REPORT ON ACSPA/ACS ACTIVITIES
October 2010

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American College of Surgeons Professional Association (ACSPA)

As of September 14, 2010, the ACSPA-SurgeonsPAC (http://www.facs.org/acspa/index.html) raised $1,184,214 for the 2009/2010 election cycle. Of this amount, $565,980 was raised in 2010. Sixty percent of the U.S. Governors had contributed, and 81 percent of the U.S. Officers and Regents contributed as well. As of October 7, 2010, over 70 percent of the U.S. Governors had made contributions.

American College of Surgeons (ACS)

Board of Governors (B/G)

The Executive Committee of the Board of Governors (http://www.facs.org/about/governors/boardgv.html) held five telephone conference calls that had been scheduled for the year. In addition, two face-to-face meetings were held during the Clinical Congress.

The Board of Governors annual survey communicated to the College's leadership the concerns and recommendations of the Fellows regarding major issues related to surgery. The results of the survey were presented to the Board of Regents as it considers future College endeavors. The top five issues of concern to the Fellows of the College in 2010, as reported by the Governors, are listed here.

1. Health Care Reform
2. Physician Reimbursement
3. Professional Liability/Malpractice
4. Graduate Medical Education
5. Workforce Issues

The Board of Governors and the Board of Regents (http://www.facs.org/about/regents/regents.html) held a joint session during the annual business meeting of the Governors. The session featured keynote speaker, Brent C. James, MD, Executive Director of Institute for Health Care Delivery Research and Chief Quality Officer, Intermountain Health Care. Dr. James' presentation focused on surviving health care reform.

The Governors and Regents reviewed and discussed a draft document that was tentatively entitled "Principles for Payment Reform." They also received an additional document entitled "Glossary of New Health Care Terms." The Governors and Regents offered their comments and suggestions on the Principles for Payment Reform document. As the College did with its 2008 and 2009 health care reform statements, it will use its finalized 2010 Principles for Payment Reform document to form the basis of its interactions with Congress on health care policy.

ACS Scholarships

The Scholarships Committee and the International Relations Committee requested continued and additional funding for the ACS scholarships, fellowships, and career development awards. The Board of Regents approved approximately $1.9M in funding. Full details about the scholarships,

fellowships, and awards that are either fully or partially funded by the ACS can be viewed at http://www.facs.org/memberservices/research.html.

ACS Statement
The Board of Regents approved a revised *Statement on Recommendations for Use of Real-time Ultrasound Guidance for Placement of Central Venous Catheters* [ST-60]. ST-60 was initially drafted by the ACS Committee on Perioperative Care (CPC) and then subsequently revised by the CPC. The revised statement will be published in the ACS *Bulletin* and then posted on the Web site.

ACS Membership Dues
The B/G Committee to Study the Fiscal Affairs of the College and the B/R Finance Committee met throughout the year. At its business meeting, the Board of Governors considered a financial report presented by James K. Elsey, MD, FACS, B/G Secretary and Chair of Fiscal Affairs. Subsequently, the Board of Regents at its adjourned meeting approved the recommendation of its Finance Committee to move forward with a membership dues increase over a two-year period.

Advocacy
The College's leadership received an update on advocacy activities. The leadership was also informed that a number of College members had misunderstood the College's position on health care reform. The issues that were most commonly misunderstood are clarified as follows:

- ACS supported the original House Bill because
    1. Included full repeal of flawed Medicare Physician Payment system
    2. Did not include Independent Payment Advisory Board
- ACS opposed the Senate bill because
    1. Did not address Medicare Physician payment
    2. Did include Independent Payment Advisory Board
- Final Negotiations: ACS was "In the Room" - What made it into the final bill as a result:
    1. Coverage of 32 million Americans
    2. Bonus payments for rural general surgeons
    3. Trauma provisions reauthorizing the Trauma-EMS program, authorizing pilot projects on regionalized emergency care systems, stabilize and support existing trauma centers
    4. Pediatric loan repayment program including pediatric surgeons
- ACS successfully urged sections be taken out of the final bill:
    1. Tax on cosmetic surgery – NOT INCLUDED
    2. Medicare application fee requiring physicians to pay a fee to cover a background check for participation in Medicare – NOT INCLUDED
    3. Paying primary care physicians more by cutting surgeons and other non-primary care physicians – NOT INCLUDED
- Deal breakers for ACS and why it did not support the final bill:
    1. The final bill did not include Medicare physician payment fix
    2. The final bill included the Independent Payment Advisory Board (IPAB)
    3. The final bill did not include meaningful Medical Liability Reform

  http://www.facs.org/ahp/pelosi0310.pdf

Priority policy areas for the College are physician payment, quality, regionalization/workforce, and medical liability reform. Congress will likely spend significantly less money and provide fixes that last months – hopefully years – rather than permanently eliminate the SGR.

The College needs to decide whether it wants to continue to make full repeal of the SGR its only priority when it comes to physician payment, or should it be advocating a period of stability (2-4 years) while a longer term strategy is developed. The College needs to decide whether to invest the resources into developing a replacement strategy to the SGR, or if it is comfortable with reacting to what others bring forward.

Accountable Care Organizations and bundling are likely to be a part of any new system. Also, some in Washington will attempt to make balance billing and private contracting front and center in the coming year. In order to educate Fellows on all of these new physician payment options, the College will work to develop revised practice management sessions and an extensive Webinar campaign to assist its Fellows.

The College will continue to show that improving quality will help to reduce health care costs. The health care reform law has some opportunities for NSQIP that will be explored.

The College will continue to advocate for policies that help to address the surgeon workforce crisis that currently exists in this country. In addition, the College will work to develop clear policies on issues such as the role of physician extenders and the acute care surgeon. The College will work to expand the duration and scope of the rural general surgery bonus that was created in the health care reform law.

The College will continue to support traditional medical liability reform; caps on non-economic damages. There is a greater likelihood for success at the state level as seen in Texas, California and other states. At the Federal level, the College will explore options for helping to reduce surgeons' liability costs.

ACS Health Policy Research Institute (ACS HPRI)

ACS HPRI research projects include:

- Access to Surgical Care: Describing the Referral Process for Surgical Care – HPRI proposes conducting case studies of multiple sites to understand how different teams of providers work together to shepherd patients from primary care to surgical care, how different organizational relationships affect the referral process, how patients' characteristics affect the referral process, what system tools promote efficient and effective referrals from primary to surgical care, and how patients perceive the referral process in different settings.
- Regional Variation in Surgical Care in the U.S. - building on the work of Dartmouth and the HPRI analysis of variation for orthopedic surgical care, HPRI will use state-level and HCUP discharge data to continue to explore the factors associated with variation in surgical utilization and cost of care. The intention is to develop an internally funded project that makes use of extant data and to explore partnerships for external funding.
- Health Reform Legislation and Affect on Surgical Outcomes - H.R. 3590 and 4872 will improve access to healthcare for millions of Americans over the next decade through Medicaid expansion, sliding-scale subsidies, and insurance reform. HPRI will complete a "policy review" of the effects of the passage of the legislation and develop a priority list of specific projects that should be developed.
- Further Examination of Surgical Practice Content and Subspecialization Trends – a 2009 Annals of Surgery paper by ACS HPRI staff showed differences in the content of practice among rural and urban general surgeons in North Carolina. HPRI proposes to extend previous research to examine multiple years of NC utilization data for general surgeons

and other specialties, examining patterns with respect to the narrowing or broadening of care.

- Surgical Workforce Analyses – the Institute will continuously analyze trends of the surgical workforce and project the future supply by subspecialty, gender, race and location, and in contrast to projections of other medical specialties.
- Innovative Rural Surgery Staffing Models - rural communities across the U.S. have long struggled to maintain surgical services in local hospitals, and recent data show further contraction of the rural surgical workforce. HPRI's goal is to produce information that may be useful to rural communities in addressing current or anticipated shortages in the surgical workforce.

The ACS HPRI has completed the first version of a surgical workforce projection model and is currently engaged in the development of a dissemination strategy to unveil and publish the model for health workforce planning. HPRI is poised to release its Surgery Atlas, a Web-based interactive mapping resource illustrating the current surgical workforce. This atlas will provide a picture of the supply and geographic distribution of institutions and individuals providing surgical services in an effort to help practitioners, policy makers and patients anticipate the current and future distribution and identify places with limited access to surgical services. A unique feature of the Web product will be interactivity, which allows users to turn layers on and off, select from a dropdown menu to switch variables, and hover over counties to view the data behind the map. The atlas will be rolled out in phases: Version 1.0 was released on 9/17/10 for initial testing and feedback, Version 2.0 will be released in 2011, and a release date has not yet been determined for Version 3.0. The atlas will be posted on the ACS HPRI Web site at http://www.acshpri.org/atlas. It will be freely available and no registration will be required at this time.

National Surgical Quality Improvement Program (NSQIP)

The High Risk Pilot Project took place from July of 2009 through June of 2010 with the aim of capturing 100 percent of targeted procedures that are associated with a higher likelihood of mortality/morbidity, and also included data collection of new variables and outcomes, such as hospital readmission within 30 days of surgery, in the ACS NSQIP Workstation's custom fields. Nine hospitals participated in the pilot project.

NSQIP released a Return on Investment (ROI) calculator in 2009. The calculator allows participating sites to enter the number of complications that were averted in a particular time period to see how improved outcomes led to a reduction in costs for the hospital. Sites that are not yet participating in ACS NSQIP can use the ROI calculator to determine how much complications are costing their institutions, and how an investment in ACS NSQIP can result in dramatic cost savings for their hospitals.

NSQIP collaboratives allow participating sites to compare outcomes and share best practices in a cooperative, noncompetitive environment, and provide for data sharing opportunities beyond the scope of the standard ACS NSQIP participation. NSQIP is expanding the scope of collaboratives to increase the number of sites benefiting from the enhanced data sharing. Over 700 individuals attended the 2010 ACS NSQIP National Conference in Chicago in July. Attendees enjoyed presentations from ACS leaders and ACS NSQIP participating sites on a variety of program updates and surgical quality improvement topics, including the ACS NSQIP's role in healthcare reform. The 2011 ACS NSQIP National Conference will take place at the Westin Copley Place in Boston, MA, July 24-26, 2011.

Several surgical specialty groups are involved in the development of specialty specific data variables and modules further enhancing the ACS NSQIP: Society of Gynecologic Oncologists, Society of Thoracic Surgeons, and the Society of Vascular Surgeons. NSQIP staff continues to work with members of a number of other specialties as the program moves forward with its development of additional targeted procedure modules including Urology, Plastic Surgery, Neurosurgery, and Colorectal Surgery.

The High Fives Project is a partnership with The Joint Commission, the Agency for Healthcare Research and Quality, and the American Hospital Association designed to confront the five most challenging patient safety problems in five countries over five years. The initiative has expanded to approximately 15 countries.

There are 121 fully approved centers in the ACS Bariatric Surgery Centers Network. Additionally, there are nine provisionally-approved centers in the Network.

Arrangements are underway for the fourth biennial Outcomes Research Course scheduled for November 11-13, 2010 at ACS headquarters. New this year, the Outcomes course will offer breakout sessions on qualitative research and using Microsoft Access to create a clinical database, along with lectures covering funding, grantsmanship, and setting up an individual program.

Meeting rooms and a hotel block have been requested for November 11-15, 2011 for the next Clinical Trials Methods Course, which will be held at ACS headquarters. Dr. Kamal Itani will chair the course.

The eleventh biennial Surgical Investigators Conference will be scheduled for March 2012 near the National Institutes of Health in Bethesda, MD. Dr. Colleen Brophy is slated to chair the conference. The Surgical Research Committee will be considering several adjustments to the format, as well as suggestions from the Society of University Surgeons.

Trauma

Currently, there are currently 334 verified trauma centers. One-hundred-sixty-four site visits have been scheduled for 2010. The final pass rate for hospitals seeking verification is 97 percent for 2008 and 96 percent for 2009.

Sixty-five hospitals are now participating in the Trauma Quality Improvement Program (TQIP). Another 25 centers are being recruited for participation in 2011. A new online data analysis tool is now in place. The first TQIP Annual Scientific Meeting will be held in November 2010 in conjunction with a training session.

The ACS Committee on Trauma (COT) offers the following educational courses.

- Advanced Trauma Life Support (ATLS) Course
- Rural Trauma Team Development Course (RTTDC)
- Disaster Management and Emergency Preparedness (DMEP) Course
- Advanced Surgical Skills for Exposure in Trauma (ASSET) Course
- Advanced Trauma Operative Management (ATOM) Course
- Optimal Trauma Center Organization and Management Course (Optimal)
- Trauma Outcomes and Performance Improvement Course (TOPIC)

Edward E. Cornwell III, MD, FACS, of Washington, DC, will head the COT advocacy effort. He is working with the ACS staff in Washington to support national trauma legislation and also with staff in Chicago on many issues including prevention, seatbelt, trauma systems, and many other types of trauma legislation.

Education

The College continues to make major strides in developing, launching, and evaluating innovative competency-based education and training programs/products to support delivery of surgical care of the highest quality. These offerings are based on systematic gap analyses and are aimed at addressing the learning needs of surgeons, surgery residents, and members of the surgical team.

The Accreditation Council for Graduate Medical Education (ACGME) unveiled the proposed Resident Duty Hour Requirements for public comment in late June 2010. The College reconvened the special task force that had helped in crafting the original position statement of the College regarding resident duty hours, which was sent to the ACGME in 2009. The task force included broad representation from across the surgical specialties. Several Officers and Regents of the College served on this task force.

Response from the College was crafted and sent to the ACGME during the window for public comment. In addition, the College's response focused on both short- and long-term implications of the proposed duty hour requirements on patient care, as well as on resident education and training. The College applauded the ACGME for including greater flexibility in duty hours for residents in the final years of training. Support was expressed for no further reduction in the maximum of 80 hours, thus keeping the current duty hour requirements unchanged. The College's response supported the proposed requirements related to maximum frequency for in-hospital night duty, mandatory time off duty, moonlighting, duty hour exceptions, home call, alertness management, teamwork, clinical responsibilities, professionalism, personal responsibility, and patient safety.

On September 2, Public Citizen, along with the Committee of Interns and Residents, and the American Medical Student Association, sent a 43-page petition to the Occupational Safety and Health Administration (OSHA) of the U.S. Department of Labor, expressing concerns about the proposed ACGME duty hour requirements, requesting intervention by OSHA, and recommending implementation of duty hour limits for residents that were even more stringent than those proposed by the ACGME. Various professional organizations, including the College, began discussions related to this significant development. The Board of Directors of the ACGME considered various implications related to resident duty hours during its meeting, September 27-28.

The program of the 2010 Clinical Congress included significant enhancements and changes. The program included specialty specific and thematic tracks, composed of blocks with the various types of sessions. The program included 11 named lectures and 117 panel presentations that addressed a broad range of important topics spanning the breadth of surgical practice. In addition, eight didactic postgraduate courses and 18 skills-oriented postgraduate courses were offered. This year, pre- and post-tests for the postgraduate courses were offered on-line. The program also included 30 Meet the Expert Luncheons and nine Town Hall Meetings. Credits earned through participation in the Clinical Congress will be transferred seamlessly to the "My CME" Web pages of the respective surgeons.

SESAP remains a premier self-assessment and cognitive skills education program for practicing surgeons and is used widely by surgery residents as well. *SESAP 13* offers the opportunity to

earn a maximum of 60 Category 1 CME Credits. The feedback from *SESAP* subscribers has been extremely positive.

SESAP 14 was released during the Clinical Congress and ushers in a new era of robust self assessment and guided cognitive skills education in surgery. The new self-assessment and guided cognitive skills education model is founded on cutting-edge principles of contemporary surgical education and also meets the current stringent requirements of the American Board of Surgery (ABS). *SESAP 14* will offer the opportunity to earn a maximum of 70 Category 1 CME Credits.

The inaugural Comprehensive General Surgery Review Course was held in June 2010 in Chicago. The course was designed to fulfill requirements for Part 2 of Maintenance of Certification (MOC) and help in preparing for the Recertification Examination to fulfill Part 3 of MOC. The course provided a four-day intensive review of the essential content areas in general surgery. The response to this inaugural course was outstanding and post-course evaluations from the participants were stellar. The course provided a maximum of 32 Category 1 CME Credits, and 5 additional Category 1 CME Credits are available through the on-line models offered after the course. Ultimately, a decision was made to offer this course twice in 2011.

Eight issues of *Selected Readings in General Surgery (SRGS)* were planned for 2010. Recent issues have covered the topics of patient safety, business aspects of surgical practice, and a forthcoming issue will focus on clinical problems encountered by general surgeons engaged in rural practice. The evidence-based content and new format of *SRGS* have been very well received by the subscribers. *SRGS* is recognized by ABS as an educational program that may be used to fulfill the requirements for Part 2 of MOC. *SRGS* offers the opportunity to earn a maximum of 10 Category 1 CME Credits per issue.

SRGS Connect will soon be available in three different formats:

1. *SRGS Connect – Resident,* is currently available to residency programs.
2. *SRGS Connect – Practicing Surgeon* will soon be available to any practicing surgeon and will no longer be limited to residents.
3. *SRGS Connect – Premium* will be available to practicing surgeons who prefer the convenience of receiving with their subscriptions full-text reprints of the most important articles from the overview.

Both *SRGS Connect – Practicing Surgeon* and *SRGS Connect – Premium* may be used to earn up to 80 Category 1 CME Credits per subscription year, or 10 Category 1 CME Credits per issue.

Webcasts from the 2009 Clinical Congress included a total of 33 Plenary Sessions, which were made available on-line along with 58 sessions from previous Clinical Congresses. The Webcast package provided the opportunity to earn 164.5 Category 1 CME Credits. A similar package of Webcasts and audio recordings from the 2010 Clinical Congress includes 25 Plenary Sessions.

The Surgical Skills Patient Education Program remains a major priority of the College. This skills program is designed to help patients and their families acquire and demonstrate requisite skills to participate effectively in postoperative care. Each skills kit includes a variety of resources and tools to facilitate this process. This kit has been extremely well received in a variety of national forums. A major grant is supporting the distribution of 30,000 free kits to College members for use with their patients. Other activities of the Patient Education Program include development and dissemination of patient education brochures. The demand for these

brochures has recently increased. Also, the number of visits to the Patient Education Public Web site (http://www.facs.org/patienteducation/) continues to grow.

The College provides Category 1 CME Credits for educational programs across the entire College. The rigorous and evolving standards of the Accreditation Council for Continuing Medical Education must be met for continuing accreditation of the College as a provider of CME Credits. In calendar year 2009, the College directly sponsored over 31,000 hours of instruction, and provided CME Credits to over 51,000 physicians. In addition, the CME Accreditation Program of the College offers other surgical organizations the opportunity to provide Category 1 CME Credits in collaboration with the College through the CME Joint Sponsorship Program.

Journal of the American College of Surgeons (JACS)
Elsevier, Inc., the publisher of *JACS*, has redesigned the *JACS* Web site (http://www.journalacs.org/) to increase its functionality. The site has a new, much cleaner design, and is easier to navigate. The redesigned *JACS* CME Web site continues to be popular among Fellows and subscribers. From September 1, 2009 to September 1, 2010, 66,583 credits were earned, and 2,422 individual surgeons participated in the Journal's CME program.

Operation Giving Back (OGB)
Since June, there were 10,345 unique visitors who conducted more than 30,000 page views of the OGB Web site http://www.operationgivingback.facs.org/. Forty-six new and updated volunteer opportunities had been posted to the site. The number of surgeons enrolled in the "My Giving Back" feature of the OGB site exceeded 1,525.

Haiti support activities continue. ACS Executive Director, David B. Hoyt, MD, FACS, continues to convene meetings related to ongoing activities and discussions related to the current efforts to rebuild and strengthen Haiti's medical and surgical infrastructure, including workforce and education centered initiatives, as well as continuing volunteer support.

In appreciation for the financial support over the past seven years for the Surgical Humanitarian and Volunteerism Awards program, representatives from Pfizer, Inc. participate in the presentation of the awards at the Board of Governors dinner. The dinner is held during the annual Clinical Congress.

OGB Director, Kathleen M. Casey, MD, FACS, continues to receive multiple requests for support and guidance from surgical residents interested in surgery and global health, health equity and surgery in the U.S. and research related to both. She continues to meet regularly with the ACS Foundation leadership regarding fundraising activities related to OGB, including ongoing exploration of grant possibilities.

American College of Surgeons Foundation
Where it is now:

- Developing a diverse, customized print and electronic annual gifts campaign to the Fellowship. Net of nearly $200,000 in the past fiscal year.
- Implementing a major gifts (>$10,000) campaign with a national cross-section of Fellows and organizations focusing on needs of the College. Three $100,000+ commitments under discussion; one completed; further visits during Clinical Congress and around the country.
- Ongoing fund seeking initiatives to support College program infrastructure (the Archives Campaign directed by Dr. Hanlon) and young surgeon career development (the Russell

Scholarship promoted by the Foundation Board assisted by the Foundation staff). Both efforts are well past the $100,000 threshold and continue.

- A higher, more distinctive profile and promotion of the Mayne Heritage Society, our recognition circle for estate gifts and bequest commitments from the Fellowship. Plan to move from 30-something to 100 members before the Centennial Year. Launched bi-monthly electronic and print outreach campaigns; three new commitments in the past six months totaling over $100,000; other estate commitments under discussion.
- Growing collaborations among the Foundation and College leaders and divisions to seek corporation and foundation funding. Major commitments from the Stavros Niarchos Foundation (Dr. Michelassi), Emerson Charitable Trust (Dr. Sasser), and Kriendler Charitable Trust (Dr. Laws); Brinson Foundation (Dr. Stewart) funding discussion in process. $1,600,000 in funding from organizations last year; an area for more growth.

What is next:

- More consistent, informative outreach to our chapters and their members; priority on Foundation Board members building philanthropy culture with the Fellowship.
- Greater visibility and accountability for gifts to the Foundation; more informative and timely Foundation Web site information (thanks to Dr. Sharp for his work).
- Philanthropy at Work e-newsletter; more visible recognition of our donors and why giving matters; tax benefits of philanthropy to the College; highlights of Fellowship involvement in philanthropy.
- Annual reporting on use of donated funds to support College programs; accountability and impact reports to donors supporting specific programs.
- Focus on long-term philanthropic relationships and matching donor interests with the needs of the College.
- Greater involvement by College leaders in supporting the philanthropy charge; personal giving, opening doors, and meeting with potential donors. If College leaders affirm that philanthropy, more Fellows will follow.

More information and practical applications are available at: www.facs.org/acsfoundation

***HealtheCareers* (a.k.a. Job Bank)**

As of September 8, there were 1,022 active jobs listed on the site with 376 posted résumés. This is a valuable service for all members of the College, and is free for Resident members.

Resident-Associate Society (RAS)

The RAS (http://www.facs.org/ras-acs/index.html) Communications and Membership Committees launched a RAS-ACS Fan Page on Facebook. The aim of this project is to:

- extol the principles of the College and encourage early adoption of the standards of professionalism represented by the Fellowship
- increase membership in RAS-ACS
- promote the activities of RAS and its various committees through both advance notifications and real-time updates of RAS sponsored events
- facilitate traffic to the RAS Web portal communities and other portal communities that appeal to our membership base but are currently unnoticed

The Issues Committee worked to highlight legislative priorities and advocacy efforts as well as make information easier to access for Residents. This endeavor will keep issues most relevant to young surgeons and their practices in the forefront and prepare them for future challenges.

The Membership Committee is writing a plan for the 2010-2011 year that will:

- utilize tools from the Weber-Shandwick Recruitment Report
- assign specific tasks and duties to program liaisons
- incorporate a calendar guideline for presentations
- measure recruitment/retention numbers at each program

Young Fellows Association (YFA)

The YFA (http://www.facs.org/memberservices/yfa/) hosted the 2010 Leadership Conference for Young Fellows and chapter leaders on July 24-25 in Washington, DC. Board of Regents Chair, A. Brent Eastman, MD, FACS, presented the welcoming remarks and shared a few observations about U.S. healthcare policy. This year, 41 U.S. chapters participated in the Leadership Conference, which was attended by nearly 100 College members. The theme for this year's Leadership Conference was "*Leadership from all angles*," and the presenters focused on various aspects of leadership skills, including time management, hiring staff and human resources management, communications, and volunteerism. The 2011 Leadership Conference will be held March 26-27.

The YFA conducted its second annual meeting on October 4. ACS President, L.D. Britt, MD, FACS, presented the welcoming remarks.

YFA and RAS members plan to work with the ACS staff in DC to help with briefings for congressional staff members. The YFA workgroups - Advocacy, Communications, Education, and Member Services - continue to work on multiple projects.

New Chapter

The Board of Regents approved the formation of the College's 36th International Chapter: the ACS Portugal Chapter. This brings the total number of ACS chapters to 103: 36 International, 2 Canadian, and 65 U.S.

Communications Update

The Board of Regents previously approved the concept of proceeding with the development of a proposal for a brand/reputation-building campaign. The core attribute and focal point of the campaign will be to communicate the power, scope, and ongoing achievements of the ACS quality programs. The focus on quality is intrinsic to the College's mission and agenda, that it resonates with all of the College's key stakeholders, and that it reflects the most positive and important contributions the College makes on behalf of its patients and its Fellows.

The campaign will target health care business audiences more than other audiences because they share the College's interest in performance improvement. They are also anxious to see quality improvement programs. The communications vehicles that will be employed for this campaign will attract the attention of all of the audiences the College wishes to reach with its messages. The College's Division of Integrated Communications continued to maintain routine interaction with reporters representing both the lay and trade press. In addition, vigorous media relations activities were launched to bring newsworthy presentations to take place during the Clinical Congress to the attention of reporters in Washington, DC, and throughout the country.

ACS Centennial Event

The American College of Surgeons will celebrate its 100th anniversary in 2013. The process of incorporation for the College was begun in 1912, and the 2012 Clinical Congress will be in Chicago, the headquarters city of the organization. The centennial celebration will start at the

2012 Clinical Congress and continue to highlight and celebrate the event through the 2013 Clinical Congress in Washington, DC.

TCF: pas