# ASK MBSAQIP – Update
## 2016 Standards Manual Version 2.0

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<tr>
<th>Time (CDT)</th>
<th>Agenda Item</th>
<th>Panelist</th>
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<tr>
<td>12:00 Noon</td>
<td>Welcome &amp; Introductions</td>
<td>Tanya Kimber</td>
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<tr>
<td>12:05 PM</td>
<td>2016 Standards Overview</td>
<td>Dr. Wayne English, MD, FACS, FASMBS- Standards Subcommittee Chair</td>
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<tr>
<td>12:15 PM</td>
<td>Breakdown of Standards Updates</td>
<td>Amy Robinson-Gerace, Teresa Fraker, Dr. Wayne English</td>
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<td>Transition FAQ &amp; Wrap-up</td>
<td>Tanya Kimber</td>
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ASK MBSAQIP April 14, 2016
The MBSAQIP® is pleased to present the Standards Manual Version 2.0, Resources for Optimal Care of the Metabolic and Bariatric Surgery Patient 2016.
Standards Update
TWO VERSIONS

2014 Standards
effective May 2014 - Sept 2016

2016 Standards
effective beginning October 2016

ASK MBSAQIP April 14, 2016
2016 Standards Overview

Panelist
Wayne English, MD, FACS, FASMBS
Standards Subcommittee Chair, ACS Committee on Metabolic and Bariatric Surgery
Overview of Updates to MBSAQIP Standards

• Added *Ambulatory Surgery Center* designation and removed *Band Center* designation

• Clarified the different compliance requirements for *initial* vs. *renewing* applicants

• Clarified that *Low Acuity Restrictions* are specific to patients undergoing stapling procedures and restriction on elective revisions doesn’t include band removals/revisions

• Addressed safe *introduction of stapling procedures* at Low Acuity and Ambulatory Surgery Centers

• Updated *MBS Committee attendance* requirements
Overview of Updates to MBSAQIP Standards

• Broadened the scope of the requirements to be inclusive of *new endoluminal therapies* and *non-surgeon providers* who may be providing these therapies as part of an accredited MBSAQIP center

• Clarified that *CME* and *surgeon volume* requirements in 2.7 may be averaged over a 3-year period

• Updated *call coverage* requirements to include “*unassigned*” *patients* in the ED and clarify appropriate use of *transfer agreements*

• Updated *on-site* available services requirements for *Comprehensive Centers*

• Replaced list of approved/IRB procedures with link to new *ASMBS Approved Procedures List*
Overview of Updates to MBSAQIP Standards

• Rewrote Standard 7.2 to create more structure and guidance for data-driven QI initiatives

• Addressed risk assessment and monitoring of stapling procedures done in an Ambulatory Surgery Center

• Clarified surgeon verification requirements for Adolescent Centers

• Added new definitions and points of clarification throughout the manual to ensure consistent interpretation
2016 Standards Updates

Panelist
Amy Robinson-Gerace
Accreditation Services Manager, MBSAQIP
How do I know if this update applies to my center?

Look for this legend at the top of the slide...

...**BLUE** arrows indicate the impacted designation levels.
Standards Update
Designations Requirements Overview – pg. 9

Designations

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<td>Data Collection Center (not accredited)</td>
<td>Accredited Inpatient Center</td>
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<tr>
<td>1. Comprehensive Center</td>
<td></td>
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<tr>
<td>2. Comprehensive Center with Adolescent Qualifications</td>
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<tr>
<td>3. Low Acuity Center</td>
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<td>4. Adolescent Center</td>
<td></td>
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<tr>
<td>Accredited Freestanding Outpatient Center</td>
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<tr>
<td>5. Ambulatory Surgery Center</td>
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</tbody>
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Designation Requirements Overview

Data Collection Center

1. A Metabolic and Bariatric Surgical (MBS) Clinical Reviewer has been identified by the center, and the MBS Clinical Reviewer has successfully completed training and begun data entry to the MBSAQIP Data Registry Platform.
2. Center is not required to demonstrate compliance with standards.
3. No annual case volume is required.
4. Centers in the U.S. and Canada may apply for full accreditation status once they have met all standards and the center case volume threshold, if any, for the designation level they are seeking. International centers are invited to participate as a Data Collection Center; however, accreditation is not currently offered to centers outside of the U.S. and Canada.

— Applicable Standards None

See the MBSAQIP website for additional details regarding Data Collection Center eligibility and participation.

Designations for Accredited Inpatient Centers

Comprehensive Center

1. Center has demonstrated compliance with all MBSAQIP Core Standards (Standards 1–7) and successfully completed a site visit.
2. Center performs a minimum of 50 approved bariatric stapling procedures annually (as outlined in Standard 6.1), and the MBS Clinical Reviewer enters data into the MBSAQIP Data Registry Platform.
3. May perform all approved procedure types.
4. Only approved to provide care to patients 18 years of age and older.

— Applicable Standards: 1.1, 2–7

Comprehensive Center with Adolescent Qualifications

1. Center has demonstrated compliance with all MBSAQIP Core Standards (Standards 1–7) as well as Standards 9.2 and 9.3 and successfully completed a site visit.
2. Center performs a minimum of 50 approved bariatric stapling procedures annually, and the MBS Clinical Reviewer enters data into the MBSAQIP Data Registry Platform.
3. May perform all approved procedure types.
4. Approved to provide care to patients of all ages when adolescent criteria are met as outlined in Standard 9.

— Applicable Standards: 1.1, 2–7, 9.2, and 9.3

Low Acuity Center

1. Center has demonstrated compliance with all MBSAQIP Core Standards (Standards 1–7) and successfully completed a site visit.
2. Center performs a minimum annual volume of 25 approved bariatric operations, and the MBS Clinical Reviewer enters data into the MBSAQIP Data Registry Platform (see low acuity restrictions outlined in Standard 1.2).
3. May perform approved primary procedures within low acuity restrictions (Standard 1.2).
4. Only approved to provide care to patients 18 years of age and older.

— Applicable Standards: 1.1, 1.2, and 2–7

Adolescent Center

1. Center has demonstrated compliance with all Adolescent Standards (as defined in Standard 9) in addition to MBSAQIP Core Standards (Standards 1–7) and successfully completed a site visit.
2. May perform all approved procedure types.
3. Centers performing fewer than 25 stapling procedures annually require a MBSAQIP-Verified Bariatric Surgeon as a co-surgeon on each case (as defined in Standard 9).

— Applicable Standards: 1.1, 2–7, and 9

Designation for Accredited Freestanding Outpatient Centers

Ambulatory Surgery Center

1. Center has demonstrated compliance with Ambulatory Surgery Center Standards (as defined in Standards 1.2 and 1Q in addition to all MBSAQIP Core Standards (Standards 1–7) and successfully completed a site visit.
2. Center performs a minimum annual volume of 25 approved bariatric operations, and the MBS Clinical Reviewer enters data into the MBSAQIP Data Registry Platform (see list of qualifying stapling procedures and definition of restrictions as outlined in Standard 1.2).
3. Facilities designated as an Ambulatory Surgery Center are only approved to perform stapling procedures on low acuity patients as outlined in Standard 1.2.
4. Center is only approved to provide care to patients 18 years of age and older.

— Applicable Standards: 1.1, 1.2, 2–8

Standards Update

Designations Requirements Overview – pg. 9

2. Center performs a minimum annual volume of 25 approved bariatric operations, and the MBS Clinical Reviewer enters data into the MBSAQIP Data Registry Platform (see list of qualifying stapling procedures and definition of restrictions as outlined in Standard 1.2).

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**Standards Update**

1.1 Volume Criteria by Designation – pg. 13

**Requirements**

<table>
<thead>
<tr>
<th>Designations for</th>
<th>Data Collection Center</th>
<th>Comprehensive Center</th>
<th>Comprehensive Center Adolescent Qualification</th>
<th>Low Acuity Center</th>
<th>Adolescent Center</th>
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<tbody>
<tr>
<td></td>
<td>No volume requirement—not accredited</td>
<td>All approved procedure</td>
<td>All approved primary</td>
<td>All approved primary</td>
<td>Stapling Procedure Definition: Procedure involving the use of a surgical stapler for the anastomosis or resection of any part of the GI tract. Procedures involving a hand-sutured anastomosis (for example, gastric bypass) are also included in this procedure category.</td>
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Standards Update

1.2 Low Acuity Patient and Procedure Selection – pg. 14

Procedure Selection

Low Acuity and Ambulatory Surgery Centers are only approved to perform revisional intraabdominal procedures when classified as an emergent case.* Revisional bariatric intraabdominal procedures include any procedure performed at any time frame following a previous surgical intervention performed for the treatment of morbid obesity. These centers are not approved to perform elective revisional intraabdominal procedures, with the exception of the following gastric band-related procedures:

a. Gastric banding, replacement, and repositioning
b. Gastric band and/or port removal
c. Port revision

Introducing Stapling Procedures

As previously stated, Low Acuity and Ambulatory Surgery Centers may perform primary stapling procedures on low acuity patients. However, prior to performing any stapling procedures, the center must notify the MBSAQIP of its intent to perform stapling procedures.

Low Acuity and Ambulatory Surgery Centers introducing stapling procedures must conduct specific education for all personnel, including surgeons covering call, involved in the care of the metabolic and bariatric surgery patient prior to beginning any stapling procedures. Education must be tailored specifically to the new stapling procedure being introduced to the center. This education would include, at minimum:

1. Formal training regarding a basic understanding of the bariatric procedures commonly performed with the risks and benefits of the procedure
2. Signs and symptoms of postoperative complications
3. Basic understanding of management and care of the metabolic and bariatric patient by a review of the center’s clinical pathways and protocols
1.3 APPROVED PROCEDURES – BAND CENTERS

Definitions and Requirements

A Band Center is only accredited to perform the following procedures:

- Gastric banding, replacement and repositioning
- Gastric band and/or port removal

The center is required to perform a minimum of 25 banding procedures annually to receive accreditation.

MBSAQIP accredited Band Centers may apply for accreditation to perform stapling procedures. Prior to performing any stapling procedures, the Band Center must meet all of the MBSAQIP Core Standards (Standards 1-7), notify the MBSAQIP of its intent to perform stapling procedures, and must follow the band center pathways to becoming either a low-acuity or comprehensive center as outlined in Standard 8.1.

Documentation

- Data will be verified by MBSAQIP and/or by chart review at site visit.

Measure of Compliance

Compliance: The center fulfills the following criterion:

- All procedures performed at the center are approved procedures for Band Centers.
Previous Standard 1.4

Included in Standard 9
2.1 Metabolic and Bariatric Surgery (MBS) Committee

Requirements
The center must establish a MBS Committee consisting of, at a minimum, the MBS Director, all surgeons and proceduralists (for example, endoscopists, radiologists, and so on) performing metabolic and bariatric procedures at the center, the MBS Coordinator, the MBS Clinical Reviewer, and institutional administration representatives involved in the care of metabolic and bariatric surgical patients.

The MBS Committee is considered the primary forum for Continuous Quality Improvement, as outlined in Standard 7. It provides a confidential setting for sharing best practices, responding to adverse events, and fostering a culture to improve patient care. All surgical practices performing bariatric surgery at the center must participate in these initiatives in a collaborative manner focusing on improved quality of care for the metabolic and bariatric patient. Official meeting minutes are required to acknowledge that the MBS Committee has reviewed and discussed adverse events and outcomes. Specific details of the discussion are not required to fulfill this requirement and should be kept in accordance with laws regarding confidentiality.

There must be a minimum of three meetings each year, at least one of which is a comprehensive review of the center to evaluate quality initiatives, procedural volumes, outcomes, and compliance with the MBSAQIP Standards. At minimum, all metabolic and bariatric surgeons and proceduralists participating in the center are required to attend the annual comprehensive review meeting, unless a written excuse is provided to the MBS Director. Excuses must be kept on file for review by MBSAQIP to determine reasonableness (for example, patient, family, or personal emergency). For the remaining meetings that are not the comprehensive review, the members required to attend depend on the subject matter of the meeting. Accordingly, the MBS Committee will determine additional attendance requirements for all active metabolic and bariatric surgeons and proceduralists. A metabolic and bariatric surgeon or proceduralist from each practice must serve as a representative at each of the three required meetings and attend either in person or by remote access in accordance with the MBS Committee requirements.

All practitioners performing therapeutic or interventional metabolic and bariatric procedures must be active participants of the MBS Committee.

Documentation
• The center maintains official minutes of the MBS Committee meeting, which include the date, agenda, and attendance.
• The center provides documentation that all actively participating metabolic and bariatric surgeons and proceduralists attended the annual comprehensive review meeting, unless excused by the MBS Director.

Measure of Compliance
Compliance: The center fulfills the following criteria:
• Produces minutes, which include the date, agenda, and attendance, of the minimum of three MBS Committee meetings.
• Provides documentation that all actively participating metabolic and bariatric surgeons and proceduralists attended the annual comprehensive review meeting, unless excused by the MBS Director.
Guidelines for Surgeons and Nonsurgeon Proceduralists Performing Endoluminal Therapeutic Procedures for the Treatment of Obesity

Individuals performing endoluminal bariatric procedures must be credentialed under endoscopic privileges that adhere to current nationally recognized guidelines (for example, SAGES Granting Privileges for Gastrointestinal Endoscopy; see http://www.sages.org/publications/guidelines/granting-of-privileges-for-gastrointestinal-endoscopy/). Practitioners performing endoluminal bariatric procedures should be credentialed to perform metabolic and bariatric surgery, and if they are not, they must be an active participant of the MBS Committee in an accredited metabolic and bariatric surgery center.
2.7 Metabolic and Bariatric Surgeon Verification

There must be at least one verified surgeon performing metabolic and bariatric surgery at the center in order for the center to achieve accreditation. If a center loses its only verified surgeon, it must notify the MBSAQIP within 30 days. The annual volume requirement for verification must be accomplished at one accredited center. If the surgeon wishes to be verified at a second center, the annual volume requirement must be met at each center. The MBSAQIP will verify surgeons at the time of the center’s site inspection, and those surgeons who meet the criteria will receive a document from the MBSAQIP stating that they have been verified as having met the qualifications for a “Metabolic and Bariatric Verified Surgeon” as of the date of the site visit.

The surgeon verification:

1. Recognizes a surgeon's specialized skills and active practice in metabolic and bariatric surgery (MBS).
2. Ensures that accredited centers have at least one verified surgeon.
3. Allows surgeons to “transport” their verification status to other MBSAQIP-accredited centers.
4. Allows surgeons who desire to start a new center an opportunity to demonstrate and bring their specialized skills to a new facility.

The following criteria must be met to achieve surgeon verification:

1. The surgeon's center must be in full compliance with all MBSAQIP standards and actively participating in the MBSAQIP.
2. The surgeon must attend at least two quality meetings annually (hospital, regional, and/or national).
3. The surgeon must document at least 100 lifetime stapling cases.
   a. The surgeon can count up to 75 stapling cases from an accredited fellowship documented by a letter from the fellowship director and a case log (from training center if fellowship completed after 2013).
   b. Additionally, the surgeon needs to perform at least 25 stapling cases after fellowship for a total of 100 lifetime stapling cases.

4. Annual volume documentation: The surgeon must submit a case log from the MBSAQIP Data Registry verifying that a minimum of 75 stapling cases (an average of 25 cases annually per three-year re-accreditation cycle) were performed per three-year re-accreditation cycle at the center seeking accreditation.
   a. Verification volume will only be considered for a single MBSAQIP-accredited center; surgeons may elect to become verified at additional MBSAQIP-accredited centers but must meet the verification volume requirement for each MBSAQIP-accredited center.
   b. Only MBSAQIP-approved counts will count toward the annual volume requirement.
   c. If the center is only performing bands and/or endoluminal therapeutic procedures for the treatment of obesity, verification will follow the same criteria listed above, except that the volume requirement will apply to nonstapling procedures only: 100 nonstapling cases lifetime, 75 nonstapling cases per three-year re-accreditation cycle (25 nonstapling cases per year). Nonstapling surgeon verification is separate and distinct from stapling surgeon verification.

5. The surgeon must be board certified in the process of becoming certified by the American Board of Surgery or equivalent. There will be a waiver process for foreign-trained surgeons or surgeons with substantial contributions to the field as discussed in the surgeon credentialing Standard 2.6.

6. The surgeon is required to complete a minimum of 24 metabolic and bariatric-specific AMA PRA Category 1 CME credit hours per three-year re-accreditation cycle or 8 CME credit hours per year (see http://www.ama-assn.org/ama/pub/education-careers/ama-cme-credit-system.page).

Portability of Surgeon Verification

The verified surgeon who moves to another center that does not have a verified surgeon at that location has 24 months to achieve the annual surgeon verification volume requirement to maintain verification status.

1. Verified surgeons transferring from a MBSAQIP Comprehensive Center to another MBSAQIP Comprehensive Center are not required to limit their initial cases to “low acuity” patients.
Standards Update

2.7 MBS Verification

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2. Proof that the surgeon has performed at least 100 lifetime stapling (or 100 lifetime nonstapling cases, for Low Acuity and Ambulatory Surgery Centers) not performing stapling cases.

**Documentation**

- The center must show it has at least one participating surgeon who can document the following:
  1. Proof that the surgeon has participated in at least two quality meetings annually (hospitals, regional, and/or national).
  2. Proof that the surgeon has performed at least 100 lifetime stapling (or 100 lifetime nonstapling cases, for Low Acuity and Ambulatory Surgery Centers) not performing stapling cases.
  3. Proof from the MBSAQIP Data Registry showing that the surgeon has performed a minimum of 25 stapling cases (or 25 nonstapling cases, for Low Acuity and Ambulatory Surgery Centers not performing stapling cases) per year at the center seeking accreditation.
  4. Proof that the surgeon is board certified, or in the process of becoming board certified, by the American Board of Surgery (or equivalent).
  5. Proof that the surgeon completed at least 0 hours of metabolic and bariatric-specific AHA PRA Category 1 CME credit hours per year.

**Measure of Compliance**

Compliance: The center fulfills the following criteria:

- Provides proof of at least one participating surgeon who is verified meeting the above criteria.
2.8 Qualified Metabolic and Bariatric Surgery Call Coverage

**Requirements**

It is the responsibility of accredited centers to provide call coverage for all patients presenting to the center whether the center performed the patient's principal metabolic and bariatric procedure(s) or not. This call coverage must be provided 24/7 and 365 days a year. All surgeons performing metabolic and bariatric surgery at the center must have qualified call coverage at all times by a colleague who is responsible for the emergency care of a metabolic and bariatric surgery patient—excluding the full range of complications associated with metabolic and bariatric surgery—in the absence of the primary surgeon. All covering surgeons must be available within the timeframe determined by institutional policy. It is the responsibility of the MBSAQIP Committee to ensure that continuous call coverage is provided either by qualified local coverage or through transfer agreements to a facility with qualified surgical emergency coverage.

Transfer agreements cannot be a substitute for a call schedule. Furthermore, it should not be regular practice or a matter of policy to utilize transfer agreements as a substitute for managing metabolic and bariatric patients otherwise unaffiliated with or unassigned to the applicant center.

If the center's call coverage involves one or more general surgeons who are not privileged to perform metabolic and bariatric surgery, then the covering general surgeon must be credentialed with general surgery privileges and must have undergone adequate education and training as determined by the center's MBSAQIP Committee, which would include at minimum formal training regarding a basic understanding of:

- Metabolic and bariatric procedures commonly performed at the center
- Signs and symptoms of postoperative complications
- Management and care of the patient by a review of the center's clinical pathways and protocols

Covering surgeons for the center must be available for discussion or consultation for patients with a prior history of metabolic and bariatric surgery, inclusive of patients who are unaffiliated with or unassigned to the applicant center.

A policy or protocol (inclusive of transfer agreements to an MBSAQIP-Accredited Comprehensive Center, if transfer is part of the call coverage plan) which has been endorsed by the MBSAQIP Committee must address the care of the unassigned or unaffiliated metabolic and bariatric patients presenting to the applicant center.

**Documentation**

- The center provides a copy of the call schedule.
- The center provides a copy of the roster of surgeons who provide metabolic and bariatric surgery call coverage with documentation of general surgery privileges for each surgeon.
- The center provides proof of education of general surgeons covering bariatric emergency care in alignment with the education requirements as outlined above.
- The center provides a copy of the protocol outlining the care of the unassigned or unaffiliated metabolic and bariatric patient presenting to the applicant center.

**Measure of Compliance**

Compliance: The center fulfills the following criteria:

- Copy of the metabolic and bariatric surgery call schedule.
- Copy of the roster of surgeons who provide metabolic and bariatric surgery call coverage with documentation of general surgery privileges for each surgeon.
- Provides proof of education of general surgeons covering bariatric emergency care in alignment with the education requirements as outlined above.
- Provides a copy of the protocol outlining the care of the unassigned or unaffiliated metabolic and bariatric patient presenting to the applicant center.

Transfer agreements cannot be a substitute for a call schedule. Furthermore, it should not be regular practice or a matter of policy to utilize transfer agreements as a substitute for managing metabolic and bariatric patients otherwise unaffiliated with or unassigned to the applicant center.
2016 Standards Updates

Panelist
Teresa Fraker
Program Administrator, MBSAQIP
4.3 Written Transfer Agreement

Requirements

An accredited center should be able to reasonably recognize and treat patients with metabolic and bariatric surgery complications. Transfer agreements should not be used as a substitute for standard and usual care of metabolic and bariatric surgery patients.

If the center is unable to manage the full range of metabolic and bariatric surgery complications, they must have a signed written transfer agreement that details the transfer plan of metabolic and bariatric surgery patients to other emergency or critical care facilities that have the capability of managing the full range of metabolic and bariatric surgery complications. Centers must have the staff and equipment needed for transferring severely obese patients to that inpatient facility.

To address metabolic and bariatric surgery patients requiring emergent care, surgeons performing metabolic and bariatric procedures at Low Acuity Centers and Ambulatory Surgery Centers must have admitting privileges or a written transfer agreement as outlined below.

To address long-term surgical complications requiring inpatient diagnosis and treatment, but not emergent care, all surgeons performing metabolic and bariatric procedures at Low Acuity Centers and Ambulatory Surgery Centers must have admitting privileges at a MBSAQIP-accredited Comprehensive Center or a written transfer agreement in place with a metabolic and bariatric surgeon at a MBSAQIP-accredited Comprehensive Center.

Transfer requirements:

1. A plan for safe transfer of a metabolic and bariatric surgery patient requiring emergent care to a full-service facility must be implemented, from the time of the transfer decision to the initiation of care at the accepting facility.

2. A plan for safe transfer of a metabolic and bariatric surgery patient requiring nonemergent care to a MBSAQIP-Accredited Comprehensive Center must be implemented, from the time of the transfer decision to the initiation of care at the accepting facility.

3. Facilities must have adequate staff available to provide emergency support, including the time during transfer, until the receiving facility assumes the patient’s care.

4. An ACLS-certified individual must accompany the patient during the transfer.

Documentation

- The center provides documentation of the transfer process for both emergent and nonemergent metabolic and bariatric surgery patients, if patient transfer is part of the care pathway.

Measure of Compliance

Compliance: The center fulfills the following criterion:

- Provides documentation of the transfer process for both emergent and nonemergent metabolic and bariatric surgery patients, if patient transfer is part of the care pathway.

To address metabolic and bariatric surgery patients requiring emergent care, surgeons performing metabolic and bariatric procedures at Low Acuity Centers and Ambulatory Surgery Centers must have admitting privileges or a written transfer agreement as outlined below.

To address long-term surgical complications requiring inpatient diagnosis and treatment, but not emergent care, all surgeons performing metabolic and bariatric procedures at Low Acuity Centers and Ambulatory Surgery Centers must have admitting privileges at a MBSAQIP-accredited Comprehensive Center or a written transfer agreement in place with a metabolic and bariatric surgeon at a MBSAQIP-accredited Comprehensive Center.
4.4 Required Available Services

4.4-1 Anesthesia Services

Requirements

Anesthesia requirement for perioperative management of the metabolic and bariatric surgery patient:

The center must have an anesthesia protocol specific to the care of the metabolic and bariatric surgery patient that is endorsed by the MBS Committee. Anesthesia providers must adhere to local and state laws governing their scope of practice, which is approved by the center's credentialing body and is further endorsed by the center's MBS Committee.

4.4-2 Critical Care Unit (CCU) / Intensive Care Unit (ICU) Services

Requirements

CCU/ICU requirements:

1. Required personnel
   a. Physician, surgeon, or intensivist who has met credentialing criteria by the institution to manage critically ill patients 24/7
   b. Trained critical care nursing staff who have met the center's credentialing criteria 24/7

2. ICU must be equipped for patients with morbid obesity (see Standard 3).

3. Comprehensive Centers must have critical care unit capability on-site. Centers seeking all other designation levels (Low Acuity, Ambulatory, and Adolescent Centers) that do not have critical care unit capability must have a signed written transfer agreement that details the transfer plan of metabolic and bariatric surgery patients to another facility that fully meets all the above requirements.

Documentation

• The center demonstrates access to critical care services and meets all of the above requirements.

Measure of Compliance

Compliance: The center fulfills the following criteria:

• Provides documentation of access to critical care services and meets all of the above requirements.

3. Comprehensive Centers must have critical care unit capability on-site. Centers seeking all other designation levels (Low Acuity, Ambulatory, and Adolescent Centers) that do not have critical care unit capability must have a signed written transfer agreement that details the transfer plan of metabolic and bariatric surgery patients to another facility that fully meets all the above requirements.

The center must have an anesthesia protocol specific to the care of the metabolic and bariatric surgery patient that is endorsed by the MBS Committee. Anesthesia providers must adhere to local and state laws governing their scope of practice, which is approved by the center's credentialing body and is further endorsed by the center's MBS Committee.
4.4-3 Comprehensive Endoscopy Services

Requirements
Comprehensive endoscopy services requirements:
1. Physician who has met credentialing criteria by the institution to perform diagnostic and therapeutic endoscopy.
2. Trained nursing staff responsible for assisting endoscopic in performing upper gastrointestinal (GI) endoscopy.
3. Comprehensive Centers must have comprehensive endoscopy services on-site. Centers seeking all other designation levels (Low Acuity, Ambulatory, and Adolescent Centers) that do not have endoscopy capability must have a signed written transfer agreement that details the transfer plan of metabolic and bariatric surgery patients to another facility that fully meets all the above requirements.

Documentation
• The center demonstrates access to diagnostic and interventional radiology services and meets the above requirements.

Measure of Compliance
Compliance: The center fulfills the following criterion:
• Provides proof of access to diagnostic and interventional radiology services and meets the above requirements.

4.4-5 Access to Additional Required Services
Requirements
The center must have available for consultation, at all times, credentialed consultants capable of managing the full range of metabolic and bariatric surgery complications:
1. Pulmonology and/or critical care
2. Cardiology
3. Nephrology

Documentation
• The center demonstrates that all additional required services are available at all times.
• The center provides a copy of the signed written transfer agreement for any service listed above that is not provided on-site.

4.4-4 Comprehensive Diagnostic and Interventional Radiology Services

Requirements
Comprehensive diagnostic and interventional radiology services requirements:
1. Physician who has met credentialing criteria by the facility to perform imaging, percutaneous drainage, and other radiology procedures.
2. Comprehensive Centers must have comprehensive diagnostic and interventional radiology services on-site. Centers seeking all other designation levels (Low Acuity, Ambulatory, and Adolescent Centers) that do not have interventional radiology capability must have a signed written transfer agreement that details the transfer plan of metabolic and bariatric surgery patients to another facility that fully meets all the above requirements.

Documentation
• The center demonstrates access to diagnostic and interventional radiology services and meets the above requirements.

Measure of Compliance
Compliance: The center fulfills the following criteria:
• Provides documentation of access to all of the additional required services listed above.
• Provides a copy of the signed, written transfer agreement for any service listed above that is not provided on-site.
5.2 Perioperative Care Pathways

Requirements

Each center must utilize perioperative care pathways outlining the process for evaluating the patient seeking metabolic and bariatric surgery. Pathways should be reviewed regularly (at minimum annually) and revised if indicated by the review of the center’s outcomes data (see Standard 7.2). The following pathways are required and must be approved by the center’s MBS Committee:

1. Defined selection criteria process based on the resources, including equipment weight limits and expertise of the center.
2. Psychosocial/behavioral evaluation
3. Algorithms for preoperative system clearances
4. Preoperative and postoperative nutrition regimen
5. Each practicing metabolic and bariatric surgeon in the center must use a standardized order set, specific to metabolic and bariatric procedures. This order set must address:
   a. Dietary progression
   b. Deep vein thrombosis prophylaxis
   c. Respiratory care
   d. Physical activity
   e. Pain management
   f. Parameters for notifying the attending surgeon

There must be a defined process for the early recognition and management of warning signs of complications, including tachycardia, fever, shortness of breath, and excessive abdominal pain.

Documentation

- The center provides copies of each surgeon’s perioperative care pathways, inclusion and exclusion patient selection criteria and evaluation process, including psychological evaluation, preoperative clearance, nutrition regimens, and metabolic and bariatric standardized order sets.
- The center provides MBS Committee meeting minutes documenting, at minimum, annual review of perioperative care protocols, which indicate any revisions driven by the review of the center’s outcomes data.

Measure of Compliance

Compliance: The center fulfills the following criteria:
- Provides documentation of each surgeon’s perioperative care pathways, inclusion and exclusion patient selection criteria, and evaluation process, including psychological evaluation, preoperative clearance, nutrition regimens, and metabolic and bariatric standardized order sets.
- Provides MBS Committee meeting minutes documenting, at minimum, annual review of perioperative care protocols, which indicate any revisions driven by the review of the center’s outcomes data.
# Standards Update

## 5.3 30-Day and Long-term Follow-up – pg. 41

### Requirements for Follow-Up Attempts*

<table>
<thead>
<tr>
<th>Patient IDN</th>
<th>30-day</th>
<th>6-month</th>
<th>1-year</th>
<th>2-year</th>
<th>3-year</th>
<th>4-year</th>
<th>5-year</th>
<th>6-year</th>
</tr>
</thead>
<tbody>
<tr>
<td>00001</td>
<td>no show</td>
<td>no show</td>
<td>no show</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>00002</td>
<td>assessment</td>
<td>no show</td>
<td>no show</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>00003</td>
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<td>assessment</td>
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<td>no show</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>00004</td>
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<td>assessment</td>
<td>assessment</td>
<td>no show</td>
<td>no show</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>00005</td>
<td>assessment</td>
<td>no show</td>
<td>assessment</td>
<td>no show</td>
<td>no show</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>00006</td>
<td>assessment</td>
<td>no show</td>
<td>assessment</td>
<td>no show</td>
<td>assessment</td>
<td>no show</td>
<td>no show</td>
<td>X</td>
</tr>
<tr>
<td>00007</td>
<td>assessment</td>
<td>assessment</td>
<td>assessment</td>
<td>no show</td>
<td>assessment</td>
<td>assessment</td>
<td>assessment</td>
<td>assessment</td>
</tr>
</tbody>
</table>

- **assessments**
  - patient is contacted and receives scheduled clinical assessment; documentation of contact attempts is not required
- **no show**
  - patient did not show up for scheduled clinical assessment or a clinical assessment was not scheduled; 2 attempts to contact the patient must be documented
- **X**
  - patient did not show up for scheduled clinical assessment or a clinical assessment was not scheduled for 2 consecutive follow-up timeframes; no further attempts to contact the patient are required

*Please note that the table above provides a snapshot of possible follow-up scenarios. Attempts to follow patients annually should continue beyond the six-year follow-up period until the patient fails to show up for two consecutive follow-up periods.

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**ASK MBSAQIP April 14, 2016**

**MBSAQIP**

METABOLIC AND BARIATRIC SURGERY
ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM
6.1 Data Entry of All MB Procedures/Interventions

Definitions and Requirements

Every metabolic and bariatric operation and intervention must be submitted into the MBSAQIP Data Registry Platform.

Every elective primary and revisional procedure, as well as complications and reoperations (elective and non-elective), related to metabolic and/or bariatric surgery requires submission to the MBSAQIP Data Registry Platform.

The data from all of the following primary metabolic and bariatric procedures (open, laparoscopic, hands-assisted, or robotic) on any body mass index must be reported:

- Gastric bypass: short or long limbed, transected or not transected, banded or not banded
- Gastric banding
- Biliopancreatic diversion with or without duodenal switch (standard procedure requires two anastomoses)
- Sleeve gastrectomy
- Any gastric band and/or port removal, replacement, or revision; any anastomotic and/or enteric limb revision or resection
- Gastric pouch revision
- Conversion to another primary metabolic and bariatric procedure (see list of approved primary procedures above)
- Vertical banded gastroplasty
- Reversal of gastric bypass, vertical banded gastroplasty, intestinal bypass, or other metabolic and bariatric procedure
- Re-sleeve for weight gain or sleeve dilation
- Revision or repair of a perforated marginal ulcer
- Gastric stoma plication
- Therapeutic endoscopic procedures used to dilate strictures, place stents, control hemorrhage, etc.
- Postoperative diagnostic endoscopic procedures related to the metabolic and bariatric procedure
- Partial or total gastrectomy
- Repairs of incisional and port-site hernias from previous metabolic and bariatric procedure
- Any additional procedure that is part of a revisional metabolic and bariatric procedure
- Any operation within 30 days of a primary metabolic and bariatric procedure

ASK MBSAQIP April 14, 2016
Standards Update

6.1 Data Entry of All MB Procedures/Interventions – pg. 45

**Requirements**
Every metabolic and bariatric operation and intervention must be captured in the MBSAQIP Data Registry, including:
- Elective primary metabolic and bariatric surgeries
- Reoperations and interventions subsequent to a metabolic and bariatric procedure (regardless of where the primary metabolic and bariatric procedure occurred, including:
  - Non elective reoperations, revisions, conversions, and interventions performed due to complications related to a primary metabolic and bariatric procedure
  - Elective revisions and conversions performed subsequent to a primary metabolic and bariatric procedure

**Documentation**
- The center provides a copy of an attestation form indicating that both the MBS Director and MBS Clinical Reviewer confirm and attest that data from all metabolic and bariatric operations and interventions are submitted to the MBSAQIP Data Registry Platform.
- The center provides copies of case logs from hospital administrative and/or operational systems and physician records that are provided for site visits, or as requested, in an electronic format.
- The center provides a copy of IIRB approval to perform an investigational metabolic and bariatric procedure if any investigational procedures or procedures not approved by the ASMB are performed at the center.

**Measure of Compliance**
Compliance: The center fulfills the following criteria:
- Provides copy of signed attestation by the MBS Director and the MBS Clinical Reviewer that all cases and interventions for all metabolic and bariatric operations and interventions are submitted to the MBSAQIP Data Registry Platform.
- Provides copy of electronic administrative data file and physician records in electronic format to verify that 100 percent of metabolic and bariatric operations and interventions are submitted and that data do not deviate from the cases entered into the MBSAQIP Data Registry Platform.
- Provides copy of IIRB approval to perform an investigational metabolic and bariatric procedure if any investigational procedures or procedures not approved by the ASMB are performed at the center.

**Endoluminal therapeutic interventions for the treatment of obesity.** Therapeutic interventions include, but are not limited to, the following:
- Intragastric balloons
- Vascular embolization
- Endoluminal sleeves
- Stoma or pouch revision
- Endoluminal stapling

All endoluminal therapeutic interventions for the treatment of obesity must be performed with the oversight of the MBS director and MBS Committee, and all said procedures must be entered into the MBSAQIP Data Registry.

The data from all metabolic and bariatric procedures (open, laparoscopic, hand-assisted, or robotic) on any body mass index must be reported.

Any primary, revision, or conversion procedure, whether surgical or nonsurgical, performed for metabolic or bariatric disorders requires entry into the data registry. FDA preapproval trials are the only exception to this rule.

ASMB publishes an approved list of metabolic and bariatric surgery procedures on the ASMB website, asmb.org. Accredited centers may not perform nonapproved primary or conversion procedures unless approved by an Institutional Review Board (IRB).

The MBS Committee is responsible for overseeing the process in which emerging technologies, new procedures, and variation of existing approved techniques may be safely introduced into the center with adequate patient protection, oversight (including IRB approval when indicated), and outcomes reporting.

ASK MBSAQIP April 14, 2016
Pathway for Approval for New Devices and Procedures

Preamble

Obesity has been recognized as a disease by the American Medical Association in 2013. Bariatric and metabolic surgery is a proven, effective and enduring treatment for obese patients in need. Bariatric and metabolic surgery strives to provide the most innovative therapies for obese patients. As new devices and procedures emerge, it is critical that the American Society for Metabolic and Bariatric Surgery leads the way in creating, evaluating and implementing new devices and procedures for obesity. With the advent of new obesity devices and procedures entering our field, ASMBS is proposing a pathway for official ASMBS approval and sanction of new procedures and devices.

Problem

Review of prior ASMBS policy for approval of new obesity treatment devices and procedures indicates that there is no standardized pathway. Prior procedures or devices were approved by ASMBS leadership via expert review only. However, our specialty may have procedures that have become obsolete or new procedures that emerge which may be rapidly adopted without ASMBS endorsement.

Process

1. **Application by an ASMBS Member Sponsor in active practice** for a new procedure or removal of an approved procedure. Multiple ASMBS Member Co-Sponsors are allowed and encouraged.
2. **Primary EEC Review**: 75% Approval Required to Next Stage. This review will be inclusive and mainly to ensure plausibility of new procedure and device before invoking full review.
2016 Standards Updates

Panelist
Wayne English, MD, FACS, FASMBS
Standards Subcommittee Chair, ACS Committee on Metabolic and Bariatric Surgery
To support these efforts, the MBS Director and other team members of the MBS Committee at each center must develop a culture of collaboration in order to report, analyze, and implement strategies based on the data and effect improvements in the quality of care offered to metabolic and bariatric patients. While major quality improvement projects such as decreasing surgical site infections, leaks, or DVT/PE are important, equally important is the examination of pathways of care in order to maximize the patient experience and effectiveness of the operations. A continuous quality improvement process must reflect the result of such efforts through the center’s MBS Committee. Please see the MBSAQIP website at facts.org/mbsaqip for further information and resources regarding quality improvement.

7.1 Institutional Collaborative

Requirements

1. Establishes and maintains a process to notify surgeons of an adverse event and to give the surgeons a chance to review the data and discuss the case with the MBS Committee. Examples of adverse events may include, but are not limited to, ED visits, reoperations, readmissions, prolonged LOS, bleeding, postoperative morbidity, unplanned admission to ICU, etc.

2. Reviews the data from the center on a regular basis, as outlined in Standard 6.2. Each surgeon reviews his or her own data to determine how results compare within the institutional collaborative and to national comparison data.

3. The center provides documentation of the process for notification of adverse events and the subsequent review process.

4. The center maintains minutes of the MBS Committee meetings indicating that all of the following were reviewed:

   1. All adverse events as part of protected, peer review process
   2. Semianual risk-adjusted report (SAR)

Measure of Compliance

Compliance: The center fulfills the following criteria:

1. Provides documentation of the process for notification of adverse events and the subsequent review process.

2. Provides the minutes, in a HIPAA-compliant manner, of all MBS Committee meetings indicating that all of the following were reviewed:

   1. All adverse events as part of protected, peer review process
   2. Semianual risk-adjusted report (SAR)
Standards Update
Annual Quality Initiatives Requirements Standard 7.2

• Re-emphasized the stewardship of the MBS Director as it relates to QI initiatives.

• Center must adopt a consistent PI methodology (i.e. DMAIC, PDCA, etc.) for executing quality initiatives

• Renewal centers must first review their MBSAQIP data and prioritize QI initiatives related to improving safety and clinical outcomes, when warranted.

• Renewal centers must implement a QI project that addresses any model where the center is rated as a high-outlier in their SAR Site Summary Report. If the center is able to show improvement prior to QI implementation or has other justification for not pursuing this as a QI initiative they must provide a written rationale.
Standards Update

7.2 Quality Improvement Process – pg. 49

at your center to achieve this goal. Under the stewardship of
the MBS Director, all MBS centers must measure, evaluate,
and improve their performance through at least one quality
improvement initiative or project each year.

Thus, QI must be supported by a reliable
method of data collection that consistently obtains valid and
objective information necessary to identify opportunities for
improvement at the center. The semiannual risk-adjusted
report (SAR), non-risk-adjusted real-time reports, and other
data sources (for example, patient experience scores) are
valuable tools to evaluate areas for improvement at your center
and must be used to identify pertinent QI projects. These
projects should change structure, processes, and/or clinical
pathways within the center.

Preferably, a center should adopt a consistent methodology
for these improvement projects. The methodology may vary
from center to center depending on the unique needs and
expectations of each. There are various process improvement
methodologies and tools that centers can adopt. Further
information can be found on our website at facs.org/mbsaqip.

Renewal centers must first look at their center's risk-adjusted
and non-risk-adjusted clinical outcomes data provided via the
MBSAQIP Data Registry to identify QI initiatives and prioritize
QI initiatives that focus on improving surgical outcomes.

At minimum, centers found to be a high outlier must
investigate the factors contributing to the high outlier
status as an opportunity for QI. If further investigation
reveals a related QI initiative is unwarranted (in other words,
concurrent data shows subsequent resolution of the issue),
the center may select an alternative QI initiative driven by other
data or process reviews. However, the center must provide
written justification to support this decision. Centers are

COMING SOON!!!!!
## Laparoscopic Sleeve Gastrectomy

<table>
<thead>
<tr>
<th></th>
<th>Total Cases</th>
<th>Observed Events</th>
<th>Obs. Rate</th>
<th>Pred** Obs. Rate</th>
<th>Expected Rate</th>
<th>Odds Ratio</th>
<th>Lower C.I.***</th>
<th>Upper C.I.***</th>
<th>Outlier</th>
<th>Decile</th>
<th>Comment*</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSG Morbidity</td>
<td>242</td>
<td>8</td>
<td>3.31%</td>
<td>3.02%</td>
<td>2.18%</td>
<td>1.41</td>
<td>0.73</td>
<td>2.94</td>
<td>No</td>
<td>8</td>
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</tr>
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<td>242</td>
<td>9</td>
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<td>4.18%</td>
<td>6.14%</td>
<td>0.80</td>
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<td>1.14</td>
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<tr>
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<td>0.00%</td>
<td>0.25%</td>
<td>0.39%</td>
<td>0.64</td>
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<td>0.41%</td>
<td>0.64%</td>
<td>0.87%</td>
<td>0.73</td>
<td>0.24</td>
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<td>0.96%</td>
<td>1.09%</td>
<td>0.88</td>
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<td>0.41%</td>
<td>0.63%</td>
<td>0.79%</td>
<td>0.79</td>
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<td>0.35%</td>
<td>0.59%</td>
<td>0.59</td>
<td>0.17</td>
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<tr>
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<td>242</td>
<td>0</td>
<td>0.00%</td>
<td>0.29%</td>
<td>0.48%</td>
<td>0.59</td>
<td>0.15</td>
<td>2.3</td>
<td>No</td>
<td>1</td>
<td>Exemptary</td>
</tr>
<tr>
<td>LSG All Cause Readmission</td>
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<td>6</td>
<td>2.48%</td>
<td>2.98%</td>
<td>3.72%</td>
<td>0.80</td>
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<td>1.35</td>
<td>No</td>
<td>2</td>
<td>As Expected</td>
</tr>
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<td>LSG Related Readmission</td>
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<td>2.62%</td>
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<td>0.46</td>
<td>1.68</td>
<td>No</td>
<td>4</td>
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</tr>
</tbody>
</table>

### Laparoscopic Roux-en-Y Gastric Bypass

Outlier = “High” = QI Project
Previous Standards

Standard 8 Band Centers

STANDARD 8

BAND CENTER

The accreditation for a Band Center, inpatient or outpatient, is separate and distinct from the fully accredited metabolic and bariatric comprehensive, low-acuity, and data collection centers. The Band Center accreditation is awarded after it meets the MBSAQIP Core Standards (Standards 1-7) with the requirements enumerated in this standard.

8.1 MEETS ALL MBSAQIP STANDARDS WITH LIMITATIONS OF PROCEDURES PERFORMED

Definitions and Requirements

Band Centers are required to meet the MBSAQIP Core Standards (Standards 1-7) and perform a minimum annual volume requirement of 25 banding procedures to achieve accreditation, limiting procedures to those outlined in Standard 1.3.

MBSAQIP accredited Band Centers may apply for accreditation to perform stapling procedures. Prior to performing any stapling procedures, the Band Center must notify the MBSAQIP of its intent to perform stapling procedures and must enter all stapled cases into the MBSAQIP data registry. The center may apply for either low acuity or comprehensive designation once it meets all criteria for the designation for which it is applying. The center must, however, limit its performance of stapling procedures to low acuity patients only until it reaches an annual volume of 50 stapling cases per year and has been accredited as a comprehensive center. Band centers applying for low acuity or comprehensive designation will be required to submit an application, pay the associated administrative fees, and undergo a site inspection. Until the center has been formally accredited by the MBSAQIP as either a low acuity or comprehensive center, the Band Center will continue to be recognized by the MBSAQIP as a Band Center only.

Documentation

- The center meets all the standards for MBSAQIP accreditation, with limitations of procedures performed.

Measure of Compliance

Compliance: The center fulfills the following criterion:

- Meets all the standards for MBSAQIP accreditation, with limitations of procedures performed.
Standards Update

NEW STANDARD – Standard 8 Ambulatory Surgery Centers

STANDARD 8

Ambulatory Surgery Centers

The accreditation for an Ambulatory Surgery Center is separate and distinct from the fully accredited inpatient metabolic and bariatric comprehensive and low acuity centers. Ambulatory Surgery Center accreditation is awarded to outpatient surgery centers that partner with an inpatient MBSAQIP-accredited center to ensure the continuum of care. Accredited Ambulatory Surgery Centers must meet the MBSAQIP core standards (Standards 1–7) in addition to the criteria outlined in Standard 8.
8.1 Inpatient Admitting Privileges

**Requirements**

To address metabolic and bariatric surgery patients requiring emergent care, surgeons performing metabolic and bariatric procedures at Ambulatory Surgery Centers must have admitting privileges as an inpatient center that is capable of handling the full range of surgical emergency complications. A written transfer agreement must be in place with an inpatient MBSAQIP-accredited center if, after stabilization of the patient, the hospital does not have the capability to further treat the patient’s condition.

To address nonemergent surgical complications requiring inpatient diagnosis and treatment, all surgeons performing metabolic and bariatric procedures at Ambulatory Surgery Centers must have admitting privileges for metabolic and bariatric surgery at a MBSAQIP-accredited center or a written plan or protocol in which the surgeon assumes the responsibility to transfer the patient’s care to the appropriate specialist to a center capable of treating the patient’s condition.

**Documentation**

- For all metabolic and bariatric surgeons at Ambulatory Surgery Centers, the center provides a copy of inpatient admitting privileges.
- The center provides documentation of the transfer process of a critically ill, emergent, metabolic, and bariatric surgery patient, including the written transfer agreement.
- The center provides admitting privileges for metabolic and bariatric surgery at a MBSAQIP-accredited center or a written plan or protocol in which the surgeon assumes the responsibility to transfer the patient’s care to the appropriate specialist to a center capable of treating the patient’s condition.
- The center provides documentation of the transfer process of a nonemergent metabolic and bariatric surgery patient requiring inpatient treatment to a metabolic and bariatric surgeon at a MBSAQIP-Accredited Comprehensive Center, including the signed written transfer agreement.

**Measure of Compliance**

Compliance: The center fulfills the following criteria:

- Provides, for all metabolic and bariatric surgeons, a copy of inpatient admitting privileges.
- Provides admitting privileges for metabolic and bariatric surgery at a MBSAQIP-accredited center or a written plan or protocol in which the surgeon assumes the responsibility to transfer the patient’s care to the appropriate specialist at a center capable of treating the patient’s condition.
- Provides documentation of the transfer process of a critically ill or emergent, metabolic and bariatric surgery patient, including the signed written transfer agreement.
- Provides documentation of the transfer process of a nonemergent metabolic and bariatric surgery patient requiring inpatient treatment to a metabolic and bariatric surgeon at an MBSAQIP-Accredited Comprehensive Center, including the signed written transfer agreement.
Standards Update

8.2 Stapling Procedures in ASC – pg. 53

Ambulatory Surgery Centers seeking MBSAQIP accreditation that wish to perform stapling procedures must restrict patient and procedure selection in accordance with the low acuity restrictions outlined in Standard 1.2. Results on short length of stay patients need to be monitored by the MBS Committee closely for safety and will be additionally monitored during triennial site visits.

8.2-1 Risk Assessment Protocol

Requirements

Facilities designated as an Ambulatory Surgery Center must restrict patient and procedure selection as defined in Standard 1.2.

To further ensure patient safety, a risk assessment protocol must be created and reviewed at a minimum during the required MBS Committee meetings as stipulated in Standard 2.1 to discuss appropriate patient selection at the ambulatory surgery center; compliance against this protocol must be measured a minimum of annually during the center’s annual comprehensive review meeting.

8.2-2 Additional Data Collection and Monitoring for Quality Improvement: Emergency Department Visits, Readmissions, and Transfers to Other Facilities

Requirements

Quality improvement and safety monitoring must be conducted as outlined in Standards 7.2 and 7.3. Ambulatory Surgery Centers performing stapling procedures are required to collect additional data elements in an effort to monitor patient safety and improve quality of care being administered to the metabolic and bariatric surgery patient in the ambulatory surgery setting. This will include monitoring of 30-day, postprincipal, operative procedure emergency department visits; readmissions; and patient transfers. The center will need to provide a written plan for how it will monitor ED visits and readmissions to other hospitals.

ASK MBSAQIP April 14, 2016
9.1 Co-Surgeon Requirement for Children’s Hospitals

Requirements

The adolescent patient who has surgery within a comprehensive center is addressed within the structure of the standards elsewhere. Standard 9.1 applies only to a Children’s Hospital with a pediatric metabolic and bariatric surgeon. Recognizing that adolescent volume is more difficult to achieve due to a number of unique reasons, volume requirements can be met in the following ways:

1. A Children’s Hospital performing fewer than 25 stapling procedures annually requires a MBSAQIP-Verified Bariatric Surgeon as a co-surgeon on each case, unless the MBS Director or other surgeon at the Children’s Hospital is also verified at an MBSAQIP Comprehensive Center. MBS verification volume can be fulfilled by the co-surgeon covering the center.

2. A Children’s Hospital performing equal to or more than 25 stapling procedures annually will be unrestricted and does not require a bariatric co-surgeon.

Documentation

- The adolescent center identifies the co-surgeon and verifies credentials at a MBSAQIP Comprehensive Center, if a co-surgeon is needed to meet the requirement.
- The adolescent center documents co-surgeon’s presence at required cases.
- The adolescent center meets volume requirement for designated level. Volume data will be verified by MBSAQIP and/or by chart review at the site visit.

Measure of Compliance

Compliance: The adolescent center fulfills the following criteria:
- Provides the qualified co-surgeon’s name and credentials at a MBSAQIP Comprehensive Center, if a co-surgeon is needed to meet the requirement.
- Provides documentation of co-surgeon’s presence during key portions of the case, if a co-surgeon is needed to meet the requirement.
- Meets volume requirement for designated level. Volume data will be verified by MBSAQIP and/or by chart review at the site visit.
9.2 Addition to Metabolic and Bariatric Surgery (MBS) Committee

Requirements
The metabolic and bariatric center within a children's hospital setting must establish and maintain a NBS Committee that governs all aspects of the center. The MBS Committee must be the same in composition and function as in a comprehensive center (Standard 2.1), with the addition of the Pediatric Medical Advisor.

Pediatric Medical Advisor (PMA)
Every adolescent patient requires a pediatrician or equivalent provider who participates in the preoperative and postoperative care of the adolescent patient. In a center located within a children's hospital, a PMA must be an individual with educational training and accreditation in general pediatrics and/or pediatric sub-specialty training (in other words, endocrinology, cardiology, gastroenterology, adolescent medicine) or an internist or family practitioner with specific training and experience in adolescent medicine and must participate in the pediatric MBS Committee.

In an adolescent center located within a comprehensive metabolic and bariatric center, the center must identify an individual to serve as the PMA. This individual must fit one of the following descriptions:
- An individual with educational training and certification in general pediatrics and/or pediatric sub-specialty training (in other words, endocrinology, cardiology, gastroenterology, adolescent medicine).
- An internist or family practitioner with specific training and experience in adolescent medicine who agreed to participate on the adult MBS Committee. Note: A pediatric surgeon may not serve as the center's PMA.

If no specific individual exists in the same center as the adult center providing metabolic and bariatric surgery in adolescents, a specific individual with the aforementioned training qualifications should be identified within the local medical community who is willing and available to serve on the MBS Committee.

Responsibilities of the PMA or pediatric member of the MBS Committee are to provide documented ongoing general pediatric medical oversight in addition to assisting in utilization of adolescent-specific sub-specialty consultation when needed (in other words, sleep medicine, gastroenterology, endocrinology, hematology, nephrology, behavioral health, and so on). In addition, responsibilities include assistance in the development of comorbid-specific treatment plans in conjunction with the patient’s primary care provider in order to optimize perioperative health.

Documentation
- The center identifies an individual who serves as the PMA and meets the above listed qualifications.
- The center provides a copy of the privileges and credentials of the PMA.
- The center provides documentation that the PMA attended the required number of MBS Committee meetings per year.

Measure of Compliance
Compliance: The center fulfills the following criteria:
- Provides a copy of the privileges and credentials of the PMA.
- Provides proof that the PMA attended the required number of MBS Committee meetings per year.

- An internist or family practitioner with specific training and experience in adolescent medicine who agrees to participate on the adult MBS Committee. Note: A pediatric surgeon may not serve as the center’s PMA.
Transition FAQs

Panelist
Tanya Kimber
Program Coordinator, MBSAQIP
Q: Which version of the MBSAQIP standards is effective now?

A: Both standards manuals are currently available via the MBASQIP website at https://www.facs.org/quality-programs/mbsaqip/standards

2014 Standards
effective May 2014 - Sept 2016

2016 Standards
effective beginning October 2016
Transition FAQs

Q: What does it mean for the 2016 Standards to be “effective” in October 2016?

A: “Effective” means that all centers currently accredited under the MBSAQIP must be in compliance with the 2016 Standards criteria by the effective date. Additionally, all site visits occurring from October 2016 forward will verify centers against the 2016 Standards.
Transition FAQs

Q: If my center is a freestanding outpatient center, how will my center’s MBSAQIP accreditation be affected under the new standards?

A: Effective October 1, 2016, all freestanding outpatient centers will be transitioned from their current designation to MBSAQIP Accredited – Ambulatory Surgery Center. In the next few weeks the MBSAQIP will be reaching out individually to all impacted centers with further details regarding this transition.
Transition FAQs

Q: If my inpatient center is currently designated as a MBSAQIP Accredited – Band Center, how will my center’s accreditation be affected under the new standards?

A: Effective October 1, 2016, all inpatient centers designated under the Band Center designation will be transitioned to MBSAQIP Accredited – Low Acuity Center. In the next few weeks the MBSAQIP will be reaching out individually to all impacted centers with further details regarding this transition.
**IMPORTANT:** Centers that have an active initial or renewal application that are due for a site visit **prior to October 2016** will be verified under the current MBSAQIP Standards (effective May 2014).

The new standards will become effective in October of 2016, at which time the MBSAQIP will begin verifying compliance with the new standards.

**DELAYS:**

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<tr>
<th>Renewal Month</th>
<th>Standards/App Version</th>
<th>Month You Will Receive Application</th>
<th>Status</th>
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<td>2014 - V.1</td>
<td>March 2016</td>
<td>On-time</td>
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<td>2016 – V.2</td>
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Additional Questions?

Please direct any and all questions regarding Standards Manual V 2.0 (Resources for the Optimal Care of the Metabolic and Bariatric Patient 2016) to mbsaqip@facs.org.
Thank You for attending ASK MBSAQIP!

Please join us for our next ASK MBSAQIP! Call on Thursday, May 12, 2016 at Noon CST