surgeons (JACS)

The JACS impact factor reached a record high—increasing from 6.113 to 6.532. JACS now ranks 14th out of 211 in the surgical journals category.

In January 2022, JACS became a digital-only publication with a few on-demand print issues distributed through a new publishing agreement with Wolters Kluwer Health. The new focus is on expanding global readership for JACS through access and distribution on Ovid, the world's most trusted medical research platform, among other digital channels.

JACS will continue agreements to publish papers from the annual meetings of the Southern Surgical Association, Western Surgical Association, and New England Surgical Society.

From data available through the first half of 2022, JACS full-text articles were downloaded approximately 80,000 times across journalacs.org and Ovid, with 40% of Ovid's reach being outside the United States.

In July 2022, JACS launched *The Operative Word* podcast. In this series, hosts Jamie Coleman, MD, FACS, and Dante Yeh, MD, FACS, speak with recently published JACS authors about the motivation behind their latest research and the clinical implications it has for the practicing surgeon. *The Operative Word* is available on Apple Podcasts, Spotify, Podbean, iHeartRadio, and other podcast platforms.

To improve and expand digital communications, JACS has redesigned the monthly eTable of Contents (eTOC) and works with the IC team to highlight selected

online ahead-of-print articles in a biweekly email, *JACS Advance*. Additionally, *JACS* articles are highlighted in issues of the weekly *ACS Brief*.

Visual abstracts continue to be required with submission of all Original Scientific Articles, and authors are strongly encouraged to submit an accompanying video, which can be shared on the *JACS* website, social media, and via the monthly eTOC. The *JACS* Twitter account has gained more than 3,500 new followers so far this year, for a total of 30,500. *JACS* continued to receive a substantial number of media mentions over the past year, with notable mentions in *Yahoo News*, *US News & World Report*, *The Independent*, *The Mercury News*, *Medscape*, and others.

- *JACS* media mentions: **1,604** (7/1/21-6/30/22)
- Total potential readership of *JACS* media coverage: **3.2 billion** (7/1/21-6/30/22)

***Bulletin*, *ACS Brief*, and Other Newsletters**

The College replaced its weekly newsletter, the *Bulletin Brief*, with a reimagined *ACS Brief* that focuses on providing members with timely and relevant news, perspectives, opportunities, and calls to action. The new format incorporates design elements intended to make the publication easier for readers to scan and find topics specific to their interests. The *ACS Brief* is well-read, with average open and clickthrough rates above the industry standards, typically well over 44% versus 22%, and 5.2% versus 2.5%, respectively.

The monthly *Bulletin* maintains its identity as the College's publication of record. Most members read the *Bulletin* online, and approximately 4,700 subscribe to the print edition. A monthly email alerting members that the *Bulletin* has been posted online continues to garner open rates of approximately 45%, with clickthrough rates matching the industry standards at 3.9% of the emails opened each month. A new email format launched with the August 2022 issue, which mirrors the *ACS Brief* design.

The *Bulletin* has also been making incremental changes in content. Staff are creating more content, ensuring that the articles are timely, newsworthy, and readable. The most widely read feature stories this year include "Advice

for Medical Students" by James Elsey, MD, FACS, and the ongoing series of articles on surgeon families.

Other design changes are in development. A redesigned *Bulletin* is scheduled for launch with the January 2023 issue. The redesign will also include opportunities for collaboration across IC, including more video and audio interviews for publication on the website.

In addition to the *ACS Brief* and *Bulletin* email newsletters, IC works with other areas of the College to develop and disseminate 12 other e-newsletters, including *Advocacy Brief*, *Committee on Trauma News*, *Medical Student News*, and the *Advisory Council News* series.

ACS Communities

ACS Communities continue to be a valued and popular benefit of membership. In March 2022, Editor-in-Chief Tyler Hughes, MD, FACS, announced changes to ACS Communities designed to improve the site and encourage more member engagement. As a result, specialty communities are now more clinically relevant and focus on direct patient care, while other important surgically oriented issues are discussed in communities developed for and focused by career stage, geographical region, practice type, etc. In addition, the site received a new look and feel that reflects the College's new branding.

While participation in the Communities had decreased for various reasons, the change spurred renewed participation from Fellows worldwide, widening the perspectives on various cases presented, including:

- In the Endocrine Community, editor Michael Starks discussed techniques for difficult fine needle aspiration of thyroid lesions.
- The Colon and Rectal Community had a lively discussion on the various pros and cons of the treatment options for the common anal fissure as well as issues relating to rectal carcinoma.
- General Surgeons discussed the various advantages of laparoscopic port placement.
- A case involving ingested foreign bodies received comments from around the world.

Mandatory vaccination was the hottest discussion topic during the year beginning July 1, 2021, followed closely by calls to discipline physicians who spread false information about COVID and vaccinations. Other top threads related to wearing masks during the pandemic, diversity and inclusion, the future of general surgery, abortion, the Omicron variant, and physician reimbursement.

July 1, 2021–June 30, 2022	
Total Discussions	11,017
Unique Contributors	1,082
New Threads	2,146
Most Active Threads	
Mandatory vaccination*	
Calls to quell misinformation	
Principles Aside: Weigh in on the Particulars	
Most Active Communities	
General Surgery	
Women Surgeons	
Rural Surgery	

*Thread started 7/26/2021 and was closed by Editor-in-Chief on 8/17/2021.

+Thread started 8/31/2021 and was closed by Editor-in-Chief on 10/4/2021.

Almost every day since the relaunch of the Communities, there has been an interesting clinical case or patient care issue discussed. These included article topics that were featured in the *Bulletin*, *ACS Brief*, and the new ACS Selected Readings in General Surgery (SRGS) podcast.

Since launching in 2014, the platform has received more than 5.9 million pageviews, and 46,896 members of the College have agreed to the site's terms of use. In all, 6,559 unique contributors have made 143,563 discussion group posts, created 24,248 threads, and viewed library items 393,425 times.

Office of Diversity, Equity, and Inclusion

In late August 2021, the ACS launched a Diversity, Equity, and Inclusion area as a pivotal step in fulfilling the recommendations from the *Board of Regents Task Force on Racial Issues November 2020 Report*. The DEI area continues to build upon that Regental Task Force's recommendations to integrate the core tenets of DEI across the College for both staff and members. An ultimate goal of the DEI area's work is to lead in developing safe and equitable clinical and educational environments for all surgeons to the benefit of all patients, which supports the ACS mission to "Heal all with skill and trust."

Key to achieving this goal, the DEI directors developed a strategic framework comprising four drivers:

- 1) Assess and Organize
- 2) Educate and Align
- 3) Evaluate and Innovate
- 4) Convene and Collaborate

These drivers serve as the primary pillars for the work the DEI area has accomplished in its inaugural year.

Assess and Organize

Prior to establishing the DEI area, the College had numerous DEI-related efforts across the organization. The DEI Directors sought to assess the current state of ACS DEI, understand the scope of the existing efforts, and begin organizing to improve efficiencies, decrease redundancies, and increase effectiveness.

DEI Strategic Alignment Joint Meeting

On January 21, 2022, the DEI area in collaboration with the Regental Anti-Racism Committee and the Board of Governors Diversity Pillar, convened the first joint meeting of representatives from the major DEI groups in the College. The primary objectives of the meeting were to review progress made on the recommendations from the Task Force on Racial Issues report (Nov. 2020) and the DEI & Anti-Racism retreat ACS convened in June 2021; and to share updates on the major DEI activities across the College. The 33 leaders who participated Represented eight ACS groups.

ACS DEI Infographic

In collaboration with the ACS Integrated Communications Division, the DEI area developed a one-page graphic of key data and information points depicting DEI across the College. Since January 2022, the DEI area and other ACS leaders have disseminated or displayed the DEI infographic in numerous ACS meetings, educational sessions, and events. It will be updated annually to serve as a communication tool to help tell the ACS DEI story and provide a snapshot of ACS DEI achievements.

ACS DEI Portfolio

The DEI area has completed the preliminary steps to build a comprehensive DEI portfolio that will quantify and describe the breadth of DEI work being done by ACS and its closest partners. The initial findings are summarized below in four major categories

A. Educational Programs

1. DEI Toolkit development
 - a. Board of Governors DEI Pillar
 - b. Committee on Cancer
 - c. Committee on Trauma
2. Curriculum Development
3. Board of Regents DEI & Anti-Racism Grant Recipients
 - a. American Association for the Surgery of Trauma/ACS Committee on Trauma/Pediatric Trauma Society
 - b. The University of Chicago
 - c. Harvard University (Boston Children's, Brigham, and Women's Mass General)
 - d. The University of Texas Southwestern Medical Center

B. Recruitment Initiatives

1. Pipeline Programs
 - a. Committee on Trauma
 - b. Council of Medical Specialty Societies
 - c. Board of Governors DEI Pillar: Early Pipeline Task Force

2. Board of Regents DEI & Anti-Racism Grant Recipients
 - a. Society of Black Academic Surgeons
 - b. American Academy of Ophthalmology
 - c. Weill Cornell Medical Center

C. Retention and Faculty Development Programs

1. Board of Governors DEI Pillar: Attrition and Retention Workgroup
2. Board of Regents DEI & Anti-Racism Grant Recipients
 - a. Southern Surgical Association
 - b. Society of American Gastrointestinal and Endoscopic Surgeons
 - c. Society of University Surgeons and Association of Academic Surgeons

D. Research and Publications

1. DEI area
2. Committee on Diversity Issues
3. Board of Governor's DEI Pillar
 - a. Education and Advocacy: Pay Parity Workgroup
 - b. Education and Communications Workgroup

Educate and Align

ACS benefits from having multiple groups in the College engaged with the work of diversity, equity, and inclusion. The DEI area maximizes those benefits by ensuring the ACS members and staff who help develop and deliver DEI offerings are equipped with foundational knowledge of core DEI tenets and their alignment with ACS values. The DEI area has implemented several educational and alignment initiatives towards that goal.

Alignment with ACS Groups

The DEI Directors have proactively reached out to initiate and sustain relationships with the following member and staff groups:

- ACS Board of Regents
 - Regental Anti-Racism Committee
 - Healthcare Disparities Committee
 - ACS DEI and Anti-Racism Award Grantees
- ACS Board of Governors Diversity Pillar
 - DEI Toolkit Workgroup

- DEI Education/Advocacy Workgroup: Pay Parity, Attrition/Retention, and Early Pipeline
- DEI Education/Communication Workgroup
- Committee on Diversity Issues
- Young Fellows Association
- Resident and Associate Committee
- ACS Divisions, Directors and Staff engaged in the work of DEI

ACS DEI Educational and Alignment Collaborative

In May 2022, the DEI area launched the ACS DEI Educational and Alignment (E&A) Collaborative, which offered a three-part monthly series of virtual educational workshops for ACS members and staff who have ACS DEI responsibilities. The pilot E&A Collaborative trained a total of 90 participants—77 members and 13 staff leaders from 15 different ACS groups. The main aspects of the E&A Collaborative are summarized below:

- The E&A Collaborative provides a continuum of learning opportunities on the fundamentals of DEI presented by subject matter experts. It serves as a DEI think tank by engaging participants in interactive workshops, understanding the core tenets of DEI, and connecting the DEI work to ACS organizational values and objectives.
- To achieve sustainability and efficacy of DEI across the College, the E&A Collaboratives used trauma-informed approaches that incorporate association management effective practices.
- Each of the three sessions incorporated pre-session materials for review; shared learning via large group discussions, specifically in reference to the didactic content; and breakout sessions for peer-to-peer advisement on common and best practices in program and curriculum development.
- Participants completing the pilot E&A Collaborative series will develop an understanding of DEI fundamentals, engage in the use of a common DEI lexicon to be integrated College-wide, and build a basic set of skills to develop and communicate DEI tools, programs, and curricula.

- Ultimately, the E&A Collaborative is designed to inform and enact effective policy, practice, and cultural changes through a DEI-informed lens.
- The post-session participant evaluations for this pilot program indicated the sessions' content was well-received and provided encouraging feedback for ongoing improvements. Respondents noted they gained a greater understanding of the scope and depth of DEI practice and expressed interest in the next steps for making this training available to a broader ACS audience.

ACS DEI Toolkit

The DEI area and the Board of Governors Diversity Pillar DEI Toolkit Work Group, in collaboration with the ACS Education Division, are developing an online, interactive DEI resource for institutions, Departments of Surgery, and organizations.

The Board of Governors Toolkit Chairs, Valentine Nfonsam, MD, FACS, and Susan Pories, MD, FACS, have led their 11-person Work Group in creating a comprehensive initial draft of content for the Toolkit. The DEI Directors are coordinating further development of the project, in alignment with the overall ACS DEI strategic framework. An initial beta version of the Toolkit is slated for preview at 2022 Clinical Congress and the completed project is scheduled for release in early 2023. The ACS DEI Toolkit will provide practical tools that users can employ to address real-world challenges and opportunities in surgical settings.

ACS DEI Lexicon

A major part of the DEI Toolkit will be a new ACS DEI Lexicon, which the DEI area is developing in collaboration with a Lexicon Advisory Council consisting of five ACS Fellows and 10 staff from across the College. Key aspects of the project are to:

- Be a practical resource for ACS Fellows, members and staff who engage with any aspect of DEI
- Provide a common language and understanding of how ACS defines the main terms used in ACS DEI work
- Exemplify the ACS formal Statement on Diversity
- Promote critical reflection on language and word choice.

In addition to being a segment of the DEI Toolkit, the Lexicon is designed to be a standalone practical, easily accessible resource, much like a glossary; it is not meant to be exhaustive of all DEI-related terms or include terms that have common definitions. The Lexicon will be a dynamic digital document that is regularly updated and has meaningful metrics to assess its reach and impact.

DEI Didactic Workshop at 2023 Clinical Congress

The DEI area is leading development of a didactic workshop, "DEI and Antiracism Fundamentals, Skills Building and Implementation Principles for Surgeons." In collaboration with the Clinical Congress Program Committee and cosponsorship from the Regental Anti-Racism Committee and the Committee on Healthcare Disparities, the DEI area is creating this session for Chairs, Vice-Chairs and Training Program Directors on how to foster an environment of DEI and antiracism in Surgical Training Programs and Surgical Departments. Through experiential learning, participants will understand the core tenets of DEI and Antiracism and the requisite skills necessary to strategically implement DEI efforts in one's own surgical environments. Solutions to barriers and challenges will be workshopped, along with immersive opportunities for problem-solving in DEI with input from subject matter experts.

Evaluate and Innovate

A core tenet of successful DEI efforts is to establish meaningful metrics and measures to evaluate the effectiveness of DEI programs, projects, and initiatives. Evaluation of the existing DEI work contributes to creative innovation that addresses new challenges and opportunities.

ACS Innovative Grant for DEI and Anti-Racism

To exemplify its commitment to advancing DEI, the ACS Board of Regents Anti-Racism Committee launched grant program in the summer of 2021 to provide a total of \$325,000 to researchers. By September 2021, the Committee reviewed 26 applications for the inaugural ACS Innovative Grant for DEI and Anti-Racism. By the end of October, the grant recipients were announced with awards to 10 primary investigators. Each grant is for one year beginning December 1, 2021, with an identical amount matched by the recipient's society, department, or practice (entity). There were seven applications selected to receive \$25,000 each and three to receive \$50,000 awards each. Key aspects of the project are summarized below:

- To ensure the grant recipients have a favorable experience with ACS, the DEI area held virtual meetings with each recipient team in the first quarter of the grant year and facilitated the grantees' submission of a midyear report on their projects.
- To align the grant projects with the overall ACS DEI strategy and initiatives, the DEI area invited representatives from each grant team to participate in the ACS DEI Educational and Alignment Collaborative; and a majority of grantees attended the E&A sessions.
- To maximize awareness of the grantees' work, the DEI area collaborated with ACS Integrated Communications to feature their projects in three of the "DEI in Action" columns published in the *ACS Bulletin*.
- To support the long-term value of the project, the DEI area is collaborating with the ACS Foundation in anticipation of providing a sustainability grant for year-two of the grantees' projects. The DEI area will also establish ways to continue grantees' involvement with ACS and explore how their work can be replicated across the College and in other hospitals.

ACS-START-to-ACS/REDI (S2R) Learning & Listening Journey

When the ACS Staff Addressing Racism Task Force (ACS-START) was initiated in June 2020 by then-ACS Executive Director, David B. Hoyt, MD, FACS, it had an anti-racism focus. Shortly after the launch of the DEI area, the ACS-START leaders began exploring innovative ideas on how to evolve the work to have a broader focus that spans the full scope of diversity, equity, and inclusion, while retaining recognition of the importance of racial matters. The revitalized ACS staff initiative—ACS Racial Equity, Diversity, and Inclusion (ACS/REDI)—was introduced to staff in May 2022 with the S2R Learning & Listening Journey. All staff were encouraged to share their perspectives on the changes to this major staff DEI initiative. The project has had an overwhelming engagement rate, as evidenced by the selected participation data below:

- Anti-Racism Introspection Activity: Number of staff completing the activity: 163
- Microaggressions Lunch & Learn participants: 134
- ACS/REDI Introductory Virtual session participants: 140
- ACS/REDI Intranet Postings—views as of 8/15/22
 - ACS-START Introspective Activity: 349 Views
 - REDI Rapid Resource: What is ACS/REDI? (posted 7/7/22): 88 Views
 - Juneteenth National Holiday: What and Why: 98 Views
 - REDI Rapid Resource Special -Diverse Investments (posted 7/20/22): 34 Views
 - Did You Know Info. Sheet - Staff Outing (posted 7/27/22): 68 Views
 - REDI Rapid Resource: Senior Staff Leaders Involvement in REDI (posted 8/4/22): 73 Views

ACS/REDI reflects the College's commitment to reap the benefits of an effective, comprehensive DEI strategy that builds a more equitable and inclusive culture for all ACS staff, Fellows and members, and the patients they serve.

Collaborate and Convene

The work of effective DEI strategy development and implementation is more relational than transactional. It requires building collaborations and bringing people together to advance towards shared goals. As summarized in the previous drivers, the DEI area has partnered with numerous internal and external groups to operationalize its strategic framework and achieve its primary goals.

The major internal collaborations include, but are not limited to:

- Member Services to revise and update member profile demographic data collection fields to align with nationally accepted tenets of DEI
- Integrated Communications to initiate development and secure authors for the new column “DEI in Action,” for the *ACS Bulletin*; to begin developing a DEI communications strategy that corresponds to the DEI strategic goals; to complete the DEI webpages on the new [facs.org](https://www.facs.org); and to develop graphic tools that communicate the ACS DEI Portfolio, e.g., a DEI infographic and dashboard
- DROPC to initiate the development of a 5-to-10-year strategic partnership embedding the Equity Domain into Quality and Safety standards
- Committee on Trauma to provide ongoing consultation for their DEI Committee
- ACS Foundation to identify funding partners as resources for current and future DEI innovations
- Education to build the digital ACS DEI Toolkit and Lexicon; and to develop an annual DEI Didactic workshop for the ACS Clinical Congress
- Advocacy to inform ACS public comments and responses to proposed legislation

- Convention and Meetings to provide DEI consultation for their Association Management clients
- Human Resources to develop and implement DEI-related projects and initiatives for ACS staff, including starting Staff Resource Groups, updating ACS Values behavioral anchors to incorporate DEI and anti-racism factors, and preparing for DEI training for all staff
- Finance and Facilities to coordinate the ACS/REDI Supplier Diversity Work Group

The ACS Office of Diversity, Equity, and Inclusion has had an active and impactful inaugural year. Building upon the four-part strategic framework and its strategic goals and objectives, the DEI area will continue to lead the ACS in fulfilling its DEI commitment that supports the organizational goal to heal all with skill and trust.

ACS Foundation

The ACS Foundation secures financial support for the College's charitable, educational, and patient-focused initiatives. As the Foundation reviews its fundraising work for FY2022, we are pleased to report that during the continuing challenges of COVID-19, the ACS Foundation Board and staff remain focused on supporting the work of the College and its Fellows. The Foundation continue to offer and support a broad menu of funding opportunities for ACS Fellows and supporters.

STOP THE BLEED training in rural communities, international scholarship travel awards, Fellowship research awards, Operation Giving Back as well as the ACS Greatest Needs Fund continue to be supported through generous philanthropic gifts from ACS Fellows.

FY2022 ended with \$2,073,877, the seventh consecutive year above \$2,000,000 in total donations and grant support. Individual donations totaling \$295,217 supported the Greatest Needs Fund with \$200,000 of those monies directed toward scholarships. Programs, projects, and initiatives received \$1,778,660.

The cost to raise \$1 was \$0.28, the third consecutive year below \$0.30. Overall, FY2022 Foundation operating expenses were reduced by 10.5%.

The number of individual contributors to the Foundation increased to 1,400 up from 1,325 the previous year. The average individual gift was \$669.

The annual Fall Appeal generated \$206,751, the second consecutive year exceeding \$200,000. National Doctors' Day secured \$58,550 in donations continuing a 4-year period of substantial giving. ACS Regent Kenneth Sharp, MD, FACS, was instrumental in the success of this year's fundraising efforts.

STOP THE BLEED/ *Help Ukraine*, a special fundraising effort to support the provision of STOP THE BLEED kits and educational materials to the citizens of Ukraine garnered \$76,161 in support and continues to receive donations through summer 2022.

Corporate grants totaling \$491,827 secured by the ACS Foundation provided support for the Resident Surgical Skills Competition, virtual Skills Courses at Clinical Congress, and Patient Education resources.

At the June 16, 2022, Foundation Board meeting, the directors selected Ken Sharp, MD, FACS, as the FY2022 Philanthropist of the Year. Dr. Sharp will be formally recognized at the 2023 Clinical Congress Donor Luncheon in Boston, MA. He has generously donated to the Foundation annually for the past 19 years and served 9 years on the Foundation Board of Directors.

As we move forward through the continuing challenges of COVID 19, we remain focused on generating support for the College's projects and programs. We sincerely thank our Fellows and friends of the College for providing their generous support during these challenging times.

NOTE: Financials figures are unaudited.



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