

Pre Site Visit -- Chart Review Preparation:

1. Contact your assigned Site Surveyor to discuss paper or electronic chart preferences for the chart review.
2. In addition to the charts requested below, please provide:
 - a. Site Summary Report from the Semiannual Report (SAR)
 - i. **Initial Centers preparing for their first site visit will usually not have a SAR to review.**
 - b. Patient Education and Perioperative Care Pathways (5.1, 5.2)
 - c. Electronic administrative data file to verify 100% of cases are entered into the MBSAQIP Data Registry (6.1)★

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

All centers preparing for a site visit should complete the MBSAQIP Site Visit Complication List, available using this link: [MBSAQIP Site Visit Complication List](#)
This is a HIPAA-Compliant list of your complication charts that you can share with your Site Surveyor before the site visit. Your Surveyor will use this list to provide guidance around which charts they would like prepared for the site visit.

Complications* From the Entire Accreditation Cycle

(Please compile charts using the same data reporting timeframe used to complete the Application Data Template):

1. **All Mortalities** within 30 days, and all mortalities within 1 year, of the operative procedure
2. **All Reoperations** within 30 days of the operative procedure (**Do not include interventions**)
3. **All Lengths of Stay longer than 7 days** of the operative procedure
4. **All Transfers** to an acute care facility
5. **All Readmissions** within 30 days of the operative procedure (Readmissions that did not result in a reoperation)
6. **All IRB cases** if applicable

***Only prepare each patient chart once. If the chart falls into more than one category, place the chart in the most severe complication category. The complication categories are listed in order of severity.**

Charts From the Most Recent Year of Your Accreditation Cycle

(Please refer to the most recent year of the data reporting timeframe used to complete the Application Data Template):

7. **10 Sample Cases** representing all surgeons performing metabolic and bariatric surgery at the center, and all procedure types. These charts are chosen by the center's MBS Coordinator and/or MBS Director.

Chart Preparation by Document Type:

At minimum, prepare the following for each chart. **Tab the chart by document type and place each item in chronological order.**

- Primary Care Physician History & Physical (H&P), if applicable
- Surgeon H&P
- Surgeon Initial Consult
- Operative Notes
- Discharge Summary, or equivalent
- 30-day Post-Operative Follow-Up Notes
- Mortality Documents (ex. death certificate, physician notes, or autopsy report)
- Any additional documentation or evaluation notes which can provide further description regarding patient's history or clinical findings.
- Entire chart and progress notes should be available to be reviewed if deemed necessary by the Surveyor.

Day of Site Visit

Time (Times may vary)	Agenda Item *Designates required participants	Required* and Optional Participants
7:45 AM (15 min.)	<p>Welcome</p> <p>Center representatives welcome the Surveyor at a designated meeting location.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;"><u>Legend:</u></p> <p>Standards represented in specific checklist items are designated in: ()</p> <p>Standards verified <i>only</i> at site visit are designated with: ★</p> </div>	MBS Director* MBS Coordinator* MBSCR Administrative Leadership
8:00 AM (3 hrs.) The Chart Review & Chart Audit <i>must</i> be the first agenda item of the day. Other agenda items are subject to change.	<p>Chart Review (Standards 1, 5.3, 6, 9.1 if applicable) ★</p> <p>Location:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Please provide a room to conduct the chart review. <input type="checkbox"/> The room should include Wi-Fi, a computer to review the MBSAQIP Data Registry and the center’s Electronic Medical Records or paper charts. <input type="checkbox"/> Please assign a staff member proficient and knowledgeable in your EMR to assist with the Chart Review, as needed. <p>Recommended Order of Tasks:</p> <ol style="list-style-type: none"> 1. Review the Site Summary Report (SAR) and pathways. 2. Review Complications (as many charts as time permits). 3. Chart Audit: The Surveyor will write a case summary for 10 of the complication charts reviewed. Sample cases will also be used if there are fewer than 10 complication charts. 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. 	MBS Director* MBS Coordinator* MBSCR* Staff Member proficient in EMR
11:00 AM (1 hr.)	<p>Lunch</p> <p>The lunch hour will be led by the Surveyor to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Address questions or areas for clarification from the chart review. <input type="checkbox"/> Address questions or areas for clarification from the center’s application. <input type="checkbox"/> Discuss center’s Quality Improvement (QI) initiatives and methodology for execution (7.2). <input type="checkbox"/> Address questions or concerns from the center. <p>*All surgeons who want to be MBSAQIP Verified Surgeons and all participating surgeons are required participants for the lunch hour. If someone seeking surgeon verification cannot attend this part of the site visit, please contact MBSAQIP.</p>	MBS Director* MBS Coordinator* MBSCR* Surgeons Seeking Verification* MB Surgeons* Pediatric Medical Advisor* (if applicable) Integrated Health Team Providers Additional Providers for MBS Patients

Time (Times may vary)	Agenda Item *Designates required participants	Required* and Optional Participants
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.) <ul style="list-style-type: none"> <input type="checkbox"/> Dedicated MBS floor or designated cluster/group of beds (2.9) ★ <ul style="list-style-type: none"> <input type="checkbox"/> PACU, Post Op Care Area, Operating Room <input type="checkbox"/> Dedicated integrated health team personnel (2.10) <input type="checkbox"/> Facilities, Equipment, and Instruments specifically for the care of MBS patients (3.1) ★ <input type="checkbox"/> Emergency Department <input type="checkbox"/> Critical Care Unit(CCU)/Intensive Care Unit (ICU) (4.1-4.4) ★ <input type="checkbox"/> Endoscopy Services Department (4.4-3) ★ <input type="checkbox"/> Diagnostic and Interventional Radiology Department (4.4-4) ★ <input type="checkbox"/> Additional Areas where complications from metabolic and bariatric surgery are managed (4.4-5) ★ 	MBS Director* MBS Coordinator* MBSCR MB Surgeons Pediatric Medical Advisor (if applicable)
1:30 PM (30-40 min.)	One-On-Ones The Surveyor will conduct 10 minute one-on-one interviews to: <ul style="list-style-type: none"> <input type="checkbox"/> Address questions or areas for clarification. <input type="checkbox"/> Discuss the program and role integration with the MBS Director (2.2), MBS Coordinator (2.3), MBSCR (2.4), and the Pediatric Medical Advisor (9.2). <input type="checkbox"/> Review additional QI or best practice initiatives. 	MBS Director* MBS Coordinator* MBSCR* Pediatric Medical Advisor* (if applicable)
2:00 PM (1 hr.)	Process, Pathway & Protocol Review 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. <ul style="list-style-type: none"> <input type="checkbox"/> MBS Committee Minutes (2.1, 2.2, 2.4, 2.7, 5.2, 7.1, 8.2-1) <input type="checkbox"/> Documentation that all actively participating MB surgeons and proceduralists are attending the annual comprehensive review meeting (2.1) <input type="checkbox"/> MBS Director Privileges (2.2) <input type="checkbox"/> MBS Coordinator Credentials (2.3) <input type="checkbox"/> MBS Coordinator Job Description (2.3) <input type="checkbox"/> MBSCR Job Description (2.4) <input type="checkbox"/> Health Care Facility Accreditation Certificate (2.5) 	MBS Coordinator*

Time (Times may vary)	Agenda Item *Designates required participants	Required* and Optional Participants
	<ul style="list-style-type: none"> <input type="checkbox"/> Copies of the center’s credentialing guidelines for MB surgeons and endoluminal proceduralists, and MBS privileges (2.6) <input type="checkbox"/> Verified Surgeon Op Log, Credentials, and CME (2.7) <input type="checkbox"/> MBS Call Schedule (2.8) <input type="checkbox"/> General Surgeon MBS Education Protocols (2.8) <input type="checkbox"/> Protocol outlining care for unassigned or unaffiliated MBS patients (2.8) <input type="checkbox"/> MBS In-Service Training Session 1-3 – slides, video, written document (2.9) <input type="checkbox"/> Written System of Defining Equipment Weight Limits (3.1) <input type="checkbox"/> ACLS Provider Credentials and Schedules (4.1) <input type="checkbox"/> MBS Patient Written Transfer Agreement – if unable to manage complications on site (4.3) ★ <input type="checkbox"/> Protocol for Anesthesia Care (4.4-1) ★ <input type="checkbox"/> Written Transfer Agreement for CCU/ICU – Low Acuity and Ambulatory Surgery Centers only (4.4-2) ★ <input type="checkbox"/> Written Transfer Agreement for Endoscopy Services – Low Acuity and Ambulatory Surgery Centers only (4.4-3) ★ <input type="checkbox"/> Written Transfer Agreement for Diagnostic and Interventional Radiology Services – Low Acuity and Ambulatory Surgery Centers only (4.4-4) ★ <input type="checkbox"/> Written Transfer Agreement for Pulmonology/Critical Care/Cardiology/Nephrology – Low Acuity and Ambulatory Surgery Centers only (4.4-5) ★ <input type="checkbox"/> Preoperative Education Pathways and Processes – slides, video, written document (5.1) ★ <input type="checkbox"/> Patient Education and Perioperative Care Pathways (5.2) ★ <input type="checkbox"/> MBS Patient Long Term Follow-Up Plan (5.3) ★ <input type="checkbox"/> MBS Support Group Meeting Schedule/Documentation (5.4) <input type="checkbox"/> MBS Support Group Leader Credentials (5.4) ★ <input type="checkbox"/> Adverse Event Notification Process (7.1) ★ <input type="checkbox"/> Quality Improvement Initiatives implemented using a consistent methodology and lead by the MBS Director (7.2) <input type="checkbox"/> Mortality Reporting Process (7.3) ★ <input type="checkbox"/> Annual Reporting Process (7.3) ★ <p>Ambulatory Surgery Center</p> <p>Please make the following additional materials available:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inpatient Admitting Privileges at an MBSAQIP-accredited Center <u>or</u> written protocol in which the surgeon assumes the responsibility to transfer the patient’s care (8.1) ★ 	

Time (Times may vary)	Agenda Item *Designates required participants	Required* and Optional Participants
	<ul style="list-style-type: none"> <input type="checkbox"/> Written protocol and Transfer Agreements for critically ill <i>and</i> emergent MBS patients (8.1) ★ <input type="checkbox"/> Written protocol and Transfer Agreements to an MBSAQIP-Accredited Comprehensive Center for non-emergent MBS patients requiring inpatient care (8.1) ★ <input type="checkbox"/> Meeting Minutes from the Risk Assessment Committee (8.2-1) ★ <input type="checkbox"/> Written Protocol for monitoring ED visits and readmissions at other hospitals (8.2-2) ★ <p>Adolescent Center</p> <p>Please make these additional materials available:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Co-surgeon’s credentials at a MBSAQIP Comprehensive Center, if applicable (9.1) ★ <input type="checkbox"/> Pediatric Medical Advisor privileges and credentials (9.2) ★ <input type="checkbox"/> Pediatric Medical Advisor attendance at MBS Committee Meetings (9.2) ★ <input type="checkbox"/> Adolescent Behavioral Specialist (9.3) 	
3:00 PM (30 min.)	<p>Surveyor Preparation</p> <p>Please provide a room for the Surveyor to review site visit findings and prepare for the Exit Interview.</p>	<p>Surveyor*</p>
3:30 PM (30 min.)	<p>Exit Interview</p> <p>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, best practices, a general summation of the site visit, and a post-site visit timeline.</p> <p>Center staff should also use this time to ask any final questions of the Surveyor.</p>	<p>MBS Director*</p> <p>MBS Coordinator*</p> <p>MBSCR*</p> <p>Pediatric Medical Advisor* (if applicable)</p> <p>MB Surgeons</p> <p>MBS Behavioral Health Provider</p> <p>Registered Dietician</p> <p>ACLS Provider</p> <p>Integrated Health Team Providers</p> <p>Additional Providers for MBS Patients</p> <p>Administrative Leadership</p>

It may take anywhere from 5-12 weeks before you receive your center's Final/Corrective Action Report.

Average turnaround time is ~7 weeks

