## 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>
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<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 March 6, 2018 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, March 6th

3. Your question was not related to the site visit process.

4. 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 April 12, 2018!
Welcome & Purpose

Panelist
Paul Jeffers
Verification Specialist, MBSAQIP
Welcome & Purpose

1000+ site visits and counting ...
Site Visit Process

Three Phases

Surveyor Selection
- 1-2 Weeks
- Introductions
- Scheduling

Pre-Site Visit
- 4 Weeks (min)
- Prep
- Communicate
- Questions

Site Visit
- Chart Review
- Lunch
- Facility Tour
- One-on-Ones
- Protocol Review
- Exit Interview
Site Visit Timeline

- App Approved
- Schedule
- 30 days before
- Accreditation Anniversary
- 30 days after
- Surveyor Assigned
- Final Prep
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

Pre Site Visit – Chart Review Preparation:

1. Contact your assigned Site Surveyor to discuss paper or electronic chart reviews.
2. In addition to the charts requested below, please provide:
   a. Site Summary Report from the Semiannual Report (SAR)
   b. Initial Center preparing for their first site visit
   c. Patient Education and Perioperative Care Pathways (5.1, 5.2)
   d. Electronic administrative data files to verify 100% of cases are included.

Pre Site Visit – Charts Must be Prepared for the Following Categories:

All centers preparing for a site visit should complete the MBSAQIP Site Visit Checklist.

This is a HIPAA-Compliant list of your complication charts that you can expect your Surveyor will use this list to provide guidance around which chart categories to include.

Complications’ From the Entire Accreditation Cycle:

(If you compile charts using the same data reporting timelines used to complete your annual report, please submit these charts below for each category listed.)

- All Mortalities within 30 days, and all mortalities within 1 year, of the operative procedure.
- All Reoperations within 30 days of the operative procedure. (Do not include reoperations that are performed as part of expected post-operative care.
- All Lengths of Stay longer than 7 days of the operative procedure.
- All Transfers to an acute care facility.
- All Readmissions within 30 days of the operative procedure. (Readmissions should include both hospital and outpatient readmissions.
- All IIB cases if applicable.

*Only prepare each patient chart once. If the chart falls into more than one complication category, the complication category should be the one with the highest level of severity.

Charts From the Most Recent Year of Your Accreditation Cycle:

(If you refer to the most recent year of the data reporting timelines used to complete your annual report, please submit these charts below for each category listed.)

- 10 Sample Cases representing all cases performed by metabolic and bariatric surgery.
- These charts are chosen by the center’s MBS Coordinator and/or MBSAQIP Site Surveyor.

Chart Preparation by Document Type:

At minimum, prepare the following for each chart. Tab the chart by document type.

- Primary Care Physician History & Physical (H&P), if applicable
- Surgeon H&P
- Surgeon Initial Consult
- Operative Notes
- Discharge Summary, or equivalent
- Meds/Post-Op/Operative Follow-Up Notes
- Mortality Document (e.g., death certificate, physician notes, or autopsy report)
- Any additional documentation or evaluation notes which can provide further insight.

Pre Site Visit Preparation

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>ATTENDEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0745-0800</td>
<td>Welcome Surveyor Presentation: Dr. Namir Khatkuda</td>
<td>Hospital Leaders</td>
</tr>
<tr>
<td>0800-1100</td>
<td>Chart Review</td>
<td>Irene Tiscareno, Cate Fung, and Noemi Adalín</td>
</tr>
<tr>
<td>1100-1200</td>
<td>Lunch/QI Initiatives Discussion</td>
<td>Unit Directors/Managers</td>
</tr>
<tr>
<td>1200-1330</td>
<td>Facility Tour</td>
<td>Cate Fung, Irene Tiscareno, and Noemi Adalín</td>
</tr>
<tr>
<td>1330-1400</td>
<td>Interview: MBS Director, MBS Coordinator, MBSQR</td>
<td>Dr. Khatkuda, Cate Fung, Irene Tiscareno, Angana Shah, Cortney Montgomery, Jyrenta Quenell, and Noemi Adalín</td>
</tr>
<tr>
<td>1400-1500</td>
<td>Process and Protocols Review</td>
<td>Cate Fung, Irene Tiscareno, and Noemi Adalín</td>
</tr>
<tr>
<td>1500-1530</td>
<td>Surveyor Preparation for Exit Interview</td>
<td>Surveyor Only</td>
</tr>
<tr>
<td>1530-1600</td>
<td>Exit Interview</td>
<td>Hospital Leaders</td>
</tr>
</tbody>
</table>
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

- Use the MBSAQIP Site Visit Complication List
  - New tool designed to reduce chart prep burden
  - Make the site visit easier
  - Make the Surveyor’s job easier
  - Allow more time for discussion
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!

Courtesy of Geisinger Medical Center
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</td>
<td>Welcome</td>
<td>MBS Director*</td>
</tr>
<tr>
<td>(15 min.)</td>
<td>Center representatives meet Surveyor at designated location.</td>
<td>MBS Coordinator*</td>
</tr>
<tr>
<td></td>
<td><strong>Legend:</strong></td>
<td>MBSCR</td>
</tr>
<tr>
<td></td>
<td>Standards represented in specific checklist items are designated in: ( )</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Standards verified <em>only</em> at site visit are designated with: ⭐</td>
<td></td>
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</tbody>
</table>
# Site Visit Day

## Chart Review

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td><strong>Chart Review (Standards 1, 5.3, 6, 9.1 if applicable)</strong></td>
<td><strong>MBS Director</strong>&lt;br&gt;<strong>MBS Coordinator</strong>&lt;br&gt;<strong>MBSCR</strong></td>
</tr>
</tbody>
</table>

- Please provide a room to conduct the chart review.
- The room should include Wi-Fi, a computer to review the MBSAQIP Data Registry and the center’s Electronic Medical Records or paper charts.
- Please assign a staff member proficient and knowledgeable in your EMR to assist with the Chart Review, as needed.

**Recommended Order of Tasks:**

1. **Review the Site Summary Report (SAR) and protocols.**
2. **Review complications** (as many charts as time permits).
3. **Chart Audit:** The Surveyor will write a case summary for each complication. If complications total more than 10 cases, the Surveyor will choose only 10 charts to conduct the case audits.
4. **Review sample cases** (as many charts as time permits).
5. **Data Registry Review:** The MBSCR must demonstrate the process used to capture case data to the MBSAQIP Data Registry. The Surveyor will request specific cases be reviewed in the Data Registry.

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*All agenda items are subject to change.*
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>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 AM</td>
<td>Lunch</td>
<td>The lunch hour will be led by the Surveyor to:</td>
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<tr>
<td></td>
<td></td>
<td>- Address questions or areas for clarification from the chart review.</td>
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<tr>
<td></td>
<td></td>
<td>- Address questions or areas for clarification from the center’s application.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Discuss center’s Quality Improvement (QI) initiatives and methodology for execution (7.2).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Address questions or concerns from the center.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>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.</em></td>
</tr>
</tbody>
</table>

|                           | MBS Director*              |                                                                                                                                             |
|                           | MBS Coordinator*           |                                                                                                                                             |
|                           | MBSCR*                     |                                                                                                                                             |
|                           | Surgeons Seeking Verification* |                                                                                                                                         |
|                           | MB Surgeons*               |                                                                                                                                             |
|                           | Pediatric Medical Advisor* (if applicable) |                                                                                                                                            |
|                           | Integrated Health Team Providers |                                                                                                                                           |
|                           | Additional Providers for MBS Patients |                                                                                                                                             |
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
  - Surgeons seeking verification must be present – 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
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
</table>
| 12:00 PM (90 min.) | Facility Tour  
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.  
**Inspection: Equipment, Instruments, Clinical Pathways, and Staffing** (Tour order may be altered to accommodate center personnel, however, sequential order is highly recommended.)  
- [ ] 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)☆ |
Site Visit Day

Facility Tour – We are flexible on the order!

- **Metabolic and Bariatric Floor/Designated Area**
  - OR/Surgery**
  - Recovery (PACU)
    - Meet an Anesthesiologist
  - Post Op Care Area

**Ask in advance if your surveyor would like to tour the OR**

- **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 were metabolic and bariatric patients are treated.”
  - 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
## Site Visit Day

### One-on-One Interviews

<table>
<thead>
<tr>
<th>1:30 PM (30-40 min.)</th>
<th>One-On-Ones</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Surveyor will conduct 10 minute one-on-one interviews to:</td>
</tr>
<tr>
<td></td>
<td>□ Address questions or areas for clarification.</td>
</tr>
<tr>
<td></td>
<td>□ Discuss the program and role integration with the MBS Director (2.2), MBS Coordinator (2.3), MBSCR (2.4), and Pediatric Medical Advisor (9.2).</td>
</tr>
<tr>
<td></td>
<td>□ Review additional QI or best practice initiatives.</td>
</tr>
</tbody>
</table>

|                       | MBS Director* |
|                       | MBS Coordinator* |
|                       | MBSCR* |
|                       | Pediatric Medical 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
<table>
<thead>
<tr>
<th>2:00 PM</th>
<th>Process &amp; Protocols Review</th>
<th>MBS Coordinator*</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1 hr.)</td>
<td>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.</td>
<td></td>
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<tr>
<td></td>
<td>- MBS Committee Minutes (2.1, 2.2, 2.4, 2.7, 5.2, 7.1, 8.2-1)</td>
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<td></td>
<td>- Documentation that all actively participating MB surgeons and proceduralists are attending the annual comprehensive review meeting (2.1)</td>
<td></td>
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<td></td>
<td>- MBS Director Privileges (2.2)</td>
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<tr>
<td></td>
<td>- Quality Improvement Initiatives implemented using a consistent methodology and lead by the MBS Director (7.2)</td>
<td></td>
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<tr>
<td></td>
<td>- MBS Coordinator Credentials (2.3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- MBS Coordinator Job Description (2.3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- MBSCR Job Description (2.4)</td>
<td></td>
</tr>
</tbody>
</table>
Site Visit Day
Process & Protocols Review

- **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>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>3:00 PM</td>
<td>Surveyor Preparation</td>
</tr>
<tr>
<td>(30 min.)</td>
<td>Please provide a room for the Surveyor to review site visit findings and prepare for the Exit Interview.</td>
</tr>
</tbody>
</table>
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
| 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  
Sign-In Sheet  
March 19, 2015

<table>
<thead>
<tr>
<th>#</th>
<th>Printed Name</th>
<th>Department</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>John Lapham, MD</td>
<td>Surgery</td>
<td>Chief of Surgery</td>
</tr>
<tr>
<td>2</td>
<td>Catherine Pang, RN</td>
<td>Surgery</td>
<td>Bariatric Coordinator</td>
</tr>
<tr>
<td>3</td>
<td>Joan Laren-Smith, RN</td>
<td>Post-Op</td>
<td>Manager</td>
</tr>
<tr>
<td>4</td>
<td>Michelle Bresnack, RN</td>
<td>Surgery</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>5</td>
<td>Kristy Curington, RN</td>
<td>Nursing</td>
<td>Bariatric Unit Director</td>
</tr>
<tr>
<td>6</td>
<td>Katherine Winnie, RN</td>
<td>Education</td>
<td>Bariatric Educator</td>
</tr>
<tr>
<td>7</td>
<td>Salvador Engraves, RN</td>
<td>Nursing</td>
<td>Bariatric Unit Manager</td>
</tr>
<tr>
<td>8</td>
<td>Robert Deweser, RN</td>
<td>Surgery</td>
<td>Surgical Technician</td>
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<tr>
<td>9</td>
<td>Andrani Vardalian, RN</td>
<td>Surgery</td>
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<td>10</td>
<td>Jorg Zehnder, MD</td>
<td>Surgery</td>
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<tr>
<td>11</td>
<td>Yolee Casagrande, RN</td>
<td>Surgery</td>
<td>Surgery Clinic Director</td>
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<tr>
<td>12</td>
<td>Nimer Kattakonda, MD</td>
<td>Surgery</td>
<td>Bariatric Program Director</td>
</tr>
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<td>13</td>
<td>Ahmed Darwish, MD</td>
<td>Anesthesia</td>
<td>Bariatric Unit Internist</td>
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<tr>
<td>14</td>
<td>Khao Tran, MD</td>
<td>Radiology</td>
<td></td>
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<tr>
<td>15</td>
<td>Mitch Gullatt, MD</td>
<td>Radiology</td>
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<tr>
<td>16</td>
<td>Erica Saldana</td>
<td>Bio-Med</td>
<td>Manager</td>
</tr>
<tr>
<td>17</td>
<td>Nina Woolfak, RN</td>
<td>Nursing</td>
<td>Manager</td>
</tr>
<tr>
<td>18</td>
<td>Jenny Hovel</td>
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<tr>
<td>19</td>
<td>Jarold Shinhane, MD</td>
<td>Cardiology</td>
<td>Manager, Left Team</td>
</tr>
<tr>
<td>20</td>
<td>Katie Jordan, OT</td>
<td>Occupational Therapy</td>
<td>Director</td>
</tr>
<tr>
<td>21</td>
<td>Sandy Dumas, RN</td>
<td>Quality</td>
<td>Accreditation Manager</td>
</tr>
<tr>
<td>22</td>
<td>Maria Zanei</td>
<td>Physical Therapy</td>
<td>Clinical Director</td>
</tr>
<tr>
<td>23</td>
<td>Annette Ay, MSN, RN, NE-BC</td>
<td>Anesthesiology</td>
<td>Chief Nursing Officer</td>
</tr>
<tr>
<td>24</td>
<td>Patti Laffin</td>
<td>Radiology</td>
<td>Director</td>
</tr>
<tr>
<td>25</td>
<td>Peet Crookes, MD</td>
<td>Surgery</td>
<td>Bariatric Surgeon</td>
</tr>
<tr>
<td>26</td>
<td>Earl Strong, MD</td>
<td>Anesthesia</td>
<td>Chief of Anesthesia</td>
</tr>
<tr>
<td>27</td>
<td>Annmarie Shaw, RD</td>
<td>Dietry</td>
<td>Bariatric Dietician</td>
</tr>
<tr>
<td>28</td>
<td>Courtney Montgomery, RD</td>
<td>Dietry</td>
<td>Dietician Director</td>
</tr>
<tr>
<td>29</td>
<td>Rafael Villaruz</td>
<td>Surgery</td>
<td>Clinic Manager</td>
</tr>
<tr>
<td>30</td>
<td>Stephanie Hall, MD</td>
<td>Surgery</td>
<td>Chief Medical Officer</td>
</tr>
<tr>
<td>31</td>
<td>Chip Riddle</td>
<td>Facilities</td>
<td>Director</td>
</tr>
<tr>
<td>32</td>
<td>Irene Tascaresco</td>
<td>Surgery</td>
<td>Bariatric Data Reviewer</td>
</tr>
<tr>
<td>33</td>
<td>Naomi Adlin, RN</td>
<td></td>
<td>Clinic Manager</td>
</tr>
</tbody>
</table>

Courtesy of USC Keck Hospital
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
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 1\textsuperscript{st}: Capture all cases moving forward
Access to the Registry January 15\textsuperscript{th}: All cases starting January 1\textsuperscript{st} 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?
Registration Questions

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:** 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</strong> (most recent year)</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

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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?
Q: What makes a site survey stand out (positively) to most surveyors?
Q: How long should we expect the site visit to last? Is it standard practice to provide refreshments and lunch on site visit day?
Q: Do all surgeons performing Bariatric surgery at the hospital need to attend site visit meeting?
Q: What is the most missed standard at an initial site visit?
Q: Are surveyor recommendations from previous site visit followed up on in subsequent visits?
Registration Questions

Q: Our facility Medical Director and AVP will be out of town during the proposed site survey dates. Can the site visit be extended?
Q: For the 10 sample cases for site visit, do we select from primary cases only, or include revisions and emergent cases as well?
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, April 12, 2018 at Noon CST