American College of Surgeons
Report - 2017

David B. Hoyt, MD, FACS
Executive Director
American College of Surgeons
Chicago, IL
American College of Surgeons
Times of Uncertainty

- **Enabler** of quality care
- **Trusted source** of clinical solutions
- **Irreplaceable catalyst**
  - Clinical, education, research activities
- **Guardian of the evidence**
- **Convener, consensus builder, way finder**
- Cultivates a **culture of trust** and risk tolerance
- **Laser focus on members**
- Invests in a **talented staff**
- Communicates and **engages adjacent constituencies**
- Cultivates **new IP development** and **engages industry**
- Operates with the **speed of health system change**
Quality
- Aligning Quality of Care with Quality Reporting (DROPC)
- Implementation of the Database Project solution (DROPC, PI & IT)
- Complete Quality Manual (DROPC)
- The Standardization of verification and accreditation programs must be finished
- Cancer Staging/AJCC (Cancer)
- Military Trauma Systems Site Visits (MS & Trauma)
- Population Approach to Optimal Acute Care Surgery Access (Trauma)
- Fee for Value: Developing Meaningful Outcome Measures (Trauma)
- Transforming Legacy Teaching Models for the Learner of Tomorrow (Trauma)
- Standards Creation to Outcomes Based Verification (Trauma)
- Data Collections and Reports/NCDB (Cancer)
- Clinical Research Program/Alliance (Cancer)

Advocacy
- Implementation of MACRA
- Get APM done
- Get Collective Bargaining done
- Get Education GME Document done
- Respond to and influence regulations on topics such as Physician payment, globals, meaningful use, etc.

Education
- Implementation of LCMS Solution (Education, Trauma & PI)
- Publishing Project (Education, Trauma, IC & PI)
- Implement Regental Future of Education Strategy
- Committee evaluation project
- Enhance/Develop Lifelong Learning Programs
- Simulation-based Surgical Education and Training
- Innovative Education for Patients and Caregivers
- Continuing Transformation of the Clinical Congress Program

Organizational Strength
- Long-term growth and space planning, design rebranding and refresh (F&F, 257)
- Horizontal Integration – Staff and Volunteer Leadership (Cancer & PI)
- Trauma reorganization plan (Trauma & PI)
- AMS Business Plan Implementation (C & M)
- PIP – ACS Conference Facility Management (C & M)
- HR Technology infrastructure – rollout of Talent/Performance Management Portals (HR)
- Staff Training/Development (HR & PI)
- Work with IT and HR to develop ACS Intranet
- Leadership Training and sustaining skills (HR & PI)
- Provide PI Training and Engagement (PI)
  - Primary training
  - Continuing & Skills Sustainability Training
  - Provide PI Content/training in the AMA LCMS system
  - Deploy Sustainment plan for PI volunteers
- Aptify Optimization (IT, MS, ED, PI)
- Evaluation and Re-Structuring of Committees (MS)

Financial Strength
- Fully automated and standardized revenue and accounts receivable process (F&F)
- Develop pricing strategy including pricing objectives, pricing methods and other factors (F&F)
- Finance and Facilities Staffing responsibilities to finalize staffing plan and responsibilities (F&F)
- College financing: analysis and plan including potential tax-exempt financing (F&F)
- Implementation of Contract Management Software (F&F)
- Complete record retention policy and storage (F&F and PI)
- Increase unrestricted/discretionary use giving to the College (Foundation)
- Collaborate with Executive Directors and the Foundation Board to Develop a Strategic Plan for the ACS Foundation – Get meeting set
- Get Billing Platform unified

2016-2017 Strategic Plan Operational Oversight

Mission Driven
- Quality
- Education
- Health Policy and Advocacy
- Member Services

Management Driven
- Organization
- Financial Strength
1) International Planning
   Four Workgroups – Quality, Education, Global Infrastructure, Membership

2) Future of Education

3) Gun Violence

4) Value of ACS Now and in Future
Organizational and Financial Strength

- ACS **Project Tracking** system - operational oversight
- **Performance Improvement Training Program** – ACS branded
- **Leadership Training**
  - Engagement
  - Project management
- **Year end financials positive**
- Investments
  - Managers - process for review
  - Private Equity investments
Organizational Strength IT
ACS: 100+ Years of Quality Improvement

Minimum Standard for Hospitals
1917

Committee on Trauma
1950

ACOSOG
1988

NSQIP
2004

CQIP
2013

NCDB
2008

MBSAQIP
2012

NAPBC
2016
5 phases – Pre op, Immediate Pre op, Intraoperative, Post op, Post Discharge
Chapters

(Personnel and Committees)
   How a surgical quality program works, Surgical quality and patient safety committee, Chief quality officer
   Domains and phases of care
(Quality Improvement Process)
   Peer Review; Culture
(Disease Management)
   Multidisciplinary (Gen surg, Surg onc, Trauma, Acute care, Burns, Transplant, Vascular, Bariatric, Complex GI, Peds, Rural; Ortho, Plastic, Neurosurg, Urology, ENT, Ophtho, Gyne
(Regulatory)
   Credentialing; External regulation; Safety and Reliability
(Data)
   Data Analytics
(Learning and Sharing)
   Education; Training; Guidelines; Consortiums
(The Individual Surgeon)
   Surgeon Improvement; Disruptive behavior; Mentoring/Coaching; Individual Surgeon Responsibility
Continuous Quality Improvement

2016 - 17

- Quality Manual near completion – Verification program developing
- Quality and Safety Conference – July 2017
- National Surgical Patient Safety Conference – August 2016
- Strong For Surgery Program
- CUSP-ERAS AHRQ Project - $$10 M
- The Coalition for Quality in Geriatric Surgery Project
- Pediatric Surgery Launched
- Other verifications Programs Complex GI, Vascular, CT Thoracic
5 phases – Pre op, Immediate Pre op, Intraoperative, Post op, Post Discharge
Key Safety Definitions and Processes

American College of Surgeons

Essential Safety Behaviors, Human Factors, Organizational Culture

American Academy of Orthopedic Surgeons

Safety Data and Performance Measurement

American Society of Anesthesia

Safety Education (Individual, Team and Organization/Facility-based) Programs

American Operating Room Nurses

August 4-5, 2016

Statement 2/2017
Quality Issues Workgroups 2016-2017

- ACS-ASA Perioperative Care Statement
- Overlapping and Concurrent Surgery Statement
- Volume Outcome Relationship Workgroup
- Operating Room Attire
Quality Going Forward

Volume → Value
- Metrics for value
- Quality data / financial data

High Reliability Organizations
- Commitment to improvement
- Simple technique and data about performance
- Accountability
Four Guiding Principles of Continuous Quality Improvement

1. Standards
   - Individualized by patient
   - Backed by research

2. Right Infrastructure
   - Staffing levels
   - Specialists
   - Equipment
   - Checklists

3. Rigorous Data
   - From medical charts
   - Backed by research
   - Post-discharge tracking
   - Continuously updated

4. Verification
   - External peer-review
   - Creates public assurance
Organizational Strength

Aptify®
The Association Success Company

EthosCE

QuintilesIMS

LMS
AMS
Registries
<table>
<thead>
<tr>
<th>Release</th>
<th>Estimated Target date</th>
<th>Key Features</th>
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</thead>
</table>
| R1      | December 2016         | - Registry Applications & Data Migration - Surgeon Specific Registry (SSR), NSQIP Adult
- NSQIP, SSR & Trauma Uploader Tool
- Reports & Analytics - NSQIP Adult (existing critical reports), SSR (existing critical reports) & Trauma (existing critical reports)
- EHR Adapter – NSQIP & Surgeon Specific Registry
- Master Data Entities – User, Facility, Physician
- Operational Data Store
- Aptify Interface
- Registry Platform – BI Integration |
| R1.1    | March 2017            | - Registry Applications & Data Migration - NSQIP Pediatric, MBSAQIP |
| R1.2    | September 2017        | - Registry Applications & Data Migration – Cancer
- Registry Form Builder
- Registry Reports & Analytics – Cancer (existing critical reports)
- EHR Adapter – Cancer, Pilots
- Data Mart (based on reporting needs) |
| R1.3    | March 2018            | - Registry Applications & Data Migration - Trauma
- Datamarts
- Cross Registry Analytics
- APIs
- Financial Data Integration – Pilot
- EHR A Pilots |
| R1.4    | September 2018        | - Cross Registry Analytics
- APIs
- EHR Adapter |
| R1.5    | December 2018         | - Datamarts
- Cross Registry Analytics
- APIs
- EHR Adapter |
5 phases – Pre op, Immediate Pre op, Intraoperative, Post op, Post Discharge
5 phases – Pre op, Immediate Pre op, Intraoperative, Post op, Post Discharge
- E version of ATLS, new endovascular course
- Gun Violence Consensus Building and Strategic search for common ground
2016 - Calls for Zero Preventable Deaths
  - ACS Sponsor

National Implementation Strategy
  - Sharing of Civilian and Military Systems Approach

Nov 1-2, 2016

April 18-19, 2017
Website: BLEEDING CONTROL.ORG
Public Course, National Focus
PSA – OCT 2016
>2000 Instructors
Course format

- **B-Con Basic course**
  - Lecture (63 slides)
  - Hands-on skills demonstration
    - Direct pressure
    - Wound packing
    - Tourniquet
  - 1 ½ - 2 hours
Individual Bleeding Control Kits

Bleeding Control Basic
v. 1.0

BLEEDINGCONTROL.ORG
Wall-mounted Kits

Wall-mounted Kits

BLEEDINGCONTROL.ORG

Bleeding Control Basic
v. 1.0
5 phases – Pre op, Immediate Pre op, Intraoperative, Post op, Post Discharge
Bariatric Surgery In-hospital Mortality by Year 2002-2009
(N = 105,287)

Deaths per 1,000

Year

2002 2003 2004 2005 2006 2007 2008 2009

In-hospital mortality rate

General surgical operations, 2008-2012

Laparoscopy
ASMBS Training
Accreditation

Do Education, Training, Verification Matter
5 phases – Pre op, Immediate Pre op, Intraoperative, Post op, Post Discharge
Committee on Health Care Disparities
“To serve all with skill and fidelity”

Surgical Disparities Research RO1 August, 2016
Score 6th %
The ACS Education Campaign

- Cornerstones of Excellence
- Transform Possibilities into Realities
- Instill the Joy of Lifelong Learning
The Joy of Lifelong Learning
A Surgeon’s Professional Journey

Anthem Videos Developed for Key Programs
Clinical Congress Retreat Summer 2017

- Clinical taxonomies & Gap Analysis
- Consolidated Scientific Forum
- Thematic domain – Pediatric Surgery
- All educational elements enhanced
- Self-Assessment Model, Credits, Regulatory Mandates fulfilled
- Verification for Postgraduate Courses & Certificates of achievement
- On-line evaluation of all sessions, Clinical Congress app, Webcasting, Daily Dissemination, E-systems for CME
ACS Resource Center Concept 2017, San Diego
NATIONAL INVITATIONAL CONFERENCE on the FUTURE of SURGICAL TRAINING

May 24-25, 2017 Chicago, IL

1. Entry in Residency
2. Core Training
3. Final Training
4. Transition into Practice
Surgical Residency Education

- Fundamentals of Surgery
- Transition to Practice Program
- “Fix the Five”
- **Future of Surgery Residency Training**
Future of General Surgery Training – May 24, 2017

- American College of Surgeons
- American Board of Surgery
- RRC for Surgery
- APDS
- Topics, Ownership, Deliverables

- Boot Camps
- Core Training
- Duty Hours
- Competency-based Education & Skills Assessment
- Mentored Autonomy
- Community Rotations/Continuity
- Objective Ongoing Progressive Self-Assessment and Feedback
- Capstone Autonomy
- Role of Surgeons in Residency Accreditation Process
- Faculty Development and Support
- Career-Long Record Keeping
- Public Education and Federal Regulations
The FIRST Trial Results: Published and ACGME Review

- No harm to patients or greater dissatisfaction with training; No negative effects on overall well being or personal/patient safety

- **Improved continuity of care, acquisition of operative skills, staying for entire operation, and professionalism**

**Recommendations – Increased Flexibility**
Simulation-based Surgical Education

Consortium of ACS Accredited Education Institutes
SURGICAL RETOOLING REIMAGINED: ACHIEVING AND MAINTAINING LIFELONG EXCELLENCE

American College of Surgeons Division of Education, January 2016
METHODOIST INSTITUTE FOR TECHNOLOGY, INNOVATION & EDUCATION (MITIE)

- 8 Strategic Questions
- Surgeons, Insurers, Malpractice Carriers, Hospital Exec, JC, Devices makers, ABMS and Boards
- Beginning of Standards
Evolving /New Programs 2016-17

- Surgeon Leadership Training: Dr. Warshaw
- Academy of Master Surgeon Educators: Dr. Britt
- Program for Coaching a Next Generation: Dr. Burns
- Program on Decision Making: Dr. Sarr

Program for:
- Preceptorships for Practicing Surgeons: Dr. Feliciano
- Tele mentoring for Practicing Surgeons: Dr. Ponsky
- Retooling of Practicing Surgeons – Dr. Bass
Organizational Strength
Membership Services – Largest Initiate Class to Date

- 78,297 members
  - 64,329 Fellows
    - 57,263 U.S.
    - 1,330 Canadian
    - 5,736 International
  - 2,543 Associate Fellows
  - 9,278 Residents
  - 1,213 Medical Students

- Initiate class totals: 1,823
  - 1,256 US
  - 21 Canadian
  - 546 International

- Initiates
  - 384 female; 1,439 male
May 6-9, Washington, DC

AMERICAN COLLEGE OF SURGEONS
LEADERSHIP & ADVOCACY SUMMIT 2017
Organizational Strength

Aptify®
The Association Success Company

AMS

LMS

Registries

EthosCE

QuintilesIMS™
International Agenda and Strategic Plan

- BOR: Feb 2016 Retreat
- Four Workgroups appointed:
  - Quality Programs
  - Education Programs
  - Surgical Delivery Infrastructure
  - International Member Services

Operation Giving Back

- OGB Advisory Committee Retreat
- Re-design Operation Giving Back (OGB) website
- Strategic partnerships with organizations:
  - World Health Organization (WHO)
  - Lancet Commission
  - G4 Alliance
- Strategic planning with Regents
Military Partnership
  - Education and Training Sub-Committee
  - Quality Sub-Committee
  - Joint Trauma Systems Sub-Committee
Leadership

Change Leadership

Change Objectives
- Acceptance
- Accountability
- Alignment

Leadership Style

Team Profile - Observations

Natural & Adopted

Emotional Intelligence

Innovation

Engagement

Conflict Resolution

Assess the Situation
Assess Your Style
Apply Conflict Model

Achieve Conflict Resolution in the Organization's Best Interest
The Team

**DISC Model:**
1. Learn about your personality & leadership style
2. Recognize the style of others
3. Adapt to connect at a deeper level to optimize communication & minimize conflict

**Embracing the ACS Values**

**Team Profiles:** SWOT Analysis

**IDP:** Identify and address improvement areas

**Emotional Intelligence:**
- Explored EI dimensions as Self-Perception, Self-Expression, Interpersonal Relations, Decision Making, Stress Management

**Organizational Climate Dimensions:**
- Recurring patterns of behavior, attitudes, and feelings that characterize life in the organization - What organization members experience
- SOQ - Building a climate for high performance

**Team Profiles Analysis**
The Five Dysfunctions of a Team

A Leadership Fable

Patrick Lencioni

New York Times Best-Seller

The Five Behaviors of a Cohesive Team™

Based on the New York Times Best-Selling Book The Five Dysfunctions of a Team

Patrick Lencioni
Building Social Capital – T Leader

- Financial
- Structural
- Social Capital
- Enable by broadening and opening influence
- Observe and develop influence relations
Health Policy and Advocacy

**Current State**
- PQRS
- VBM
- MU

2016/2018

transition to MACRA

2017-2019

**The Tools**
- Direct communications with Fellows
- Website
- SSR and other resources
- Measure Development Committee

**The Regulations**
- Series of proposed regulations
- Influence CMS
- Performance Measures Committee
Navigating the Quality Payment Program (QPP)
The New Medicare Physician Payment System

What Is MIPS?

What Can You Do Now to Prepare for MIPS

CMS Allows You to Pick Your Pace

Vinita Oliapaity | Regulatory Affairs Manager
DIVISION OF ADVOCACY AND HEALTH POLICY

Four Components of MIPS

- Quality
  formerly PQRS

- Advancing Care Information (ACI)
  formerly EHR Meaningful Use

- Resource Use
  formerly VBM

- NEW
  Clinical Practice Improvement Activities (CPIA)

Four Reporting Options

1. Test the Quality Payment Program
2. Participate for part of the calendar year
3. Participate for the full calendar year
4. Participate in an Advanced Alternative Payment Model

*Details for these options will be outlined in the MACRA final rule, expected by November 1, 2018

CMS Allows You to Pick Your Pace
ACS QPP Video Series

- Explains the Merit-based Incentive Payment System (MIPS) program
- Clarifies what surgeons can be doing now
- Outlines the CMS plan for how physicians can begin participation in MIPS in 2017
The New SSR

- “Short form” - 25 core variables – launch problems fixed
- “Long form” incorporating NSQIP standard and procedure targeted variables (May 2017) - Data can be pushed from NSQIP
- “Measures” to be developed after MACRA Final Rule released (2017)
  - General surgery measures
  - Trauma QCDR
  - Phases of Care QCDR
- New SSR Reports - More actionable, Faster generation, More interactive, better data visualization
The first performance period opens January 1, 2017, and closes December 31, 2017. To potentially earn a positive payment adjustment under MIPS, send in data about the care you provided and how your practice used technology in 2017 to MIPS by the deadline, March 31, 2018. Medicare gives you feedback about your performance after you send your data. You may earn a positive MIPS payment adjustment beginning January 1, 2019, if you submit 2017 data by March 31, 2018.
MIPS: 2019 Payment Adjustment*

*CY 2019 payment adjustments based on CY 2017 performance

What Can You Do Now to Prepare for MIPS
### Cases

<table>
<thead>
<tr>
<th>Procedure Date</th>
<th>Procedure Name</th>
<th>MRN</th>
<th>Patient Name</th>
<th>Case Status</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>02/02/2017</td>
<td>Colectomy, partial, with skin level cecost</td>
<td>123456abcde</td>
<td>H. Harrison</td>
<td>Complete</td>
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<tr>
<td>01/05/2017</td>
<td>Colectomy, partial, with anastomosis</td>
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<td>01/04/2017</td>
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<td>A. Miller</td>
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<tr>
<td>01/03/2017</td>
<td>Radical resection of tonsil, tonsillar pil</td>
<td>112587</td>
<td>J. Smith</td>
<td>Complete</td>
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<tr>
<td>01/03/2017</td>
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<td></td>
<td>Incomplete</td>
<td></td>
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<tr>
<td>01/02/2017</td>
<td>Thyroidectomy, including substernal thyroil</td>
<td>123456ji1</td>
<td>W. Wyatt</td>
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<tr>
<td>01/01/2017</td>
<td>Colectomy, partial, with skin level cecost</td>
<td>54897ab</td>
<td>D. Domino</td>
<td>Complete</td>
<td></td>
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</table>
Record Identifier: 7
First Name: Harold
Last Name: Harrison
LMRN: 123456abce
Procedure Date: 02/02/2017
Created Date: 02/02/2017 10:47 CST

Demographics
Medical Record Number: 123456abce
Patient Last Name: Harrison
Patient First Name: Harold
Date of Birth: 1956
Sex: Male, Female, Unknown

Preop Information
Preop Diagnosis(es): K57.21: Diverticulitis of large intestine with perforation and abscess with bleeding, K50.1: Crohn's disease of large intestine
Patient Height: 71 cm
Patient Weight: 183 kg
BMI: 25.52
Functional Status: Partially Dependent
### Patient Attributes

#### Preop Sepsis

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<thead>
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<th>Procedure</th>
<th>Count</th>
<th>% of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
<td>100%</td>
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</table>

#### Emergency Surgery

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<tbody>
<tr>
<td>Not Documented</td>
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<td>100%</td>
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#### Sex

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<tr>
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#### ASA Status

<table>
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<tr>
<th>ASA Status</th>
<th>Count</th>
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<tbody>
<tr>
<td>ASA 1 - Normal/Healthy</td>
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<td>100%</td>
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#### Age at Surgery

- Max: 73.02
- Min: ...

#### BMI

- Max: ...
- Min: ...

#### Details View

<table>
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<tr>
<th>Patient Name</th>
<th>Primary Procedure</th>
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<th>Access Case</th>
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<td>49500-Repair Inguinal Hernia</td>
<td>12/21/2016</td>
<td>123456789</td>
<td>[Link]</td>
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Principles on GME Reform

- GME should be supported as a public good
- Surgical GME has unique needs
- Needs-based, demand-side workforce is essential
- Funding should serve as a lever to meet workforce needs
- Accountability and transparency should be hallmarks of the system
- Incentivize performance and innovation
DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop 03-02-01
Baltimore, Maryland 21244-1850

QUALITY IMPROVEMENT & INNOVATION GROUP

Dear American College of Surgeons,

It is with deep gratitude that we reach out to you today. Over the last several years, our team has been privileged to partner with you and your colleagues closely on the work of quality improvement and patient safety. Without relationships like these, the results in the reduction of patient harm we have seen at a national scale, saving ~87,000 lives and nearly $20 billion in cost savings, would never have been possible.

As you may know, the three of us, Dr. Paul McGann, Jean Moody-Williams and Dennis Wagner, have been honored as recent awardees of the Samuel J. Heyman Service to America Medal (“the SAMMIEs”) 2016 Federal Employee of the Year Award from the Partnership for Public Service. The Partnership for Public Service is a nonprofit, nonpartisan organization whose mission is to help make our government more effective, and the SAMMIEs honorees represent the many exceptional federal workers who are doing just that—breaking down barriers, overcoming huge challenges and getting results. We were thrilled to be selected, but knew that we were accepting such an award on behalf of the large, impactful team of Hospital Improvement and Innovation Networks, Quality Improvement Organizations, Federal Partners, Private Partners and CMS Staff & Managers that collaboratively made these results a reality.

It is for that reason that we write to you today. We are delighted to share the enclosed plaque in appreciation for your contributions to these national results. As you may know, we recognized other contributors at the recent CMS Quality Conference on December 13, 2016 here in Baltimore, Maryland.

Thank you for all that you and your fine organization have done to contribute to these life-saving and cost-saving results! We are grateful for your service and your results.

With highest regards,
Paul McGann, Jean Moody-Williams and Dennis Wagner
<table>
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<tr>
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<td>250 &quot;Likes&quot;</td>
<td>1,717 &quot;Likes&quot;</td>
<td>5,958 &quot;Likes&quot;</td>
<td>10,050 &quot;Likes&quot;</td>
<td>21,427 &quot;Likes&quot;</td>
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<tr>
<td>Twitter</td>
<td>907 followers</td>
<td>2,972 followers</td>
<td>6,063 followers</td>
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<td>YouTube</td>
<td>11 videos 1,150 views 7 subscribers</td>
<td>40 videos 45,809 views 90 subscribers</td>
<td>76 videos 94,956 views 217 subscribers</td>
<td>194 videos 219,194 views 616 subscribers</td>
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<tr>
<th>Social Media Outlet</th>
<th>No. of Communities</th>
<th>No. of Unique Contributors</th>
<th>No. of Messages</th>
<th>No. of Threads</th>
<th>No. of Page Views</th>
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<tr>
<td>ACS Communities</td>
<td>104</td>
<td>4,200</td>
<td>39,000</td>
<td>6,500</td>
<td>2.2 million</td>
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Think about Giving

Philanthropy

Advocacy