



# Pennsylvania Surgical News

## News & Updates for the Keystone and Metropolitan Philadelphia Chapters American College of Surgeons

May 2021

Summer is soon upon us and we finally see some restrictions being lifted that will allow vacations and other travel to resume. I am sure most readers are finally looking for some time away to relax and renew. Remember, be safe and stay healthy!

Dr. Shannon Marie Foster, President of the Keystone Chapter provides another timely topic for this month's *Meanderings from a Wandering Surgeon*. This month's writing was also published in the ACS *Bulletin* and focuses on Diversity, Equity, and Inclusion. Check out her column on page 2.

Legislative action continues to be active as we move into the summer session. The ACS and PA Chapters continue to monitor both state and federal legislation and keep you abreast of policies and procedures directly impacting you, your practice, and your patients. Visit the [ACS State Legislative](#) page for information on current bills being monitored.

The ACS Leadership & Advocacy Summit was held virtually May 15-17 with virtual visits with members of the Pennsylvania Congressional offices taking place on May 17<sup>th</sup>. Pennsylvania was well-represented with 70 registered physicians attending from the four Pennsylvania chapters.

**The Keystone Chapter's Case Review Webinar will be kicking off in early June and has been approved for 2.5 CME credit hours by the ACS.** The webinar

will be available to all ACS members and will be on demand through the end of 2021. Members can register, view the presentations submitted by Case Study winners, and submit for CME credit hours. There is a nominal fee of \$30 to participate in this virtual learning experience. The Keystone Council hopes all members take an opportunity to view these novel and unique submissions.

Metro Philly Chapter's Annual Educational Meeting will be held on Monday, September 13<sup>th</sup> at the Marriott Philadelphia Old City. **The Planning Committee is excited to announce that Amy J. Goldberg, MD, FACS, will be the keynote speaker for the event.** Dr. Goldberg, a long-time supporter of MPACS, was recently named interim Dean at the Lewis Katz Medical School and has devoted her career to mentoring and guiding future generations of surgeons and leaders throughout the Philadelphia region. The conference will include an abstract/case review competition and exhibit hall. The top scoring abstract submission will have an opportunity to give an oral presentation to the conference attendees prior to Dr. Goldberg's keynote lecture. Watch for additional details as they become available.

ACS Clinical Congress has gone virtual. The decision was made recently for the safety and well-being of all participants. More ACS happenings can be found starting on page 5.

## Meanderings from A Wandering Surgeon

Shannon Marie Foster, MD, FACS  
Keystone Chapter President



### An Introduction to Common Terms of Diversity, Equity, and Inclusion

*"If you cannot define it, you are not part of the conversation." ~ Shannon Marie Foster, MD, FACS*

In the realm of medicine and surgery, a common vocabulary and agreed-upon shared terminology allows the ready exchange of ideas that can cross practice, geographic, language, and cultural barriers.

As such, it is in the evaluation of who we are and who we want to be as humans relating to other humans that we must come to understand the language of diversity, equity, and inclusion. If we do not speak with the same shared vocabulary, we cannot truly participate in the conversation.

**Racism** is defined as a belief or doctrine that inherent differences among the various human racial groups determine cultural or individual achievement, usually involving the idea that one's own race is superior and has the right to dominate others or that a particular racial group is inferior to others. Racism may be the belief of one, of many, or of the ruling/political group in power. If the latter, the term **institutional racism**, is applied and can be defined as a policy or system of law/government that is associated with this racist belief system and favors members of the dominant racial or ethnic group or has neutral effect on their life experiences while discriminating against or harming members of other groups. When accepted, this standard serves to preserve the social status, economic advantage, or political power of the dominant group. Alternatively, **anti-racist** belief and action rejects

supremacy of one group over another and enacts doctrine and policy, which recognizes the presence of racism in society and actively combats prejudice and discrimination to promote racial justice.

As concepts of self-identification and the labeling of "others" permeates every part of our life – home and office, work and play for the young and the old – we can either deny or ally. **Othership** is the means by which we divide and classify groups as different and needing rules and policies different from those of the accepted "normal" or "standard" – often ourselves. **Allyship** is an active choice to advocate and support those who define themselves differently – race, religion, nationality, and gender identity are some common examples – and ensure no separate rules or standards exist.

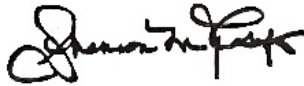
There are two ways to go about **allyship**. **Performative allyship** can be defined as that performed to demonstrate and increase social capital and an individual's or group's moral compass without true action or, worse, to the detriment of the movement by stealing and misdirecting attention and messaging. **Real allyship – solidarity** – is based in constant education and can be defined as intentional union or fellowship with a marginalized, underrepresented, or discriminated-against group to act, aid, and promote at the discretion of the group itself as an accessory, not a scene stealer.

Conversations using these shared and understood terms and ideas will allow change that is **transformative** (radical, all-encompassing, and embraced as the base of thought, character, and condition), rather than **transactional** (an enforcement of new rules, guidelines, or measures as a mere path to conducting business as usual). In our departments, our homes, and our communities, let us make changes like those we have all striven for in the quality measures of better patient outcomes. As we know, the conversations leading to quality change are hard and may be met with resistance, but at their base they are inspirational and motivational, not accusatory, or punitive. Accordingly, the same must be true for our culture.

No matter our age, beliefs, lifestyle, or location, let us make sure that we can all join the conversation.

(There are an overwhelming number of resource and reference materials available for further reading on each of these subjects – please start your research effort by typing any one of these bolded terms into Wikipedia or your institutional medical library and follow your interest.)

Respectfully,



Shannon Marie Foster, MD, FACS  
President, Keystone Chapter

Shannon Marie Foster, MD, FACS, President of the Keystone Chapter. She also serves at the national level as a Governor-At-Large, Vice-Chair of Communications Pillar Outreach Group, liaison to both the Women in Surgery (WiS) and Trauma (CoT) Committees.”

## May Wellness Tip



### Sleep Hygiene: 8 Ways to Train Your Brain for Better Sleep

A surgeon's life is not on a regular schedule like most in the working world. Long hours, night shift duties, on-call, weekend duties, juggling between clinical duties and hospital duties. How does one maintain a normal sleep pattern to improve well-being?

We hope the following ideas will help improve your sleep hygiene, so you wake refreshed and ready to tackle another day.

**Create a Sleep Nest** – cooler temperatures will help you sleep. Set up your sleep environment – a comfortable mattress and bedding that is not too hot. REM or dreaming stage of sleep is a lighter level of rest and can be disrupted easily. Cooler temperatures (between 60-67 degrees Fahrenheit/15-20 degrees Celsius) will help you stay asleep.

**Develop a Routine** - Set up a bedtime ritual, whether that be a warm bath/shower, reading a book, or listening to soothing music. Deep breathing, yoga, and meditation are also helpful to teach your brain to wind down from the hectic day's events. When possible, go to bed and get up at the same time each day (even weekends/days off). This establishes a sleep routine.

**Cut the Lights** - Reduce bedroom lighting. Wear a sleep mask or use light-blocking shades, especially if you are sleeping during daylight hours.

Melatonin secretions begin when it gets dark. The body will slow or stop melatonin production if exposed to light so dim those lights, even blue light from your smartphone or laptop charger will affect this process. Want to read before bed? That's ok, just read with a dim light from a real book, not an e-reader or tablet. According to [Dr. Vsevolod Polotsky](#), who directs sleep basic research in the division of pulmonary and critical care medicine at Johns Hopkins University School of Medicine, "Digital light will suppress the circadian drive while a dim reading light will not."

**Dampen Sound** – While you are lessening the light, turn off any work alerts, email pings, or other distractions. Charge your equipment outside the bedroom. Live in a noisy, urban setting? Play white noise or run a fan to drown out any sudden noises that may startle you.

**Boycott Caffeine Late in the Day** – NO, not my Starbucks coffee or Hershey Chocolate Bar! Research advises stop drinking caffeinated liquids at least six hours before bedtime. That includes coffee,

some teas, sodas, and chocolate. That yummy, warm cup of hot chocolate to help you drift off to sleep contains at least 25 milligrams of caffeine. Green or black tea provides 50 milligrams of caffeine. But hold onto your hats, here's number six!

**Skip the Booze** – Think having a night cap of your favorite adult beverage will help you sleep? Well, yes and no. Alcohol may help you fall asleep, but it traps you in a lighter stage of sleep, causing you to wake often. Your body needs all three stages of sleep – light sleep, REM (dream state), and deep state – to fully repair and restore your body.

**Avoid Heavy or Spicy Foods** – The National Sleep Foundation advises a “light snack” before bedtime is acceptable. However heavy and spicy foods may give you heartburn or other digestive issues that affect your ability to get and stay asleep. Food heavy in sugars is shown to cause restless and disturbed sleep patterns. What is a good “light snack”? Nuts, cherries (high in melatonin), bananas (contains muscle relaxers potassium and magnesium), or a cup of decaffeinated tea (chamomile, ginger, or peppermint).

**Make the Bedroom Sacred** – Reserve your bed for sleep. It does seem normal to work from home or play games with the kids or your pets in bed, but that does not teach your brain to view the bedroom as a place for slumber.

I am sure we all know that adults need to sleep at least seven hours to be rested and rejuvenated. Not sure there is a surgeon out there that really gets seven, uninterrupted hours of sleep every day/night.

Hopefully these eight basic sleep hygiene tips will get you on the right path to teach your brain how to gain the quality sleep you crave and need.



## Destigmatization and Creating Safe Spaces for Health Professionals

*"An ounce of prevention is worth a pound of cure."  
~ Benjamin Franklin*

Almost 50 percent of Americans will meet diagnostic criteria for a mental health disorder during their lifetime. In a 2018 physician workload survey, 74 percent of physicians reported seeing symptoms of distress in others, and 52 percent of physicians reported feeling distressed themselves and 53 percent of physicians reported feeling mental health is a taboo discussion topic to discuss.

The stigma associated with mental health can make acknowledging the need for and seeking help extremely difficult. Health care professionals can feel reticent to seek treatment because of potential risks and challenges they identify to continue pursuing their careers. The COVID-19 pandemic laid bare the mental health stress and challenges health care providers encounter day in and day out, along with the distress the pandemic caused for individuals' mental health.

As we conclude Mental Health Awareness Month, we focus this last week on destigmatizing and creating safe spaces for health care professionals. It is important to feel safe, trusted, and comfortable with feeling vulnerable in order to support each other's mental health and seek professional help when needed and necessary.

Committing the time to create space to talk and normalize the challenges people face in their careers and professions as physicians and surgeons is central to destigmatizing mental health. We encourage you to explore the following resources, video and articles to learn more about supporting yourself and others with mental health issues.

### [ACS RESOURCES](#)



# American College of Surgeons News & Updates

## ACS CLINICAL CONGRESS

OCTOBER 24-28, 2021 | VIRTUAL

SAVE  
THE  
DATE

### ACS Clinical Congress 2021 to Be Virtual

While encouraged by recent measures to reduce the incidence of COVID-19, we also recognize that this positive trajectory may not yet be a predictable one. Therefore, this year's American College of Surgeons (ACS) Clinical Congress will be a VIRTUAL event, taking place October 24-28, 2021.

Building on the success of last year's first virtual Congress, we are confident we can again offer a best-in-class educational event for all attendees, presenters, and exhibitors. The program will focus on the latest advances in surgical science, practice, and education, all celebrated under this year's theme, "Resilience in the Pursuit of Excellence."

Clinical Congress is one of the largest educational meetings of surgeons in the world. Last year's event truly embraced a digital approach that unlocked new opportunities for surgeons from around the globe; with 33,617 registrants from 162 countries. Plans are well underway to present another robust five-day conference of educational offerings and guest lectures, along with our signature Opening Ceremony and Sunday evening Convocation—all will be remote activities.

More information on programs, event registration and fees will be available as details become finalized in the weeks and months ahead. Please watch for

upcoming communications from the College, particularly if you will be presenting at this year's meeting. In the meantime, please visit the [Clinical Congress webpage](#), watch for our e-mail messages, and check the weekly [ACS Bulletin Brief](#) for updates.

Please mark your calendars now, and join us for Clinical Congress 2021 VIRTUAL from the comfort and convenience of your home or office.

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## Legislative Bill Activity in PA

ACS and your local Chapters continue to monitor legislative activity both on the Federal and State level. Currently we are monitoring [26 bills](#) in Pennsylvania. [\[CLICK HERE\]](#) to view the complete list of all Federal and State legislation being monitored across the country by ACS.

State legislative priorities include out-of-network payment; prior authorization; MOC; scope of practice and more. For a complete list of state legislative priorities, visit the [State Legislative Priorities](#) page.

As restrictions begin to lessen, now is a good time to make an introductory phone call or email to your legislator and schedule a time to visit. Building a relationship with your state legislator and their staff opens the door for a discussion on healthcare issues. Having an expert to connect with when they have healthcare-related questions is critical to making sure you, your practice, and your patients are well represented.

Who is my representative? Click [Here](#) for the "Find Your Legislator" search engine.

**REGISTER  
TODAY**

## ACS QUALITY *and* SAFETY CONFERENCE

VIRTUAL July 12-16, 2021

### Register for the 2021 ACS Quality and Safety Conference

Health care professionals dedicated to raising the bar on the quality of surgical care and patient safety are invited to attend the ACS 2021 Quality and Safety Conference VIRTUAL, July 12–16. The conference is being offered free of charge this year to encourage worldwide participation.

[Registration for the conference is now open; sign up today!](#)

The conference will offer a combination of on-demand content and live sessions. On-demand sessions will be released at the start of the conference to allow attendees to peruse topics of interest and view presentations at their own pace. Other portion of the agenda will lend itself to live presentations, panel discussions, and interactive question-and-answer sessions allowing attendees to engage with speakers and moderators in real time.

The conference will include world-class experts on content centered around the following ACS Quality Programs:

- Cancer
- Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program
- ACS National Surgical Quality Improvement Program
- Children’s Surgery Verification Program
- Geriatric Surgery Verification Program
- ACS Quality Verification Program

The Basics of Quality Improvement, an invaluable series of QI sessions, returns. The sequence will guide participants through an overview, introduce them to key, basic principles, and explain how to perform a QI project from start to finish.

Additional topics and themes covered this year includes:

- Disparities, equity, and Inclusion
- Global health
- Value improvement
- Strong for Surgery
- Emergency general surgery

The 2021 Keynote Speaker, chef Eduardo Garcia, will share his recovery journey after he was shocked with more than 2,400 volts of electricity in an accident. Mr. Garcia will explain how he remained steadfast in his road to recovery and rehabilitation after losing an arm in the near-death accident.

Virtual networking and engagement opportunities, ACS Quality Program “virtual booths,” and a Virtual Poster Gallery, among other features are also offered.

Visit the [Quality and Safety Conference web page](#) for more information and to register.



### ACS THRIVE: An Update and Invitation to Participate

Leaders from the ACS and the Harvard Business School (HBS) Institute for Strategy and Competitiveness in July 2019 announced a new collaboration aimed at improving health care value: ACS THRIVE (Transforming Health care Resources to Increase Value and Efficiency).

The ACS and HBS both recognize the challenges facing our nation's health care infrastructure, including moving from volume-based to value-based payment models, changing team dynamics within hospitals and new care models that health systems must adopt. The mission of ACS THRIVE is to adequately measure today's value of treating a

patient's surgical condition by considering clinical outcome metrics, patient-reported outcomes, and cost of treating a surgical condition. Knowing the true cost of all the services bundled together for care will support effective redesign of the care model to deliver equivalent or better outcomes with a lower-cost mix of resources, including personnel, expendables and even use of physical space.

As Matthew Coffron, Manager, Policy Development, and Frank Opelka, MD, FACS, Medical Director, Quality and Health Policy, ACS Division of Advocacy and Health Policy, note, "Cost and price are two sides of the same coin, but they are not identical. In the THRIVE context, the term 'price' is used to describe how much is ultimately paid for something by the patient and the payor. 'Cost' refers to resources and personnel required to deliver goods and services. For a health care system to remain financially viable, the price paid for care must exceed the cost."\*

### **Continuing Work**

In 2020, the ACS team created template care cycle maps for surgical conditions. Hospitals are in various stages of adapting these template care cycle maps. Time-driven activity-based costing (TDABC) is used to calculate cost based on finished process maps. The calculation includes data such as personnel compensation, time spent engaged in patient care activities, use of expendable materials, and space usage. Data used to calculate cost are de-identified. Price information based on Medicare expenditures also is openly available for all hospitals. Program participants will be able to learn from each other, and the data inputs will inform benchmarks in the future.

The ACS team has completed cost and price studies at several health care institutions. This data has provided organizations with valuable insight into their true costs to deliver care and provided a method to compare costs within the cohort.

### **Now Recruiting**

The ACS is recruiting hospitals to participate in one or more procedure cycles. Additional procedures

are in development and soon will be added to the THRIVE care cycle scope.

Participation in ACS THRIVE at this formative stage benefits hospitals in the following ways:

- Work with experts to develop detailed TDABC process maps reflecting workflow, personnel use, expendables use, and time spent within care cycles
- Receive detailed breakdown of cost and price for each phase of a care cycle, including the operating room
- Use detailed price data to understand the position in the local and national market, now required by law
- Optimize care model to deliver equivalent or better outcomes with a lower-cost mix of resources (personnel, expendables, equipment, and space usage)
- Use detailed process and cost maps to inform data-based decisions to continue their fee-for-service contract or consider risk-bearing value-based contracts with shared accountability

ACS THRIVE is an innovative program that could have far-reaching impact on measuring and improving health care value. We welcome your organization's participation.

Contact Anupam Dayal at [adayal@facs.org](mailto:adayal@facs.org) if you are interested in joining the program as a founding member.



# Why Join Your Local ACS Chapter?

**Your local chapters are stronger than ever.** The COVID pandemic created opportunities to expand how your local chapters provide educational content, networking, and resources. It also opened new collaboration efforts with other ACS chapters and surgical societies throughout Pennsylvania. If you are not a current member, or your membership is in lapse status, make a commitment today to join or renew.

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## NETWORKING



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## VISIBILITY



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## REPUTATION



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## LEARNING

**It's not just who you know, it's who others know. Networking is powerful!**

**Gain a say in what happens in healthcare through government advocacy efforts.**

**Have a voice!**

**Stand out and get noticed in your community!**

**Raise your reputation through professional membership!**

**Get a competitive edge over non-members with low cost and free training and educational opportunities.**

**JOIN OR RENEW YOUR MEMBERSHIP TODAY!**