Improving Health Outcomes with the American College of Surgeons: Standards, Accreditation, Education, Quality and Research

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Assistant Director, Patient Education, Division of Education
American College of Surgeons
Purpose
Identify how to optimally work with medical associations and utilize the resources available to support all aspects of medical product introduction, evaluation and enhance quality patient outcomes.

• Utilizing Resources, Standards and Accreditation
• Collaborate on Education Grants with the Foundation
• Focus on the patient/consumer – the rules, outreach and quality outcomes.
New Considerations Regarding Surgical Patient Care?

- Sunshine Act
- ACS Informed Consent Guidelines
- Perfect Operation
- CMS Pay for Performance
- Merit Based Incentive Program (MIPS)
- Pay for Performance
- EHR Requirements
- Patient Care Competencies
Inspiring Quality: Lessons Learned

Collaboration spurs innovation and higher quality.
What is the American College of Surgeons?

- The American College of Surgeons is a scientific and educational association of surgeons that was founded in 1913 to improve the quality of care for the surgical patient by setting high standards for surgical education and practice.

- 80,000 members, including more than 4,500 Fellows in other countries, making it the largest organization of surgeons in the world.
  - FIND A SURGEON https://www.facs.org/search/find-a-surgeon

Major Activities of the College

- **Surgical Education** – practicing surgeons, residents, medical students, patients, health care professionals. http://www.facs.org/education/surgeons.html

- **Accreditation Programs** - Cancer, Breast Cancer, Trauma, Bariatric, Skill Training Centers

- **Surgical Quality Improvement** – NSQIP, PSQIP, CoC, Trauma, Surgical Patient Education, SESAP

- **Division of Advocacy and Health Policy** - monitors and analyzes socioeconomic, legislative, and regulatory issues affecting the field of surgery.
Utilizing Resources, Standards and Accreditation
Utilizing Resources: Membership

Division of Education | Surgical Patient Education

Find a Surgeon or Treatment Center

- Find an FACS member

The letters "FACS" after a surgeon's name indicates that he or she is a Fellow of the American College of Surgeons (ACS). Fellows of the College are board-certified surgeons whose education, training, professional qualifications, surgical competence, and ethical conduct have been reviewed and evaluated prior to admittance and have been found to be consistent with the high standards of the American College of Surgeons. Not all surgeons are accepted into Fellowship in the College and there are some surgeons who may choose not to become Fellows. The letters "FACS" after a surgeon's name indicates that the surgeon has submitted to a process to obtain voluntary credential and performance evaluation by their peers.

Find a Surgeon
- How to look for a Qualified Surgeon
- A Guide to Surgical Specialists
- Check on Surgeon Certification
- Check on a Facility Accreditation

Find a Treatment Center
- Find a Cancer Treatment Center accredited by the Commission on Cancer
- Find a Verified Trauma Center
- Find an Accredited Bariatric Surgery Center
- Find an Accredited Breast Center
- Find a Federally Funded Health Center
- Find A Prescription Assistance Program
- Find Clinical Trials for Cancer
- Find Insurance & Medical Debt Crisis Assistance

Dr. Bailey is the senior partner in Colon and Rectal Clinic, PA which was established in 1971. He has served as the President of both the American Society of Colon and Rectal Surgeons and the American Board of Colon and Rectal Surgery. He is currently a member of the Board of Regents of the American College of Surgeons. Colon & Rectal Clinic consists of 13 board-certified colon and rectal surgeons working in multiple locations throughout the Houston Metropolitan area with offices to serve the needs of our patients. We are affiliated with both the University of Texas Medical School at Houston and the Weil/Cornell Methodist campus. Our practice philosophy is to provide the highest quality of care to our patients in a caring and safe environment. We provide the full gamut of treatments, both medical and surgical, for colorectal diseases and conditions.

Web Site URL: https://www.facs.org/search/find-a-surgeon
<table>
<thead>
<tr>
<th>Name</th>
<th>City/Location</th>
<th>State</th>
<th>Subspecialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abernathy, Richard</td>
<td>Foley, AL United States</td>
<td>AL</td>
<td>Abdomen and Digestion Disorder/Procedure</td>
</tr>
<tr>
<td>Adkins, William</td>
<td>Auburn, AL United States</td>
<td>AL</td>
<td></td>
</tr>
</tbody>
</table>

**Richard Ellison Abernathy, MD FACS**

- **Valued Fellow Since**: 1992
- **Specialty**: General Surgery
- **Address**: 1711 N McKenzie St Ste 201, Foley, AL 36535, United States
- **Office Phone**: (251) 424-1620
- **Website**: www.SBRMCdoctors.com
- **Contact Form**
The American College of Surgeons and Cancer Collaboration

• 1913 The American Society for the Control of Cancer
• 1921 Registry for Bone Sarcoma
• 1922 The ACOS Committee for the Treatment of Malignant Disease by X-ray and Radium
• 1927 Program for Approval of Cancer Facilities
• 1939 The ACOS Committee on Cancer
• 1951 Joint Commission Founded- Hospital Standardization
• 1952 Cancer Committee membership expanded
• 1953 Cancer Registry approved
• 1970 Commission on Cancer
• 1990 National Cancer Database
• 2010 Quality and Transparency
Commission on Cancer

The Commission on Cancer (CoC) is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care.
Commission on Cancer Membership

Surgeons
Radiologist/Oncologists
Medical Oncologist
Pathologists
Cancer Registrars
Hospice & Palliative Care
Nurses
Administration
Nutritionists
Government/Surveillance
Patient Advocacy
Genetics
Educators
Majority of Cancer Treatment in Community Hospitals

- 1505 Accredited Cancer Center in the United State
- Diagnose and Treat 73% of the cancer patients
- Maintain the National Cancer Database Since 1985 – over 34 million cases.
- New Standards released in 2016
- Expanded to specialty areas
  - National Accreditation Program for Breast Centers
  - National Accreditation Program for Colon/Rectal Centers

Download the Standards
https://www.facs.org/quality-programs/cancer/coc/standards
Standards for Cancer Patients
Improving adherence to the removal of 12 regional lymph nodes

Improvement in rank for the removal of 12 regional lymph nodes for resected colon cancer from bottom half in 2008 to upper quarter in 2011.
American Joint Committee on Cancer (AJCC)

- To develop worldwide leadership in the development promotion and maintenance of evidence based systems for the classification and management of cancer

- Cancer Staging Resources
Surgical Patient Education for a Better Recovery

When your doctor asks you or a family member to consider having an operation, you may have questions. The American College of Surgeons can help. Our goal is to help you fully participate in your care and recovery.

We provide information you can use to more fully understand some common surgical procedures. Our resources include home skills kits to prepare you for surgical care once you leave the hospital and information on various surgical procedures. There is also an online “Find a Surgeon” search tool available.

Public Access

https://www.facs.org/search/cancer-programs
70 Cancer Centers matching your search

Adventist Hinsdale Hospital
120 North Oak Street, Hinsdale, IL 60521-3890
United States
Comprehensive Community Cancer Program
Phone (630) 286-5524 | www.keepingyouwell.com

Adventist La Grange Memorial Hospital
5101 South Willow Spring Road, La Grange, IL 60525-2600
United States
Comprehensive Community Cancer Program
Phone (630) 286-5524 | www.keepingyouwell.com
### Kidney and Renal Pelvis Cancer Case Volume for Selected CoC Accredited Centers

**Dx Year:** 2012  
**Geography:** State  
**Stage:** All  
**Minimum Case Volume:** 10 cases

Expand a cancer site group below and select an anatomic site:
- **Head and Neck**
- **Digestive**
- **Respiratory**
- **Bones and Joints**
- **Soft Tissue including Heart**
- **Skin**
- **Breast**
- **Female Genital**
- **Male Genital**
- **Urinary**
- **Eye and Orbit**
- **Brain / CNS**
- **Thyroid and Other Endocrine**
- **Lymphoma**
- **Myeloma**
- **Leukemia**
- **Mesothelioma / Kaposi Sarcoma**

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#### Case Volume Distribution

![Chart showing case volume distribution](chart.png)

---

<table>
<thead>
<tr>
<th>Dx Year</th>
<th>Geography</th>
<th>Stage</th>
<th>Minimum Case Load: 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>State</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>#</th>
<th>State</th>
<th>Hospital Name</th>
<th>Stg 0</th>
<th>Stg I</th>
<th>Stg II</th>
<th>Stg III</th>
<th>Stg IV</th>
<th>Unkn</th>
<th>Non Appl</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IL</td>
<td>Northwestern Memorial Healthcare Corporation</td>
<td>5</td>
<td>95</td>
<td>6</td>
<td>15</td>
<td>21</td>
<td>1</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>2</td>
<td>IL</td>
<td>Loyola University Medical Center</td>
<td>1</td>
<td>63</td>
<td>4</td>
<td>26</td>
<td>13</td>
<td>1</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>3</td>
<td>IL</td>
<td>OSF Saint Francis Medical Center</td>
<td>1</td>
<td>49</td>
<td>2</td>
<td>10</td>
<td>12</td>
<td>2</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>IL</td>
<td>Advocate Christ Medical Center</td>
<td>2</td>
<td>30</td>
<td>3</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>IL</td>
<td>Memorial Medical Center</td>
<td>0</td>
<td>34</td>
<td>5</td>
<td>10</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>IL</td>
<td>The Cancer Institute at Alexian Brothers Hospital Network</td>
<td>1</td>
<td>23</td>
<td>3</td>
<td>9</td>
<td>12</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>IL</td>
<td>University of Illinois Hospital &amp; Health Sciences System</td>
<td>0</td>
<td>20</td>
<td>3</td>
<td>7</td>
<td>13</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
Accredited Education Institutes

Educate and train practicing surgeons, surgical residents, medical students, and members of the surgical team using simulation-based education.

Searching for Accredited Education Institutes

The following institutions have successfully met the program requirements of the American College of Surgeons (ACS) Program for Accreditation of Education Institutes (AEIs), and as a result are accredited as either Comprehensive (CEI) or Focused (FEI).

View the complete list of AEIs.

View the Complete List of AEI Fellowship Programs.

Using the fields on the left, you can search by institution name, city, state, and country, or by ZIP code and distance. Results will show each institute’s contact information, accreditation status, and date of most recent accreditation. One of the goals of the accreditation program is to build a community of institutions interested in furthering surgical education. Therefore, we have received permission from each of the AEIs to provide names and e-mail addresses of those individuals who are willing to be contacted about their programs. However, it is up to the contacts at each AEI to determine the level of information they are willing to provide and share. This support is done on a voluntary basis.
Exported Skill Course Guides

Exported Courses

Administrative Guides

Pre and Post Skills Guide

CONTACT INFORMATION
Questions regarding this document or the exported course process can be directed to the Program for Verification of Surgical Knowledge & Skills.

PRE Hands-on Lab Evaluation (to be completed by the Candidate)

Rate your current level of confidence in being able to demonstrate the tasks under the following Modules.

<table>
<thead>
<tr>
<th>Module 1: Management of Upper GI Bleeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insertion of Bismuth tube</td>
</tr>
<tr>
<td>Hemostatic clip application</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Module 2: Adult Foreign Body Removal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endoscopic removal esophageal foreign body</td>
</tr>
</tbody>
</table>
The ACS Risk Calculator
http://riskcalculator.facs.org/

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group</td>
<td>Under 65 years</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Functional status</td>
<td>Independent</td>
</tr>
<tr>
<td>Emergency case</td>
<td>No</td>
</tr>
<tr>
<td>ASA class</td>
<td>II - Mild systemic disease</td>
</tr>
<tr>
<td>Wound class</td>
<td>Clean</td>
</tr>
<tr>
<td>Steroid use for chronic condition</td>
<td>No</td>
</tr>
<tr>
<td>Ascites within 30 days prior to surgery</td>
<td>No</td>
</tr>
<tr>
<td>Systemic sepsis within 48 hours prior to surgery</td>
<td>None</td>
</tr>
<tr>
<td>Ventilator dependent</td>
<td>No</td>
</tr>
<tr>
<td>Disseminated cancer</td>
<td>Yes</td>
</tr>
<tr>
<td>Diabetes</td>
<td>None</td>
</tr>
<tr>
<td>Hypertension requiring medication</td>
<td>No</td>
</tr>
<tr>
<td>Previous cardiac event</td>
<td>No</td>
</tr>
<tr>
<td>Congestive heart failure in 30 days prior to surgery</td>
<td>No</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>With Moderate exertion</td>
</tr>
<tr>
<td>Current smoker within 1 year</td>
<td>Yes</td>
</tr>
<tr>
<td>History of severe COPD</td>
<td>No</td>
</tr>
<tr>
<td>Dialysis</td>
<td>No</td>
</tr>
<tr>
<td>Acute Renal Failure</td>
<td>No</td>
</tr>
<tr>
<td>BMI Calculation:</td>
<td>68</td>
</tr>
<tr>
<td>Height (in)</td>
<td></td>
</tr>
<tr>
<td>Weight (lbs)</td>
<td>100</td>
</tr>
</tbody>
</table>
Use of the Risk Calculator

Risks of This Procedure from Outcomes Reported in the Last 10 years of Literature

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Estimated Risk</th>
<th>Chance of Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary Retention: Inability to urinate after the urinary catheter is removed</td>
<td>29%</td>
<td>General anesthesia, older age, prostatic problems, and diabetes may be associated with urinary retention. A temporary catheter or medication may be used to treat retention.</td>
</tr>
<tr>
<td>Seroma: A collection of serous effused fluid</td>
<td>12%</td>
<td>A seroma usually goes away on its own within 4 to 6 weeks. Rarely, the fluid is removed with a sterile needle.</td>
</tr>
<tr>
<td>Recurrence: A hernia occurs up to several years after repair</td>
<td>4% with mesh</td>
<td>42% without mesh</td>
</tr>
<tr>
<td>Intestinal/bowel injury or leak: Temporary decrease in bowel motility</td>
<td>2.6% after laparoscopic repair</td>
<td>7% after open repair</td>
</tr>
</tbody>
</table>

Risks of This Procedure Based on the ACS Risk Calculator

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Keeping You Informed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wound Infection: Infection at the area of the incision or near the organ where surgery was performed</td>
<td>3%</td>
</tr>
<tr>
<td>Return to surgery: The need to go back to the operating room due to a problem after the prior surgery</td>
<td>2%</td>
</tr>
<tr>
<td>Pneumonia: Infection in the lungs</td>
<td>Less than 1%</td>
</tr>
<tr>
<td>Urinary tract infection: Infection of the bladder or kidneys</td>
<td>Less than 1%</td>
</tr>
<tr>
<td>Blood clot: A clot in the legs that can travel to the lung</td>
<td>Less than 1%</td>
</tr>
<tr>
<td>Heart complications: Includes heart attack or sudden stopping of the heart</td>
<td>Less than 1%</td>
</tr>
<tr>
<td>Renal (kidney) failure: Kidney no longer function in making urine and/or clearing the blood from the body</td>
<td>Less than 1%</td>
</tr>
<tr>
<td>Death</td>
<td>Less than 1%</td>
</tr>
</tbody>
</table>

Any complication, including: Surgical infections, breathing difficulty, blood clots, renal (kidney) complications, cardiac complications, and return to the operating room

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Keeping You Informed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any complication</td>
<td>5%</td>
</tr>
</tbody>
</table>

*The ACS Surgical Risk Calculator estimates the risk of an unfavorable outcome using data from a large number of patients who had a surgical procedure similar to this one. These data may be limited to specific age groups, and those with high blood pressure and breathing problems. Wound healing may also be decreased in smokers and those with diabetes and immune system disorders. To check a better estimate of risk for patients with a similar health status to yours, go to the ACS Risk Calculator at https://riskcalculation.acs.org/enline.
Risks for Radical Mastectomy with Disseminated Cancer and a Smoker

<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>Change Patient Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>19306 - Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)</td>
<td>Ages Under 65, Female, Emergent, Disseminated cancer, Dyspnea with exertion, Smoker, Underweight</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Estimated Risk</th>
<th>Chance of Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious Complication</td>
<td>9%</td>
<td>Above Average</td>
</tr>
<tr>
<td>Any Complication</td>
<td>12%</td>
<td>Above Average</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>&lt;1%</td>
<td>Above Average</td>
</tr>
<tr>
<td>Cardiac Complication</td>
<td>&lt;1%</td>
<td>Average</td>
</tr>
<tr>
<td>Surgical Site Infection</td>
<td>3%</td>
<td>Below Average</td>
</tr>
<tr>
<td>Urinary Tract Infection</td>
<td>1%</td>
<td>Below Average</td>
</tr>
<tr>
<td>Venous Thromboembolism</td>
<td>&lt;1%</td>
<td>Below Average</td>
</tr>
<tr>
<td>Renal Failure</td>
<td>&lt;1%</td>
<td>Below Average</td>
</tr>
<tr>
<td>Return to OR</td>
<td>6%</td>
<td>Above Average</td>
</tr>
<tr>
<td>Death</td>
<td>1%</td>
<td>Above Average</td>
</tr>
<tr>
<td>Discharge to Nursing or Rehab Facility</td>
<td>2%</td>
<td>Below Average</td>
</tr>
</tbody>
</table>

Predicted Length of Hospital Stay: 1.5 days
Collaborate on Education Grants with the Foundation
Informed Surgical Prep Brochures and E-learning
  – Help to inform and prepare patients for their operation.

Home Skills Training Programs
  – Enable patients to learn, practice and demonstrate skills needed to administer complex self-care

The Surgical Cancer Education Recovery series
  – Provide cancer patients with skill acquisition techniques, instructional media, and checklists to become fully informed and actively participate in their care and recovery.

Professional Training Programs
  – Designed to ensure a well-trained patient education workforce involving a variety of professionals
Professional Programs

Industry Satellite Symposia

Industry satellite symposia must occur outside of all educational activity time.

The industry satellite symposium location can be listed in the program schedule as:

Industry Satellite Symposium – No CME credit

No other information may be provided in the program schedule. However, details of the symposium are permitted on a separate page of the Program, but clearly marked as not part of the official program.

Any materials distributed by the company must be approved by ACS prior to the activity.
How Can You Help With Quality Outcomes?

Education Grants & Evaluation

The American College of Surgeons Foundation respectfully requests the consideration of [Pacira] to support the comprehensive

- **Opioids and Surgery** program
- **Your Lung Operation**
- **Your Ostomy**

This program will utilize multifaceted methods, including policy, education, evaluation and marketing to improve the knowledge and management.
Ostomy Skills Kit – Patient Outcomes & Economic Impact

**Percent Needing Additional Help in First 2 Weeks Post-Operatively**

- Used Kit: 37%
- Did Not Use Kit: 63%

**Volume of Services in the First 2 weeks Post-Op**

- Additional Services:
  - Home Care
  - Calls to RN/MD
  - Visits to RN/MD
  - ER Use

- **ER Use First 3 Weeks Post-Discharge**

<table>
<thead>
<tr>
<th></th>
<th>Used Kit</th>
<th>Did Not Use Kit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume</td>
<td>4.8</td>
<td>8</td>
</tr>
<tr>
<td>ER Use</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ostomy Home Skills Kit supported in part by an educational grant from Coloplast.
What’s Inside the Ostomy Home Skills Kit

- Empty the Pouch SKILL
  - Watch and Review
    - Emptying your pouch is the first skill that you will need to do after your operation and the one you will use most often.
    - Above the bag, there should be a line on each step.
  - Skill: Check the Pouch Level
    - Making sure your pouch level is not too high or too low.
    - A pouch that is too high may cause pain or discomfort.
    - A pouch that is too low may cause leakage.
  - Skill: Assume the Proper Position
    - You will need to have a clear view of the area in your stool.
    - Ensure you have enough support in your pouch and seat to hold
    - The bag should be taped securely to your skin. Ensure your pouch is:
      - For seated position, sit on the seat with legs spread wide.
      - For the backrest position, sit on the arm of the chair.
      - For the side position, sit or stand alongside the toilet.

Practice Equipment
- Pouches, Measuring Guide, Scissors, Stoma Model

40 Page Booklet

30 Minute DVD

Skills Check List

Certificate of Completion

Patient Evaluation

Certificate of Completion

AMERICAN COLLEGE OF SURGEONS
Inspiring Quality: Highest Standards, Better Outcomes

YOU HAVE SUCCESSFULLY COMPLETED THE
Surgical Patient Education
Skills Program on Ostomy Care

Signature
Date

Certificate of Completion

Before the operation, did you prepare what is expected to...
Your surgeon...
Your ostomy nurse...
A hospital bedside nurse...
Ostomy Skills Kit...
Other resources...

Comments on what was helpful, not helpful...

IN THE HOSPITAL - AFTER THE OPERATION
Surgical Cancer Education: Your Lung Operation

The program contains:

- A 20-page booklet
- A DVD and web program
- Information sheets, including lung images, medication lists, exercise and pulmonary rehab activity guides, quit smoking resources and survivorship plan.
- A patient evaluation form

Your lung surgery kit is supported in part by a grant from Ethicon Endo-Surgery
Education for a Better Recovery

Division of Education | Surgical Patient Education

Collaborative Planning with

- American Association of Thoracic Surgery
- Society of Thoracic Surgeons
- Association of PeriOperative Registered Nurses
- Commission on Cancer
- Advisory Council of Cardiothoracic Surgery
Your Lung Operation - Evaluation

- Satisfied: 98%
- Would recommend: 98%
- Skills for best recovery: 98%
- Helpful: 86%
Additional Programs

Surgical Cancer Education

• Colon Cancer
• Breast Cancer
• Cervical Cancer
• Pancreatic Cancer
• Thyroid Cancer
Focus on the patient – the rules, outreach and quality outcomes.
Grant Agreement

Division of Education | Surgical Patient Education

Supports a collaborative investment and the contribution to national improvements in care for the ostomy patient.

Takes into consideration the impact of The Sunshine Act

- Beginning in 2013, the Department of Health and Human Services to post on a public website newly reported payments that drug, device and biologic makers make to physicians and teaching hospitals.

- Specifically, manufacturers of covered drugs, devices, biologicals, and medical supplies (applicable manufacturers) are required to submit on an annual basis certain payments or other transfers of value made to physicians and teaching hospitals during the course of the preceding calendar year.

  - Report anything over a $10.00 value and include: name, business address, specialty, date, associated supply and nature of payment.
Recent Initiatives In the Health Care Structure: Value Based Purchasing
Quality Measures 2017 MIPS Performance

All Cause Hospital Readmission

Anesthesia Quit Smoking

CAHPS For MIPS Clinician / Group Survey
- Education; Shared Decision Making;
Functional Status; and Patient Resources

Documentation of signed opioid agreement

Functional outcome assessment

Medication reconciliation post-discharge

Pain Assessment and follow-up

Pain brought under control in 48 hours

Patient Centered Surgical Risk Assessment and Communication

Perioperative care: VTE prophylaxis

Prevention of post-operative N & V

Surgical Site Infection

Use of high risk medication in the elderly
Role of the Patient in Their Recovery

65% of all procedures are ambulatory versus hospital inpatient (AHRQ H-CUPP, 2015).

The patient/family are now the primary providers of post-op care.
Home Skills Training Programs

Skill Acquisition Model

Pre-training Education
Task Configuration
Mirrored Neuron Activation
Repetitive Practice
Critical Component Checklist
Evaluation
Grant Agreement

The grant is not offered to induce the use of, promotion of or purchase of Coloplast products.

The goals of this program can be expanded to reach a larger number of patients through continued distribution by the sponsors representatives.
Aiding Professionals with Required Mandates

Informed Surgical Prep Brochures

• Meets ACS, Joint Commission and Patient Safety Guidelines
• Supports all literacy levels
• Contains images
• Identifies risks
• Discharge education
• Print and Electronic availability

Brochure series supported in part by a previous grant from Ethicon.
Quit Smoking Before Surgery

Professional E-Learning
- Counsel & Code

ACS Position Statement

Patient Handout: Quit Before Your Operation
- Counseling strategies
- Website and hotline support
- Medication options
- Quit Plan

Did you know that before surgery is the best time to quit smoking?
- You will decrease your risk of complications.
- Hospitals are a smoke-free environment, so you won't be tempted.
- The quit rate is much higher when you quit before your operation.

Do your part and quit now! Your surgical team is here to help.
Evaluation: Distribution and Feedback

Print and Electronic Distribution
- ACS website
- National Library of Medicine
- Surgeon website

ACS Brochures
Electronic Views by Year

High Confidence and Satisfaction Scores

Percent of the Public Who Were Confident, Prepared and Helped Following a Review of the New ACS Brochures

<table>
<thead>
<tr>
<th>Year</th>
<th>Confident</th>
<th>Prepared</th>
<th>Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>87</td>
<td>91</td>
<td>91</td>
</tr>
<tr>
<td>2011</td>
<td>88</td>
<td>91</td>
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<td>2012</td>
<td>88</td>
<td>91</td>
<td>91</td>
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<tr>
<td>2013</td>
<td>1,020,150</td>
<td>1,440,000</td>
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<td>2014</td>
<td>1,020,150</td>
<td>1,440,000</td>
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</table>
Distribution

American Urological Association

American Society of Colon and Rectal Surgeons

Wound Ostomy Continence Nurses Association

United Ostomy Associations of America

American Pediatric Surgical Association

American Pediatric Surgical Nurses Association

American College of Surgeons - Advisory Council of Pediatric, Urologic and Colon and Rectal Surgeons
Scrub the Hub

Catheter Tunneled Through Vein

Vein Entry

Clamp

Needleless Connector
Lack of Wound Care Instruction – a Cause for Readmission

- 63% of patients who did not receive wound care information re-entered their health care facilities after discharge due to wound issues.

- Wound infection and deterioration account for the highest reason for admission from a nursing home facility – equal to respiratory and cardiovascular related issues.
The Feeding Tube Skills Kit provides guided step-by-step skills education in print and video formats.
Professional Outcomes

<table>
<thead>
<tr>
<th>Rate the Effectiveness of the Resources in the Skill Kit</th>
<th>Rate the Effectiveness of the Kit for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill booklet</td>
<td>Preparing Pt. for self-care</td>
</tr>
<tr>
<td><strong>4.5</strong></td>
<td><strong>4.5</strong></td>
</tr>
<tr>
<td>DVD</td>
<td>Increasing Patient satisfaction</td>
</tr>
<tr>
<td><strong>4.8</strong></td>
<td><strong>4.5</strong></td>
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<tr>
<td>Checklist</td>
<td>Giving confidence in self-care</td>
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<td><strong>4.5</strong></td>
<td><strong>4.6</strong></td>
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<tr>
<td>Practice equipment</td>
<td>Reducing time spent educating</td>
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<tr>
<td><strong>4.6</strong></td>
<td><strong>4.4</strong></td>
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<tr>
<td>Website</td>
<td>Decreasing skin irritation</td>
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<tr>
<td><strong>4.3</strong></td>
<td><strong>4.3</strong></td>
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<tr>
<td>Skills Kit Overall</td>
<td>Decreasing post-op calls</td>
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<tr>
<td><strong>4.8</strong></td>
<td><strong>4.2</strong></td>
</tr>
<tr>
<td>1-5 scale: 1=poor 5=great</td>
<td>Decreasing unplanned visits</td>
</tr>
<tr>
<td><strong>4.3</strong></td>
<td><strong>4.3</strong></td>
</tr>
</tbody>
</table>
HealthLNK Registry Portal

1. Data Collection
2. Data Analysis
3. Dynamic reporting
New Patient/Family Surgical Skills Training Model

- Patient Certified
- Professional Certified
- Center Certified
“It is not enough to do your best; you must know what to do, and then do your best”

- W. Edwards Deming
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