## ASK MBSAQIP – Site Visit Savvy

<table>
<thead>
<tr>
<th>Time (CDT)</th>
<th>Agenda Item</th>
<th>Panelist</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 Noon</td>
<td>Welcome &amp; Purpose</td>
<td>Paul Jeffers</td>
</tr>
<tr>
<td>12:05 PM</td>
<td>Site Visit Process: Three Phases</td>
<td></td>
</tr>
<tr>
<td>12:15 PM</td>
<td>Site Visit Preparation</td>
<td></td>
</tr>
<tr>
<td>12:20 PM</td>
<td>The Site Visit Day</td>
<td></td>
</tr>
<tr>
<td>12:45 PM</td>
<td>Registration Q&amp;A</td>
<td>Paul Jeffers</td>
</tr>
</tbody>
</table>
Questions
Questions submitted prior to 12 Noon CST on January 10, 2016 will be answered first. Questions will be displayed on screen, panelists will answer the question aloud.

Control Panel
Audio Pane – Use the Audio pane to switch between Telephone and Mic & Speakers. The bottom of the audio pane indicates who is presenting. You are muted by default.

Questions Pane – If you wish to ask a question, click on the question pane on your control panel and type in your question. We will address these questions at the end of the call.
Why is my question not listed?

1. Your question was not related to the site visit process. All such questions were forwarded to MBSAQIP team members for email response.

2. You submitted a question after 12 Noon CST, January 10th

3. We want to get to everyone’s question so if you do not see your question here, please email us at mbsaqip@facs.org or submit to our next call on February 9, 2017!
Welcome & Purpose

Panelist
Paul Jeffers
Verification Specialist, MBSAQIP
Welcome & Purpose

750 site visits and counting ...
Site Visit Process

Three Phases

**Phase 1: Pre Site Visit Prep**
- **When?** 2-4 months prior to site visit.
- **Who?** MBS Committee, Surveyor, MBSAQIP staff.
- **What?** Prepping documents, people, and places.
- **Why?** Good organization is the KEY to a successful site visit day.

**Phase 2: Site Visit Day**
- **Who?** EVERYONE!
- **Where?** Center (prepared conference room w/ wifi at the facility)
- **What?** A day to evaluate your program that results in real change for the better and celebrates your successes!
- **Why?** Because we are in this together to improve care!
- **When?** 1-3 months after your application is approved (30-day rule).

**Phase 3: Post Site Visit**
- **Who?** Surveyor, MBSAQIP staff, Review Committee, You!
- **When?** Phase can last 5-12 weeks after site visit.
- **What?** Surveyor submits performance report, Committee provides final decision, staff preps documents. Your primary contact will receive email with final report and link to portal.
Site Visit Preparation

Communication

- **With your assigned Surveyor**
  - Chart Preparation (Further detail later)
    - High Volume? Set up a call.
  - Meeting time and place
  - Dietary Restrictions/Allergies
  - Ride to/from airport or hotel
  - Adjustments to the site visit agenda
  - Surveyor is responsible for travel/lodging

- **With your team**
  - What to expect on the site visit
  - Call/Alert system for the facility tour
    - Be ready and of course, be courteous (Surveyors will be flexible!)
  - Stress importance of attending the lunch:
    - Integrated health team
    - PARTICIPATING SURGEONS (especially those seeking verification!)
  - Stress importance of attending the exit interview:
    - This is YOUR time to impact change

- **With MBSAQIP!**
  - Call or email us any time!
Site Visit Preparation

Documentation – Site Visit Agenda

**Site Visit Preparation**

**Chart Review Preparation:**

1. Contact your Surveyor to discuss paper or electronic chart review summaries.
2. In addition to the charts below, provide:
   a. Site Summery Report from the Hemotential Report (BAR)
   b. Patient Education and Perioperative Care Factsheets (5)
   c. Electronic administrative data file to verify 100% of cases

Charts need to be prepared for the following chart categories:

**Complications** From the Entire Accreditation Cycle (Refer to the Application Data Template)

1. All Mortalities within 30 days, and all mortality within 1 year
2. All Readmissions within 90 days of the Principal Operative Procedure
3. All Readmissions to the same acute care facility
4. All Reoperations that did result in a complication within 30 days
5. All IHD cases if applicable

*If the number of complication charts is 40 or higher, it is recommended to prepare HIPAA-compliant list of charts prior to the site visit to help prepare the surveyor.

**From Year 3 (Refer to Application Data Template)**

1. 10 Simple Cases representing all surgeons and procedure types
2. A patient falls into more than one complication category above, only one chart is needed

**Chart Review by Document Type:**

As a minimum, prepare the following in advance of the site visit. The chart review begins at the bottom of the page.

- Primary Care Physician History & Physical (H&P), if applicable
- Surgeon H&P
- Surgeon Initial Consult
- Operative Notes
- Diagnostic Summary, or equivalent
- 30-day Post-Operative Follow-Up Notes
- Mortality Documented (death certificates, physician coded, or summary)
- Any additional documentation or evaluation notes which can provide clinical findings

**Exit Chart and progress notes should be available to be reviewed.**
Site Visit Preparation

Documentation – Chart Review

- Discuss Paper vs. Electronic review with your Surveyor
- Tab, Tab, Tab, Tab, Tab, Tab, TAB!!!
  - In Chronological Order
  - By Document Type (Often falls in chronological order!)
- Separate in Piles (or binders) and label
  - Mortalities
  - Complications
    - Reoperations
    - LOS greater than 7 days
    - Transfers
    - Readmissions that did not result in a reoperation
- IRB, if applicable
- 10 Sample

Don’t forget the SAR!

Courtesy of Geisinger Medical Center
Site Visit Preparation

Best Practice – Chart Review

- Provide Surveyor AT THE STIE VISIT Additional Information:
  - In spreadsheet
  - In Cover Sheet

*Please remember, do not exchange PHI over email.

- Don’t forget to talk to your Surveyor if you are a high volume center. Discuss how you can work to alleviate some of the chart burden. Never exchange PHI over email.

Patient Name:
MRN:
Surgery: (Lap Sleeve, Lap Band, etc.)
Surgery Date:
Surgeon:
LOS: (length of stay):
Mortality:
BMI:

Readmissions (Separate documents for each year)
Patient name:
MRN:
DOB:
Surgery: (type of procedure)
Surgeon:
Readmission Date:
Reason: (pain, dehydration, obstruction, etc.)
Reoperation: (date if any reoperations)
LOS:
BMI:

Reoperations (separate documents for each year)
Patient Name:
MRN:
DOB:
Surgery: (type of procedure)
Surgery Date:
Surgeon:
Readmission Date:
Reoperation: (date)
Reason: (Anastomotic leak, cholecystectomy, hernia, etc.)
LOS:
BMI:

Courtesy of United Hospital, Minnesota
Site Visit Preparation

Documentation – Processes & Protocols

- The Infamous Binders!
  - It. Works.
  - It benefits you – I promise!

- Separate by Standards
  - Again, pay attention to the Documentation of Compliance listed in the Standards Manual
  - Then organize by documentation of compliance document type!
Site Visit Preparation

Facilities

- Have a room prepared for the chart review
  - With Wi-Fi
  - A hard connected computer doesn’t hurt!
  - **Have IT on standby**
  - Easy Access to EMR and Data Registry

- Refreshments!
  - It’s a long day – supply the energy.
  - No need to be extravagant – just some fuel!

- **Mock Walk-Thru of the Day**
  - Facility Tour
  - Give leadership and team members a reminder!

- Phone a Friend
# Site Visit Day

**Welcome**

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Required* and Optional Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:45 AM (15 min.)</td>
<td>Welcome&lt;br&gt;Center representatives meet Surveyor at designated location.</td>
<td>MBS Director*&lt;br&gt;MBS Coordinator*&lt;br&gt;MBSCR</td>
</tr>
</tbody>
</table>

**Legend:**
- Standards represented in specific checklist items are designated in: ( )
- Standards verified *only* at site visit are designated with: ★
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>Chart Review (Standards 1, 5.3, 6.9.1 if applicable) ▫</td>
<td>□ Please provide a room to conduct the chart review.</td>
<td>MBS Director*</td>
</tr>
<tr>
<td>3 hrs.</td>
<td></td>
<td>□ The room should include Wi-Fi, a computer to review the MBSAQIP Data</td>
<td>MBS Coordinator*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Registry and the center’s Electronic Medical Records or paper charts.</td>
<td>MBSCR*</td>
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<tr>
<td></td>
<td></td>
<td>□ Please assign a staff member proficient and knowledgeable in your EMR</td>
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<td></td>
<td></td>
<td>to assist with the Chart Review, as needed.</td>
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<td></td>
<td><strong>Recommended Order of Tasks:</strong></td>
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<tr>
<td></td>
<td>1. <strong>Review the Site Summary Report (SAR) and protocols.</strong></td>
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<td></td>
<td>2. <strong>Review complications</strong> (as many charts as time permits).</td>
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<tr>
<td></td>
<td>3. <strong>Chart Audit:</strong> The Surveyor will write a case summary for each</td>
<td></td>
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<tr>
<td></td>
<td>complication. If complications total more than 10 cases, the Surveyor</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>will choose only 10 charts to conduct the case audits.</td>
<td></td>
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<tr>
<td></td>
<td>4. <strong>Review sample cases</strong> (as many charts as time permits).</td>
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<tr>
<td></td>
<td>5. <strong>Data Registry Review:</strong> The MBSCR must demonstrate the process used</td>
<td></td>
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<tr>
<td></td>
<td>to capture case data to the MBSAQIP Data Registry. The Surveyor will</td>
<td></td>
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<tr>
<td></td>
<td>request specific cases be reviewed in the Data Registry.</td>
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</tbody>
</table>
Site Visit Day
Chart Review

- Be flexible with your Surveyor
  - Quiet v. Collaborative room
  - Technical Capabilities will vary

- Review the SAR Site Summary and Clinical Pathways
  - This should not be the first time you are reviewing your SAR!
  - You can find the Site Summary Report in the Reports Tab of the Data Registry Main Page.

- Review Complications
  - As many charts as time permits.
  - Surveyor will write 10 case summaries, aka the “Chart Audit.”

- Review Sample Cases
  - As many charts as time permits.

- Review the Data Registry
  - MBSCR will demonstrate the process used to capture the case data into the registry.
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 AM</td>
<td>Lunch</td>
<td>MBS Director*&lt;br&gt;MBS Coordinator*&lt;br&gt;MBSCR*&lt;br&gt;Surgeons Seeking Verification*&lt;br&gt;MB Surgeons*&lt;br&gt;Pediatric Medical Advisor*&lt;br&gt;(if applicable)</td>
</tr>
<tr>
<td></td>
<td>The lunch hour will be led by the Surveyor to:</td>
<td>Additional Providers for MBS Patients</td>
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<tr>
<td></td>
<td>Address questions or areas for clarification from the chart review.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Address questions or areas for clarification from the center’s application.</td>
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<tr>
<td></td>
<td>Discuss center’s Quality Improvement (QI) initiatives and methodology for execution (7.2).</td>
<td></td>
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<tr>
<td></td>
<td>Address questions or concerns from the center.</td>
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</tbody>
</table>

*All surgeons seeking verified status and all participating surgeons are required participants for the lunch. If verified surgeons cannot attend this part of the site visit, please contact MBSAQIP.*
Site Visit Day

Lunch

- Attend, attend, attend, attend.
  - This is YOUR time
  - Get those integrated health folks involved! This is THEIR time too.
  - Surgeons need to be there
  - This is a good time to have surgeons seeking verified status there – free food!

- Have your QI Initiative Ready
  - Be ready to discuss!
  - Ask your QI/P department about how to present QI initiatives
  - Be prepared to have everyone attending speak and share how they serve the bariatric community and your program

- Work it, but relax too!
  - Take a breath
  - Have a bite
  - Share your work
### Site Visit Day

**Facility Tour**

<table>
<thead>
<tr>
<th>12:00 PM (90 min.)</th>
<th>Facility Tour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Surveyor will verify several compliance measures on the facility tour. Please arrange for the MBS Director and Coordinator to guide the Surveyor, and have staff available to meet the Surveyor in each department during the tour.</td>
</tr>
<tr>
<td></td>
<td><strong>Inspection: Equipment, Instruments, Clinical Pathways, and Staffing</strong> (Tour order may be altered to accommodate center personnel, however, sequential order is highly recommended.)</td>
</tr>
</tbody>
</table>

- [ ] Dedicated MBS floor or designated cluster/group of beds (2.9) ★
  - [ ] Recovery (PACU) Room, Post Op Care Area, OR/Surgery
  - [ ] Dedicated integrated health team personnel (2.10)
- [ ] Facilities, Equipment, and Instruments specifically for the care of MBS patients (3.1) ★

- [ ] Emergency Department
- [ ] Critical Care Unit (CCU)/Intensive Care Unit (ICU) (4.1-4.4) ★
- [ ] Endoscopy Services Department (4.4-3) ★
- [ ] Diagnostic and Interventional Radiology Department (4.4-4) ★
- [ ] Additional Areas where complications from metabolic and bariatric surgery are managed (4.4-5) ★

### MBS Director*
- MBSCR
- MB Surgeons
- Pediatric Medical Advisor (if applicable)
Site Visit Day
Facility Tour – We are flexible on the order!

- **Metabolic and Bariatric Floor/Designated Area**
  - OR/Surgery**
  - Recovery (PACU)
  - Post Op Care Area
**Have a room prepared, but if full, that’s OK – patients come first

- **Emergency Department**
  - Have team ready to discuss how they treat a metabolic and bariatric patient should they present in the ER
  - Have care pathways available for metabolic and bariatric patients

- **Critical Care Unite (CCU)/Intensive Care Unit**
  - Doorways
  - Toilets
  - Family seating
Site Visit Day

Facility Tour – We are flexible on the order!

- **Endoscopy Services Department**
  - Have providers ready!

- **Radiology**
  - Have providers ready!

- **Other Areas**
  - If applicable, other areas where metabolic and bariatric surgery patients are treated

- **Best Practices**
  - 3.1: “Evidence that weight- and size-appropriate facilities, equipment, and instruments are provided in areas where metabolic and bariatric patients are treated.”
  - Surveyors like stickers (Dove, three purple bars, green dot)
  - Do a mock walkthrough and have your MBS Director act as the Surveyor! (Bonus points if your MBS Director IS a Surveyor)
  - Again, have folks ready
  - Make sure they know who/how/when to contact your team in an emergency
  - Questions for the Surveyor are always a plus
  - **Meet an Anesthesiologist!!!**
# Site Visit Day

## One-on-One Interviews

| 1:30 PM (30-40 min.) | One-On-Ones                                                                 | MBS Director*  
|-----------------------|------------------------------------------------------------------------------|------------------
|                       | The Surveyor will conduct 10 minute one-on-one interviews to:               | MBS Coordinator*  
|                       |   □ Address questions or areas for clarification.                            | MBSCR*           
|                       |   □ Discuss the program and role integration with the MBS Director (2.2),   | Pediatric Medical  
|                       |     MBS Coordinator (2.3), MBSCR (2.4), and Pediatric Medical Advisor(9.2). | Advisor* (if applicable) |
Site Visit Day
One-on-Ones

- **Ok, this is really YOUR time.**
  - 10 minutes
  - Quiet, private space
  - What do you think your center needs?
  - What do you need?

- **Frequently Asked Question!**
  - Most Surveyors will treat this like a true one-on-one
    - That is, he or she will sit with you and say, “Ok, this is your time, what do you need? What do you want to tell me about? What do you think I can help with to help you?”

- **Can other people attend?**
  - No. One at a time: MBS Coordinator, MBS Director, MBSCR, PMA (if applicable)
  - If you have another member of your team who really wants this time as well, please let the Surveyor know prior to the site visit to account for this extra time.
    - Examples: NP intimately involved with MBS Committee, Behavioral Health Specialist
### Site Visit Day
**Pathway and Protocol Review**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:00 PM</td>
<td>Process &amp; Protocols Review</td>
<td>MBS Coordinator*</td>
</tr>
</tbody>
</table>

Please make the following materials available for the Surveyor to review. Paper or electronic copies are acceptable. Please prepare these documents in binders or electronic folders categorized by standard.

- MBS Committee Minutes (2.1, 2.2, 2.4, 2.7, 5.2, 7.1, 8.2-1)
- Documentation that all actively participating MB surgeons and proceduralists are attending the annual comprehensive review meeting (2.1)
- MBS Director Privileges (2.2)
- Quality Improvement Initiatives implemented using a consistent methodology and lead by the MBS Director (7.2)
- MBS Coordinator Credentials (2.3)
- MBS Coordinator Job Description (2.3)
- MBSCR Job Description (2.4)
Binders – again.

- Separate by standard
- Get those integrated health folks involved! This is THEIR time too.
- Surgeons need to be there
- This is a good time to have surgeons seeking verified status there – free food!

Read the standards and documentation of compliance carefully.

- If it says, “Written Pathway,” or “Pathway” or “Protocol” this should be a true written process in your center’s SOP format.
- It may need to be signed off by either the MBS Committee, or when applicable, appropriate center leadership!
- Let’s just read the above bullet point again.

Other Documentation

- “Provides Proof” or “Provides Documentation”
  - A little more flexible on interpretation
  - Important to remember: if it isn’t written down, it doesn’t exist.
  - Use your best judgment
  - Written processes are best and in the long run, help your team be more effective!
  - True story.
Site Visit Day
Process & Protocols Review – Best Practices

- Sit with the Surveyor
  - Many Surveyors will check these P&P’s off in the portal as they go.
  - Sit with Surveyor and be ready to hand off
  - Go in order of the standards
  - Talk to your Surveyor about the folks behind the processes – shows real inclusion!

- Standard 3.1 Facilities, Equipment and Instruments
  - Stickers are best
  - But if your process is solid and electronic and your staff is educated – then be prepared to show us (Surveyor may quiz a staff person on how much a bed weighs.)

- Standard 4.4-1 Anesthesia Services
  - Yes, this needs to be a written protocol specific to MBS patients, endorsed by the MBS Committee and approved by center’s credentialing body.

- 7.2 Process Improvement Initiatives
  - 1 per year
  - Consistent QI methodology
  - Use the SAR/focus on high outliers
  - Your QI department is a powerful!
<table>
<thead>
<tr>
<th>3:00 PM (30 min.)</th>
<th>Surveyor Preparation</th>
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<tbody>
<tr>
<td></td>
<td>Please provide a room for the Surveyor to review site visit findings and prepare for the Exit Interview.</td>
</tr>
</tbody>
</table>

Surveyor*
Site Visit Day
Surveyor Preparation

- Take a breather.

- Alert your Exit Interview Attendees
  - 15 minute warning
  - Be on time for the Exit Interview!
  - Make sure your MBS Director is there
  - Invite anyone you want to be there!
  - Definitely someone from the C-suite.

- Reflect
  - You’ve worked hard
  - Be open to what you are about to hear
### Site Visit Day
#### Exit Interview

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Participants</th>
</tr>
</thead>
</table>
| 3:30 PM (30 min.) | **Exit Interview**  | Attendees are invited at the discretion of the MBS Committee. The exit interview is led by the Surveyor to review the center’s strengths, deficiencies found, areas for improvement, a general summation of the site visit, and a post-site visit timeline. **Center staff should also use this time to ask any final questions of the Surveyor.** | MBS Director*  
 MBS Coordinator*  
 MBSCR*  
 Pediatric Medical Advisor*  
 (if applicable)  
 MB Surgeons  
 MBS Behavioral Health Provider  
 Registered Dietician  
 ACLS Provider  
 Integrated Health Team Providers  
 Additional Providers for MBS Patients  
 Administrative Leadership |
Site Visit Day

Exit Interview

- Attend, attend, attend, attend.
  - MBS Committee
  - Integrated team
  - Anyone who cares for MBS patients
  - Executive Level team members
  - QI leaders
  - Clergy – if you want!

- Listen
  - Strengths
  - Weaknesses and Recommendations for Improvement
  - Standard deficiencies, if any found
  - Best Practices

- Ask
  - If you have any questions, feel free to ask them now
  - Clarity

“It is painful to be open to criticism and listen for areas of improvement, BUT you have to. We have been through enough site visits to know that these visits produce REAL change.”

-Melinda Case, Trauma Program Manager, Palomar Medical Center
Make an impact – on yourselves, on your Surveyor, on your center.

Keck Hospital of USC
Department of Bariatrics

Site Visit Day
Exit Interview – Best Practice

Courtesty of USC Keck Hospital
Post Site Visit

- Surveyor submits report
  ~ 7 business days following site visit

- MBSAQIP Staff reviews report, follows up with center regarding outstanding items, and assigns 2 Surgeon Reviewers
  If no outstanding items, center can move to next step immediately
  0-4 weeks

- Surgeon Reviewers assign compliance ratings for each standard and Final Award Decision
  1-4 weeks

- If Reviewers do not agree, center is reviewed by the Adjudication Team
  If no deficiencies, center can move to next step immediately
  1 week

- MBSAQIP Staff prepares Final or Corrective Action Report, posts on Application Portal, orders plaques, updates Joint Commission, etc.
  2 weeks

It may take anywhere from 5-12 weeks before you receive your center’s Final/Corrective Action Report. Average turnaround time is ~7 weeks.
Lessons Learned

- Organize!
  - Pre Visit Meeting
  - Walk through

- Take Pride!

- Invite everyone to lunch

- Best Practices
  - E-documentation
  - Include key personnel as they relate to each standard

ASK MBSAQIP January 12, 2017
Q: How many Surveyors are sent on site and what areas of expertise do they represent?
Q: Does the MBSCR have to be physically present for the site visit? Can they be present via conference call? Can it be the backup SCR?
Q: As the MBSCR what should I expect for the site visit? How can I prepare?
Q: We are an initial center, will the surveyor expect to see data collected by the MBSCR?

Access to the Registry January 1st: Capture all cases moving forward
Access to the Registry January 15th: All cases starting January 1st and all cases moving forward

Optional: All cases in the past 90 days (lock date)
Q: We have two locations, will the surveyor want to visit the hospital *and* the office/clinic?
Q: We support 3 practices. Is the dietician and behavioral health provider from each practice to participate in the site visit?
Q: What will be expected of surgeons during the site visit and should we have a bariatric procedure scheduled for the day of the site visit?
Q: Will the MBSAQIP be able to pull the necessary reports for the site visit or will the center be required to do this?
Q: Are we able to alter the site visit agenda? For example, can we tour before lunch?
Q: Does the Surveyor need to look at data/records from the surgeon office(s)?
Q: Do all the surgeons providing bariatric surgery need to be in attendance the entire site visit day?
**Q:** What is the time frame for data review for the site visit?

<table>
<thead>
<tr>
<th>Reporting Timeframe (pick one):</th>
<th>36 months prior to app date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year Three (most recent year)</strong></td>
<td>Begin Month: September, Year: 2015</td>
</tr>
<tr>
<td><strong>Year Two</strong></td>
<td>Begin Month: September, Year: 2014</td>
</tr>
<tr>
<td><strong>Year One</strong></td>
<td>Begin Month: September, Year: 2013</td>
</tr>
</tbody>
</table>
Q: How long after the site visit will we receive our final decision?
What happens after the site visit?

Surveyor submits report

~ 7 business days following site visit

MBSAQIP Staff reviews report, follows up with center regarding outstanding items, and assigns 2 Surgeon Reviewers

If no outstanding items, center can move to next step immediately

0-4 weeks

Surgeon Reviewers assign compliance ratings for each standard and Final Award Decision

1-4 weeks

If Reviewers do not agree, center is reviewed by the Adjudication Team

If no deficiencies, center can move to next step immediately

1 week

MBSAQIP Staff prepares Final or Corrective Action Report, posts on Application Portal, orders plaques, updates Joint Commission, etc.

2 weeks

It may take anywhere from 5-12 weeks before you receive your center’s Final/Corrective Action Report. Average turnaround time is ~7 weeks.
Q: When documenting the CMEs that the surgeons earned, do we need to have the certificates of completion for the site reviewer to actually see, or is a list of the courses that each surgeon completed satisfactory documentation?
Q: What would be your last minute focus before site visit?
Write-In Questions

Site Visit Questions? Email me at pjeffers@facs.org
Thank You for attending ASK MBSAQIP!

Please join us for our next ASK MBSAQIP! Call on Thursday, February 9, 2017 at Noon CST