Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program Standards and Pathways Manual
Table of Contents

MBSAQIP Designations and Accreditation Pathways for Application

Designations.................................................................................................................... 3
Pathways........................................................................................................................... 6

Standard 1  Case Volume, Patient Selection, and Approved Procedures by Designation Level ........................................ 9
  1.1 Volume Criteria by Designation Level................................................................................. 9
  1.2 Patient Selection – Low Acuity.......................................................................................... 11
  1.3 Approved Procedures – Band Centers............................................................................... 13
  1.4 Centers Approved to Perform Adolescent Metabolic and Bariatric Surgery.................... 14

Standard 2  Commitment to Quality Care .............................................................................. 15
  2.1 Metabolic and Bariatric Surgery (MBS) Committee.............................................................. 15
  2.2 Metabolic and Bariatric Surgery (MBS) Director................................................................. 17
  2.3 Metabolic and Bariatric Surgery (MBS) Coordinator......................................................... 21
  2.4 Metabolic and Bariatric Surgery (MBS) Clinical Reviewer................................................ 23
  2.5 Health Care Facility Accreditation.................................................................................... 26
  2.6 Credentialing Guidelines for Metabolic and Bariatric Surgeons...................................... 27
  2.7 Metabolic and Bariatric Surgeon Verification.................................................................... 31
  2.8 Qualified Metabolic and Bariatric Surgery Call Coverage............................................... 35
  2.9 Designated Area of Facility, with Knowledgeable and Consistent Nursing Staff, for Postoperative Metabolic and Bariatric Surgery Patients......................................................... 37
  2.10 Designated Personnel.................................................................................................... 40

Standard 3  Appropriate Equipment and Instruments................................................................. 42
  3.1 Facilities, Equipment, and Instruments........................................................................... 42

Standard 4  Critical Care Support............................................................................................. 45
  4.1 Advanced Cardiovascular Life Support (ACLS)-Qualified Provider................................. 45
  4.2 Ability to Stabilize Patients and Transfer........................................................................... 47
  4.3 Written Transfer Agreement............................................................................................ 48
  4.4 Required Available Services............................................................................................ 49
  4.4-1 Anesthesia Services....................................................................................................... 49
  4.4-2 Critical Care Unit (CCU) / Intensive Care Unit (ICU) Services...................................... 50
  4.4-3 Comprehensive Endoscopy Services............................................................................. 51
4.4-4 Comprehensive Diagnostic and Interventional Radiology Services ................................................................. 52
4.4-5 Access to Additional Required Services .............................................................................................................. 53

Standard 5 Continuum of Care .................................................................................................................................................. 54
  5.1 Patient Education Protocols ........................................................................................................................................... 54
  5.2 Perioperative Care Protocols ......................................................................................................................................... 56
  5.3 Long-Term Follow-Up ...................................................................................................................................................... 58
  5.4 Support Groups ............................................................................................................................................................... 59

Standard 6 Data Collection ......................................................................................................................................................... 60
  6.1 Data Entry of All Metabolic and Bariatric Procedures/Interventions ........................................................................ 61
  6.2 Data Reports, Quality Metrics, and Quality Monitoring ............................................................................................. 64

Standard 7 Continuous Quality Improvement Process ........................................................................................................ 66
  7.1 Institutional Collaborative .............................................................................................................................................. 66
  7.2 Process Improvement Initiatives ....................................................................................................................................... 68
  7.3 Ongoing Monitoring of Safety Culture ................................................................................................................................ 69

Standard 8 Band Center .................................................................................................................................................... 71
  8.1 Meets All MBSAQIP Standards with Limitations of Procedures Performed ............................................................... 71
  8.2 Inpatient Admitting Privileges ....................................................................................................................................... 73

Standard 9 Adolescent Center Accreditation ......................................................................................................................... 75
  9.1 Co-Surgeon Requirement for Children’s Hospitals ....................................................................................................... 75
  9.2 Addition to Metabolic and Bariatric Surgery (MBS) Committee .................................................................................... 77
  9.3 Behavioral Specialist .......................................................................................................................................................... 79
MBSAQIP Designations and Accreditation Pathways for Application

This section provides a listing of all designations offered by the MBSAQIP as well as a pathway to achieve full MBSAQIP accreditation.

Designations

1. Data Collection Center (not accredited)
2. Accredited Centers (by facility type)
   - Comprehensive Center
   - Comprehensive Center with Adolescent Qualifications
   - Low Acuity Center
   - Band Center
   - Adolescent Center

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 can 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.
Accredited 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.

Comprehensive Center with Adolescent Qualifications

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 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 1.4.

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 stapling operations on low-acuity patients and the MBS Clinical Reviewer enters data into the MBSAQIP Data Registry Platform (see list of qualifying stapling procedures and definition of low acuity restrictions in Standard 1.3).
3. May perform all approved procedure types on low-acuity patients.
4. Only approved to provide care to patients 18 years of age and older.

**Band Center**

1. Center has demonstrated compliance with Band Center standards (as defined in Standards 1.3 and 8) 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 banding procedures and the MBS Clinical Reviewer enters data into the MBSAQIP Data Registry Platform.
3. May perform all band related procedures, as defined in Standard 1.3.
4. Only approved to provide care to patients 18 years of age and older
5. Center has the ability to provide follow-up and band adjustments.

**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 < 25 stapled procedures annually require a MBSAQIP Verified Bariatric Surgeon as a co-surgeon on each case (as defined in Standard 9).
Pathways

NEW CENTER PATHWAY TO MBSAQIP DATA COLLECTION CENTER OPTION ONLY

- Open to all Bariatric Centers Including International Centers
- Compliance with standards not required
- No minimum annual volume required
- Requires dedicated data collector
- Data collector must successfully complete training by MBSAQIP
- Data registry fee required

PARTICIPATION PATHWAYS FOR NEW CENTERS

- Apply for Accreditation once all criteria for a Low Acuity Center are met
- Must perform ≥ 50 stapled cases annually
- Center must limit its performance of stapling cases to low acuity patients
- Accreditation fee and site visit required

- Apply for Accreditation once all criteria for a Comprehensive Center are met
- Must perform ≥ 35 stapled cases annually
- Can perform all approved procedure types
- Centers are not permitted to operate on adolescent patients
- Accreditation fee and site visit required

- Apply for Accreditation once all criteria for a Comprehensive Center with Adolescent Qualifications are met
- Must perform ≥ 35 stapled cases annually
- Can perform all approved procedure types
- Accreditation fee and site visit required

- Apply for Accreditation once all criteria for a Band Center are met
- Must perform ≥ 35 band cases annually
- Limited to band related procedures only
- Accreditation fee and site visit required

- Apply for Accreditation once all criteria for an Adolescent Center are met
- MBSAQIP verified co-surgeon is required on all cases for Centers that perform < 25 cases annually
- Can perform all approved procedure types
- Accreditation fee and site visit required
LOW ACUITY CENTER PATHWAYS TO COMPREHENSIVE CENTER AND COMPREHENSIVE CENTER WITH ADOLESCENT QUALIFICATIONS ACCREDITATION

- Must notify MBSAQIP once Center meets all criteria for a Comprehensive Center
- Center must perform ≥ 50 stapled procedures annually
- Can perform all approved procedure types
- Centers are not permitted to operate on adolescent patients
- Requires additional administrative fee, and must undergo review/approval for new accreditation level by the MBSAQIP
- Additional site visit not required

LOW ACUITY CENTER TO:

COMPREHENSIVE CENTER

COMPREHENSIVE CENTER PATHWAY TO COMPREHENSIVE CENTER WITH ADOLESCENT QUALIFICATIONS ACCREDITATION

- Must notify MBSAQIP once Center meets all criteria for a Comprehensive Center with Adolescent Qualifications
- Center must perform ≥ 50 stapled procedures annually
- Can perform all approved procedure types
- Requires additional administrative fee, and must undergo review/approval for new accreditation level by the MBSAQIP
- Additional site visit not required

COMPREHENSIVE CENTER TO:

COMPREHENSIVE CENTER WITH ADOLESCENT QUALIFICATIONS
Standard 1: Case Volume, Patient Selection, and Approved Procedures by Designation Level
Standard 1  Case Volume, Patient Selection, and Approved Procedures by Designation Level

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

1.1 Volume Criteria by Designation Level

Definitions and Requirement

<table>
<thead>
<tr>
<th>Designation Level</th>
<th>Center Volume Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Collection Center</td>
<td>No volume requirement – not accredited</td>
</tr>
<tr>
<td>Low Acuity Center</td>
<td>25–49 stapling procedures annually – approved to perform all approved procedure types on low-acuity patients</td>
</tr>
<tr>
<td>Comprehensive Center</td>
<td>A minimum of 50 stapling procedures annually – approved to perform all approved procedure types</td>
</tr>
<tr>
<td>Comprehensive Center with Adolescent Qualifications</td>
<td>A minimum of 50 stapling procedures annually (volume not restricted to adolescent patients only) – approved to perform all approved procedure types</td>
</tr>
<tr>
<td>Band Center</td>
<td>A minimum of 25 banding procedures annually – approved to perform all approved band related procedures only</td>
</tr>
<tr>
<td>Adolescent Center</td>
<td>Centers performing &lt; 25 stapled procedures annually require a MBSAQIP Verified Bariatric Surgeon who has credentials at a MBSAQIP Comprehensive Center as a co-surgeon on each case – approved to perform all approved procedure types</td>
</tr>
<tr>
<td></td>
<td>No co-surgeon required for centers performing ≥25 stapling procedures annually – approved to perform all approved procedure types</td>
</tr>
</tbody>
</table>
Documentation

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

Measure of Compliance

Compliance: The center fulfills the following criterion:

- Center meets volume requirements for designation level sought.
1.2  Patient Selection – Low Acuity

Definitions and Requirements

Facilities designated as a *Low Acuity Center* are **only approved** to perform procedures on **low-acuity** patients as defined below:

1) Age $\geq 18$ and $< 65$ years
2) Males with a BMI $< 55$ and females with a BMI $< 60$
3) Patients **without**:
   a. organ failure (e.g. severe CHF, end-stage renal disease, severe liver disease, etc.)
   b. an organ transplant
4) Patients must not be a candidate on a transplant list
5) Patients must be ambulatory
6) Only approved to perform revisional intra-abdominal procedures when classified as an **emergent case***. Not approved to perform elective revisional intra-abdominal procedures.

*Emergent Case Definition*: An emergent case is usually performed within a short interval of time between patient diagnosis or the onset of related preoperative symptomatology. It is implied that the patient’s well-being and outcome is potentially threatened by unnecessary delay and the patient’s status could deteriorate unpredictably or rapidly. The Principal Operative Procedure must be performed during the hospital admission for the diagnosis. Patients who are discharged after diagnosis and return for an elective, semi-elective, or urgent procedure related to the diagnosis would not be considered to have had an emergent case.
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 patients fall within low-acuity requirements when appropriate to the designation level which the center is seeking.
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), must 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.
1.4 Centers Approved to Perform Adolescent Metabolic and Bariatric Surgery

Some comprehensive centers may elect to perform metabolic and bariatric surgery on adolescent patients. Standard 9 addresses the Freestanding Children’s Hospital requirements to achieve accreditation to perform metabolic and bariatric surgery on adolescent patients. This standard applies to the comprehensive centers.

All accredited comprehensive centers electing to perform adolescent bariatric surgery, must be in compliance with Standards 9.2 and 9.3, requiring the appropriate pediatric-trained support personnel. Once these criteria are met, the center will be accredited with additional qualifications to perform surgery on adolescent patients.

As written in Standard 1.3, patients < 18 years of age are considered high acuity patients. Therefore, data collection, low acuity and band centers, by default, will not be accredited to perform adolescent bariatric surgery.

Documentation

- The center must qualify for comprehensive center designation and provide proof that the additional pediatric-trained support personnel are involved with the center (as outlined in Standard 9.2 and 9.3).

Measure of Compliance

Compliance: The center fulfills the following criteria:

- Provides the name and copy of privileges for the additional pediatric-trained support personnel (as outlined in Standards 9.2 and 9.3).
Standard 2  Commitment to Quality Care

The facility and its medical staff provide the structure, process, and personnel to obtain and maintain the quality standards of the MBSAQIP in caring for metabolic and bariatric surgical patients. The administrative and medical staff commit to broad cooperation in order to improve the quality of metabolic and bariatric surgical care provided at the center.

2.1  Metabolic and Bariatric Surgery (MBS) Committee

Definitions and Requirements

The center must establish a MBS Committee consisting of, at a minimum, the MBS Director, all surgeons performing metabolic and bariatric surgery 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 a peer review committee and is the primary forum for Continuous Quality Improvement, as outlined in Standard 6. It provides a setting for sharing best practices, for responding to adverse events, and for 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. The members required to attend depend on the subject matter of the meeting. The MBS Committee will determine attendance requirements for all active metabolic and bariatric surgeons. A surgeon representative from each practice
operating in the center must attend either in person or by remote access in accordance with the MBS Committee requirements.

If a center elects to perform surgery on adolescents, the center must identify an individual to serve on the MBS Committee as the Pediatric Medical Advisor (PMA). The adult metabolic and bariatric center must meet the PMA requirement as described in Standard 9.2.

Documentation

- The center maintains official minutes of the MBS Committee meeting, which include the date, agenda and attendance.

Measure of Compliance

Compliance: The center fulfills the following criterion:

- Produces minutes of the minimum of three MBS Committee meetings, which include the date, agenda and attendance.

* Centers reaccrediting will have 15 months after the effective date of the MBSAQIP standards to comply with this requirement.
2.2 **Metabolic and Bariatric Surgery (MBS) Director**

Definitions and Requirements

The MBS Director, as a physician-surgeon, must be actively practicing metabolic and bariatric surgery in the center and have full privileges and credentials to perform metabolic and bariatric surgery. A single individual must fill the position of Director of a metabolic and bariatric surgery center. In conjunction with the MBS Committee and the administration of the institution, the MBS Director organizes, integrates, and leads all metabolic and bariatric surgery-related services throughout the designated center. The MBS Director must be a MBSAQIP Verified Surgeon as described in Standard 2.7. Specific responsibilities of the MBS Director include:

1) The MBS Director chairs the MBS Committee and attends at least two of the three required meetings and the majority of other meetings.

2) The MBS Director, in conjunction with the MBS Committee, is responsible for:

   - Overseeing the accreditation process and ensuring continuous compliance with MBSAQIP requirements.
   - Contacting the MBSAQIP within 30 days if the center falls out of compliance with any MBSAQIP requirements or there is any substantive change in the center that could affect accreditation.
   - Providing a response to MBSAQIP inquiries within 30 days.

3) The MBS Director, in conjunction with the MBS Committee, must ensure compliance with outcomes data collection as well as participate in quality improvement efforts for all metabolic and bariatric surgery performed in the center. The MBS Director, in conjunction with the MBS Committee, is responsible for the:

   - Development of quality standards
   - Evaluation of surgical outcomes
• Development of specific quality improvement initiatives in response to adverse events and to improve the structure, process, and outcomes of the center.

4) The MBS Director, in conjunction with the MBS Committee, is also responsible for overseeing the education of relevant staff in the various aspects of the metabolic and bariatric surgery patient with a focus on patient safety and complication recognition. The MBS Director leads the standardization and integration of metabolic and bariatric patient care throughout the center, as determined by the MBS Committee. Formal education and written protocols to both nurses and all surgeon-providers detailing the rapid communication and basic response to critical vital signs is specifically required to minimize delays in the diagnosis and treatment of serious adverse events.

5) The MBS Director, in consultation with the MBS Committee, is also responsible for determining the inclusion and exclusion criteria for patient selection in the center. This includes the types of procedures performed and the acuity/risk of the patient relative to the services the center can safely offer. These recommendations should be made to the appropriate institutional body (e.g., credentialing, department of surgery, medical staff, etc.). Furthermore, if necessary, the MBS Director submits recommendations of the MBS Committee to the appropriate institutional administrative body relative to the scope of metabolic and bariatric practice of each individual surgeon based on that surgeon's experience, training, and outcomes.

6) The MBS Director is responsible for overseeing the process, as determined by the MBS Committee, in which emerging technologies and procedures may be safely introduced by surgeons into the center with adequate patient protection, oversight (including IRB approval when indicated), and outcomes reporting.

7) The MBS Director is responsible for institution-wide communication of metabolic and bariatric-related policies established by the MBS Committee. Communication with all appropriate personnel through formal metabolic and bariatric center team meetings is a basic quality and safety improvement effort.
8) The MBS Director, representing the decision of the MBS Committee, is responsible for reporting to the appropriate institutional entities (e.g., Chief of Surgery, Credentialing Committee, Medical Staff, Risk Management, etc.), significant ethical and/or quality deviations by surgeons performing metabolic and bariatric surgery and, when appropriate, plans for remediation or formal recommendations to limit or redact privileges.

9) The institution’s organizational framework must incorporate the Director position, and the MBS Director must have the authority and resources to fulfill the above listed duties.

Documentation

- The center provides a copy of the metabolic and bariatric surgery privileges and credentials of the MBS Director.
- The center provides documentation that the MBS Director is attending, at least, the minimum required number of committee meetings.
- The center provides proof that the MBS Director is a MBSAQIP Verified Surgeon
- The center provides MBS Committee meeting minutes that document the MBSD is leading the design and implementation of quality and safety improvement initiatives throughout the institution.
- The center provides a job description for the MBS Director position that illustrates that the MBS Director is fully integrated into the institution’s organizational framework and has the authority and resources to fulfill all duties as outlined in items 1–9 above.

Measure of Compliance

Compliance: The center fulfills all the following criteria:

- Provides a copy of MBS Director privileges and credentials.
• Provides proof that the MBS Director is attending, at least, the minimum required number of committee meetings.

• Provides proof that the MBS Director is a MBSAQIP Verified Surgeon.

• Provides a copy of MBS Committee meeting minutes that document the MBS Director is leading the design and implementation of quality and safety improvement initiatives throughout the institution.

• Provides documentation indicating the MBS Director position is fully integrated into the institution’s organizational framework and has the authority and resources to fulfill all duties as outlined in items 1–9 above.
2.3 Metabolic and Bariatric Surgery (MBS) Coordinator

Definitions and Requirements

Metabolic and bariatric surgery centers must have a designated MBS Coordinator who reports to and assists the MBS Director. It is required that a licensed health care professional or registered dietitian fills this position. The metabolic and bariatric surgery center can have multiple MBS Coordinators, but a single individual must serve as a liaison between the center and MBSAQIP. The MBS Coordinator may fill the role as the MBS Clinical Reviewer (see Standard 2.4) as long as this individual does not document in the patient’s chart.

The MBS Coordinator assists in center development, managing the accreditation process and ensuring continuous compliance with MBSAQIP requirements, maintaining relevant policies and procedures, patient education, outcomes data collection, quality improvement efforts, and education of relevant staff in the various aspects of the metabolic and bariatric surgery patient with a focus on patient safety. The MBS Coordinator supports the development of written protocols and education of nurses detailing the rapid communication and basic response to critical vital signs that is specifically required to minimize delays in the diagnosis and treatment of serious adverse events.

The MBS Coordinator serves as the liaison between the facility and all surgeons performing metabolic and bariatric surgery at the center and, if applicable, all general surgeons providing call coverage. The MBS Coordinator assists in maintaining the documentation of the call schedule provided by all covering surgeons.

If applicable, the MBS Coordinator works closely with the MBS Clinical Reviewer to assure timely submission of outcomes data. The center’s organizational framework must incorporate the MBS Coordinator position, and the MBS Coordinator must have the authority and resources to fulfill the above listed duties.
Documentation

- The center provides documentation that the MBS Coordinator position is fully integrated into the organizational framework and has the authority and resources to fulfill all duties.
- The center provides a copy of the health care license or registration of the MBS Coordinator.

Measure of Compliance

Compliance: The center fulfills all the following criteria:

- Provides documentation that the MBS Coordinator position is fully integrated into the organizational framework and has the authority and resources to fulfill all duties.
- Provides a copy of health care license or registration of the MBS Coordinator.
2.4 **Metabolic and Bariatric Surgery (MBS) Clinical Reviewer**

Definitions and Requirements

Timely and accurate data entry is essential to ensure quality improvement can occur that will ultimately enhance patient safety. Each center is required to provide a MBS Clinical Reviewer to enter data into the MBSAQIP Data Registry Platform. Designated MBS Clinical Reviewers are not approved to be supervising patient care (for example, a surgeon, a physician assistant, or advanced practice nurse). The MBS Clinical Reviewer is not only able to fulfill case abstraction duties, but also fulfill ongoing training and recertification requirements, retrieve and enter long-term follow-up data on a compounding number of patients over time, and fulfill requests for patient data and reports to the MBS Coordinator and appropriate personnel for analysis. During the initial phase of center participation, the MBS Clinical Reviewer may take on limited additional administrative duties (not involved in supervising patient care) as long as all of his or her responsibilities as MBS Clinical Reviewer are fulfilled and given highest priority. The MBS Clinical Reviewer must be provided with the appropriate resources and access to data and information systems at both the facility and the physicians’ offices. The MBS Clinical Reviewer should work closely with the facility and clinicians to ensure that appropriate short-term and long-term data points are available in the medical records.

*Training and Maintenance of MBS Clinical Reviewer Certification*

The MBS Clinical Reviewer should be an individual with appropriate clinical knowledge and expertise to collect the required data. A current job description is available on the MBSAQIP website. Satisfactory completion of online initial training is required, as well as ongoing education and training.

Maintenance of certification as an MBS Clinical Reviewer is required and is based upon satisfactory completion of initial online training, participation in ongoing educational webinars, satisfactory completion of a yearly certifying exam, as well as compliance with data audits.
**MBS Clinical Reviewer Access to Systems/Records Requirements**
In addition to the MBSSAQIP Data Registry Platform access, it is required that the MBS Clinical Reviewer have access to all patient-related data from the institution and physician’s office(s) that is required to be submitted to MBSSAQIP. The center is required to immediately notify MBSSAQIP if any personnel should no longer have access to the MBSSAQIP Data Registry Platform.

**MBS Clinical Reviewer Workspace/Equipment Requirements**
Ensuring confidentiality of patient information during data collection is imperative while the MBS Clinical Reviewer engages in the data entry process. It is essential to provide appropriate workspace to protect this confidentiality.

**Requirements for Timely Data Entry**
Data entry to the MBSSAQIP Data Registry Platform is time sensitive and it is the responsibility of the MBS Clinical Reviewer to ensure that case and follow-up data are entered into the platform within prescribed data entry timeframes (as illustrated in the MBS Clinical Reviewer training and data registry technical user manuals) to optimize data capture.

**MBS Clinical Reviewer Meeting Attendance and Participation**
The MBS Clinical Reviewer works closely with both clinical and administrative staff and participates in at least two MBS Committee meetings annually.

**Documentation**
- Maintenance of certification for the MBS Clinical Reviewer is tracked by the MBSSAQIP.
• The center demonstrates that the MBS Clinical Reviewer position is fully integrated into the center’s organizational framework and has the authority and resources to fulfill all duties, including timely data entry to the MBSAQIP Data Registry Platform.

• *The center provides a copy of the MBS Committee meeting minutes indicating that the MBS Clinical Reviewer has participated in at least two meetings annually.

Measure of Compliance

Compliance: The center fulfills all the following criteria:

• Maintenance of MBS Clinical Reviewer certification as verified by MBSAQIP.

• Documentation that the MBS Clinical Reviewer position is fully integrated into the organizational framework and has the authority and resources to fulfill all duties, including timely data entry to the MBSAQIP Data Registry Platform.

• *Copy of the MBS Committee meeting minutes indicating that the MBS Clinical Reviewer has participated in at least two meetings annually.

* Centers reaccrediting will have 15 months after the effective date of the MBSAQIP standards to comply with this requirement.
### 2.5 Health Care Facility Accreditation

#### Definitions and Requirements

Health care facility accreditation ensures that the care for the metabolic and bariatric surgery patient is provided in a safe environment. The applicant facility must be licensed by the appropriate state licensing authority, if required by state law and/or by one of the following: The Joint Commission (TJC), State Health Department, Det Norske Veritas (DNV), American Osteopathic Association (AOA), American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF), Accreditation Association for Ambulatory Health Care (AAAHC) or the Institute for Medical Quality (IMQ).

#### Documentation

- The institution provides a copy of the health care facility accreditation document from the accrediting agency.

#### Measure of Compliance

Compliance: The center fulfills the following criterion:

- Copy of the health care facility accrediting certificate or letter by accrediting agency demonstrating current accreditation status.
2.6 Credentialing Guidelines for Metabolic and Bariatric Surgeons

Definitions and Requirements

The center must have at least one actively practicing, credentialed metabolic and bariatric surgeon. The institution’s credentialing body must adhere to current nationally recognized credentialing guidelines which are separate from general surgery guidelines, such as those produced by ASMBS, the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES), ACS, and Society for Surgery of the Alimentary Tract (SSAT).

Guidelines for Metabolic and Bariatric Surgeon Credentialing

1. Completion of an accredited general surgery residency.
2. Certified or eligible to be certified by the American Board of Surgery or equivalent (American Osteopathic Board of Surgery, Royal College of Physicians and Surgeons of Canada). Exceptions to the board certification requirement can be made on a case-by-case basis.
3. State medical licensure in good standing.
4. Formal didactic training in bariatric surgery which includes completion of an accredited bariatric surgery fellowship and/or documentation of previous bariatric surgery experience. Supporting documentation, including a case log list or bariatric surgery training certificate, should be provided to allow the credentialing committee to assess the applicant surgeon’s bariatric surgery experience.
5. Participation within a structured bariatric center that provides or coordinates comprehensive, interdisciplinary care of the bariatric patient.
6. Commitment to use bariatric surgery clinical pathways.
7. Privileges to perform gastrointestinal surgery.
8. Privileges to perform advanced laparoscopic procedures if laparoscopic bariatric surgery privileges are being requested.
9. The surgeon will actively participate with the MBSAQIP and adhere to its standards by implementing changes in practice in accordance with feedback from the MBSAQIP or an equivalent regional/national quality improvement program.

Guidelines for Surgeons with no or Limited Experience in Bariatric Surgery or Advanced Laparoscopy

1. Applicant surgeon must complete a structured training curriculum in bariatric surgery and advanced laparoscopic surgery as reviewed and approved by the Bariatric Medical Director.
2. The applicant surgeon must have completed a general surgery residency
3. The applicant surgeon's initial cases should be performed with a co-surgeon who is a fully credentialed bariatric surgeon. The absolute number of protected cases is left up to the local credentialing committee. However, the local credentialing committees may wish to delineate separate requirements for those procedures that require gastrointestinal stapling versus those that do not.
4. It is advisable that the first cases be of lower technical difficulty with carefully determined lower risk patients as determined by the Bariatric Medical Director.
5. The surgeon will actively participate with the MBSAQIP program and adhere to its standards by implementing changes in practice in accordance with feedback from the MBSAQIP or an equivalent regional/national quality improvement program.

Types of Procedures

The following procedures qualify as bariatric procedures (open or laparoscopic) under these credentialing guidelines:

1. Adjustable gastric banding
2. Biliopancreatic diversion with duodenal switch
3. Biliopancreatic diversion without duodenal switch
4. Revisional bariatric surgery
5. Roux-en-Y gastric bypass
6. Sleeve gastrectomy
7. Vertical Banded Gastroplasty

- Investigational procedures should be performed under an IRB-approved protocol.
- Local credentialing committees may wish to delineate separate requirements for those procedures that require gastrointestinal stapling versus those that do not.
- Endoluminal bariatric procedures are not covered by these guidelines and should be credentialed under endoscopic privileges. It is recommended that practitioners performing endoluminal bariatric procedures should be credentialed to perform bariatric surgery and if not, they should be an active member of an accredited, structured bariatric surgery center.

Guidelines for Maintenance and Renewal of Privileges

1. Privileges to perform bariatric surgery should be renewed at a minimum of every 2 years.
2. Maintenance of certification by the American Board of Surgery or its equivalent.
3. Continued active participation within a structured bariatric surgery center. Ongoing participation with the MBSAQIP program or an equivalent regional/national quality improvement program.
4. The surgeon must demonstrate continued critical assessment of his/her outcomes as determined by the composite outcomes measures or periodic review of outcomes from an acceptable regional or national outcomes registry.
5. The Chief of Surgery or his/her designee should verify that these criteria have been met.
Documentation

- The center provides a copy of defined metabolic and bariatric surgery privileges for all actively practicing metabolic and bariatric surgeons at the institution.
- The center provides documentation to demonstrate compliance with current nationally recognized credentialing guidelines.

Measure of Compliance

Compliance: The center fulfills the following criteria:

- Provides a copy of separately defined metabolic and bariatric surgery privileges for all actively practicing metabolic and bariatric surgeons at the institution.
- Provides documentation to demonstrate compliance with current nationally recognized credentialing guidelines.
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 the verified surgeon at more than one 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 that 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 is 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).

| Standard 2: Commitment to Quality Care | 31 |
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 were performed per 3-year re-accreditation cycle at a single MBSAQIP accredited center (25 stapling cases per year).
   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 verification volume requirement for each MBSAQIP accredited center.
   b. Only MBSAQIP approved cases will count towards volume.

5. The surgeon must be board certified or 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 at least 8 hours of metabolic and bariatric surgery specific Category 1 self-assessment CME credit hours per year.

**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.

2. Verified surgeons transferring from a **MBSAQIP Comprehensive Center** to a **MBSAQIP Low Acuity Center** must limit the center’s practice to “low acuity” patients until all requirements for a comprehensive center are met.
3. Verified surgeons transferring from a MBSAQIP Low Acuity Center to a MBSAQIP Comprehensive Center are not required to limit the practice to “low acuity” patients.

4. Verified surgeons transferring from a MBSAQIP Low Acuity Center to another MBSAQIP Low Acuity Center must limit the center’s practice to “low acuity” patients until all requirements for a comprehensive center are met.

5. Surgeon verification has no effect on a center that is new to MBSAQIP or just beginning its bariatric program until the center applies for accreditation, at which time the facility standards take precedence over surgeon verification.

Band surgeon verification will follow the same criteria listed above, except that the volume requirement will apply to banding procedures only: 100 band cases lifetime, 75 band cases per 3-year re-accreditation cycle (25 band cases per year). Band surgeon verification is separate and distinct from stapling surgeon verification.

Documentation

- The center must show it has at least one participating surgeon that can document the following:
  1) Proof that the surgeon has participated in at least two quality meetings annually (hospital, regional and/or national).
  2) Proof that the surgeon has performed at least 100 lifetime stapling (or 100 lifetime banding cases, if applicable).
  3) Proof from the MBSASQIP data registry showing that the surgeon has performed a minimum of 25 stapled cases (or 25 banding cases, if applicable) 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 8 hours of metabolic and bariatric surgery specific Category 1 self-assessment credit hours per year.
Measure of Compliance

Compliance: The center fulfills the following criteria:

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

Definitions and Requirements

All surgeons performing metabolic and bariatric surgery at the center must have qualified coverage at all times by a colleague who is responsible for the emergency care of a metabolic and bariatric surgery patient—including 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 MBS Committee to ensure that continuous call coverage is provided either by qualified local coverage or through transfer agreements to a facility with qualified coverage.

If the center has one or more general surgeons, not privileged to perform metabolic and bariatric surgery, the covering general surgeon must be credentialed with general surgery privileges and must have undergone adequate education and training as determined by the MBS Committee.

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.

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.
2.9 Designated Area of Facility, with Knowledgeable and Consistent Nursing Staff, for Postoperative Metabolic and Bariatric Surgery Patients

Definitions and Requirements

There must be a designated area in the facility where care for the metabolic and bariatric surgery patient is provided in a safe environment. The facility must have a dedicated metabolic and bariatric surgery floor or designated cluster/group of beds maintained in a consistent area of the facility.

There must be well-established, properly managed, and ongoing in-service education programs for the metabolic and bariatric team. The educational programs must ensure a basic understanding of metabolic and bariatric surgery, including the risks and benefits for all procedures performed at the center and the appropriate management and care of the metabolic and bariatric patient.

Centers must also have a system in place to ensure the ongoing competencies of staff in recognizing these signs and symptoms.

All appropriate personnel caring for metabolic and bariatric surgery patients are required to complete three training sessions:

Training Session 1

Course Name: Signs and Symptoms of Postoperative Complications

Course Description: In-service education must help ensure that those caring for metabolic and bariatric patients are able to recognize the potential signs and symptoms of common metabolic and bariatric surgery complications (e.g., pulmonary embolus, anastomotic leak, infection, and bowel obstruction) so the patient can be managed promptly.

Required Staff: All staff that has, or potentially has, direct contact with metabolic and bariatric patients

Minimum Frequency: Required annually
Training Session 2

**Course Name:** Sensitivity Training

**Course Description:** In-service education must support a culture where all staff members are prepared to manage severely obese patients, whether or not metabolic and bariatric surgery is the reason for admission, with understanding and compassion to appreciate the burdens of the comorbidities of severe obesity.

**Required Staff:** All facility staff interacting with metabolic and bariatric surgery patients

**Minimum Frequency:** At initial hire and repeated within each accreditation renewal cycle

Training Session 3

**Course Name:** Patient Transfer and Mobilization

**Course Description:** In-service education must address the safe transfer and mobilization of severely obese patients, which is for the benefit of the patient as well as the staff. This is important not only for the metabolic and bariatric surgery patients the staff encounters, but also for the benefit of the increasing number of severely obese individuals in the facility for other reasons.

**Required Staff:** All facility staff interacting with metabolic and bariatric surgery patients

**Minimum Frequency:** At initial hire and repeated within each accreditation renewal cycle

Documentation

- The center provides documentation that metabolic and bariatric surgery care is provided in a specific area(s) designated within the facility.
- *The center must provide documentation that in-service training is provided as outlined above.*
Measure of Compliance

Compliance: The center fulfills the following criteria:

- Provides document indicating designated specific area(s) for care of the metabolic and bariatric surgery patient.
- *Provides documents that in-service training modules are provided as outlined above.

*Centers reaccrediting will have 15 months after the effective date of the MBSAQIP standards to comply with this requirement.
2.10 Designated Personnel

Definition and Requirements

The center must have a procedure in place that involves an integrated health approach to the metabolic and bariatric surgery patient. The optimal care of the metabolic and bariatric surgery patient requires specialized training, education and experience that can include Certified Bariatric Nurses (CBN®) certification. The center must provide access or referral to the following disciplines, as needed.

a. Registered nurses, advanced practice nurses, or other physician extenders
b. Registered Dietitians
c. Psychologist, psychiatrist, social worker, or other licensed behavioral health care provider
d. Physical/exercise therapists

If a center elects to perform metabolic and bariatric surgery on adolescents, a psychologist, psychiatrist, or other qualified and independently licensed behavioral health care provider with specific training and credentialing in pediatric and adolescent care must perform the behavioral assessment. The adult metabolic and bariatric center must meet the Behavioral Specialist requirements as outlined in Standard 9.3.

Documentation

- The center provides documentation that the integrated health team caring for the metabolic and bariatric surgery patient is fully integrated into the facility’s organizational framework.
Measure of Compliance

Compliance: The center fulfills the following criterion:

- Provides documentation showing the integrated health team caring for the metabolic and bariatric surgery patient is fully integrated into the facility’s organizational framework.
Standard 3  Appropriate Equipment and Instruments

The center must maintain appropriate equipment and instruments for the care of metabolic and bariatric surgical patients. This includes furniture, wheelchairs, operating room tables, floor-mounted or floor-supported toilets, beds, radiologic capabilities, surgical instruments, and other facilities required for the safe delivery of care to patients with morbid obesity.

3.1 Facilities, Equipment, and Instruments

Definitions and Requirements

Furniture and equipment must be able to accommodate patients who are within the patient weight limits established by the metabolic and bariatric center. A written system to ensure that weight appropriate equipment is available and used for all metabolic and bariatric surgery patients is required. Weight capacities must be documented by the manufacturer’s specifications, and this information must be readily available to relevant staff. Appropriate patient movement/transfer systems must also be located wherever metabolic and bariatric surgery patients receive care. Personnel must be trained to use the equipment and be capable of moving patients without injury to the patient or themselves (see Standard 2.9 regarding in-service education on patient transfers and mobilization).

MBSAQIP requires facilities to have a full line of equipment and instruments for the care of patients who undergo metabolic and bariatric surgery. This includes, but is not limited to, the following equipment that can accommodate morbidly obese patients appropriate for the facility’s patient population:

- examination tables
- operating room tables
- radiological tables and facilities
- fluoroscopic technologies
• medical imaging equipment for diagnostic purposes
• surgical instruments (staplers, retractors, long instruments, etc.)
• intensive care unit (ICU) equipment
• crash carts
• blood pressure cuffs
• sequential compression device sleeves

The facility must also have the following additional facility requirements to accommodate morbidly obese patients:

• doorways
• chairs
• beds
• scales
• gowns
• floor-mounted or floor-supported toilets
• shower rooms
• wheelchairs
• walkers

Metabolic and bariatric procedures should be restricted according to weight limits of the existing equipment. Centers do not need to change all of the equipment, furniture, and instruments throughout the entire facility. This requirement only applies to those areas where patients undergoing metabolic and bariatric surgery receive care, including the operating room, emergency department, radiology suite, designated metabolic and bariatric unit, and waiting areas. Metabolic and bariatric care may occur within several areas of the facility, and additional equipment required to care for the morbidly obese patient may be located off-site.
Documentation

- Evidence that weight- and size-appropriate facilities, equipment, and instruments are provided in the areas where metabolic and bariatric patients are treated.
- Rental/lease agreement for equipment that is not available on-site that indicates a guaranteed delivery timeframe (not required for centers that have all required equipment on-site).
- The center demonstrates its written system of clearly defining the weight limits of equipment.

Measure of Compliance

Compliance: The center fulfills the following criteria:

- Provides evidence that weight- and size-appropriate facilities, equipment, and instruments are provided in the areas where metabolic and bariatric patients are treated.
- Provides rental/lease agreement for equipment that is not available on-site that indicates a guaranteed delivery timeframe (not required for institutions that have all required equipment on-site).
- Provides documentation of written system defining weight limits.
Standard 4  Critical Care Support

If metabolic and bariatric surgery patients require critical care, centers and their associated surgeons must ensure that patients receive appropriate care. The facility must maintain various consultative services required for reasonable care of metabolic and bariatric surgical patients, including the immediate on-site availability of personnel capable of administering advanced cardiovascular life support. Consultants must be available within the specified time determined by institutional policy.

The responsibility is upon the facility, the metabolic and bariatric surgeon and, ultimately, the MBS Committee and MBS Director, to appropriately select patients and develop selection guidelines for the center relative to the available resources and experience. For example, patients who are at risk for specific and predictable complications (renal failure, airway compromise, heart failure, etc.) should only be managed in a facility where access to all reasonable medical care is available.

4.1  Advanced Cardiovascular Life Support (ACLS)-Qualified Provider

Definitions and Requirements

An ACLS-qualified physician, ACLS-qualified physician extender, or other licensed healthcare provider that is capable of administering ACLS (defibrillation, drug administration, etc.), as well as advanced airway management, must be on-site at all times when metabolic and bariatric surgery patients are present. This ensures that a qualified provider is available to perform patient resuscitations at any time in cases where anesthesia is not being administered. Centers with an emergency department can fulfill this requirement with a credentialed emergency room physician, as long as the hospital’s policies dictate that this physician is available at all times.
Documentation

- The center provides documentation that an ACLS-qualified physician, physician extender, credentialed emergency room physician or other licensed healthcare provider that is capable of administering ACLS (defibrillation, drug administration, etc.), as well as advanced airway management, is on-site at the facility at all times when metabolic and bariatric patients surgery are present.

Measure of Compliance

Compliance: The center fulfills the following criterion:

- Provides documentation that an ACLS-qualified physician, physician extender, credentialed emergency room physician or other licensed healthcare provider that is capable of administering ACLS (defibrillation, drug administration, etc.), as well as advanced airway management, is on-site at the facility at all times when metabolic and bariatric patients surgery are present.
4.2 Ability to Stabilize Patients and Transfer

Definitions and Requirements

When necessary, the center must have the ability to stabilize patients and transfer to a higher level of care if the center is unable to manage this metabolic and bariatric surgery patient on-site (see Standard 4.3 regarding written transfer agreements). Facilities that do not have an ICU on-site must have the ability to support the stabilization of a critically ill patient until the patient can be transferred. The facility must have immediately available ventilators and hemodynamic monitoring equipment as well as have the capacity to manage a difficult airway and intubation.

Documentation

- The center demonstrates the ability of stabilizing a critically ill metabolic and bariatric surgery patient by providing physical proof of a difficult airway cart, ventilator, and hemodynamic monitoring equipment.

Measure of Compliance

Compliance: The center fulfills the following criterion:

- Provides physical proof of a difficult airway cart, ventilator, and hemodynamic monitoring equipment.
4.3 Written Transfer Agreement

Definitions and Requirements

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 patient to other emergency or critical care facilities that do 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.

Transfer requirements:
1) A plan for safe transfer of a metabolic and bariatric surgery patient 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) Facilities must have adequate staff available to provide emergency support, including the time during transfer, until the receiving facility assumes the patient’s care.
3) An ACLS-certified individual must accompany the patient during the transfer.

Documentation

- The center provides documentation of the transfer process of a critically ill metabolic and bariatric surgery patient (only required for centers that are unable to manage complications on-site).

Measure of Compliance

Compliance: The center fulfills the following criterion:

- Provides documentation of the transfer process of a critically ill metabolic and bariatric surgery patient (only required for centers that are unable to manage complications on-site).
4.4  **Required Available Services**

4.4-1  **Anesthesia Services**

**Definitions and Requirements**

Anesthesiology Requirements for Perioperative Management of the Metabolic and Bariatric Surgery Patient:

Anesthesia must only be administered by a credentialed:

a. Anesthesiologist or

b. CRNA under direct supervision of an immediately available anesthesiologist

Note: CRNA’s can administer anesthesia independently in those states that have opted out of the federal requirement of physician supervision of anesthesia administration.

**Documentation**

- The center provides proof that anesthesia care services and the credentialing process meet the above requirements.

**Measure of Compliance**

Compliance: The center fulfills the following criterion:

- Provides proof that anesthesia care services and the credentialing process meets the above requirements.
4.4-2 Critical Care Unit (CCU) / Intensive Care Unit (ICU) Services

Definitions and Requirements

Critical Care Unit (CCU)/Intensive Care Unit (ICU) Requirements:

1. Required personnel
   a. Physician/surgeon/intensivist who has met credentialing criteria by the institution to manage critically ill patients
   b. Trained critical care nursing staff 24/7
2. ICU must be equipped for patients with morbid obesity (see Standard 3).
3. A center that does 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.
4. An off-site ICU monitoring system is acceptable only if the center fully meets all other requirements in Standard 4.

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 criterion:

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


4.4-3 Comprehensive Endoscopy Services

Definitions and 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 endoscopist in performing upper gastrointestinal (GI) endoscopy.
3. A center that does 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 endoscopy services and meets the above requirements.

Measure of Compliance

Compliance: The center fulfills the following criterion:

- Provides documentation that access to endoscopy services is available and meets the above requirements.
4.4-4 Comprehensive Diagnostic and Interventional Radiology Services

Definitions and 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. A center that does 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 criterion:

- Provides proof of access to diagnostic and interventional radiology services and meets the above requirements.
4.4-5 Access to Additional Required Services

Definitions and 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.

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.
Standard 5  Continuum of Care

The center utilizes clinical protocols that facilitate the standardization of perioperative care for the relevant procedure. Protocols are a sequence of orders and therapies describing the routine care of the metabolic and bariatric patient from initial evaluation through long-term follow-up. Centers are required to use comprehensive protocols outlining the continuum of care of the metabolic and bariatric surgery patient. MBSAQIP requires that metabolic and bariatric procedures are standardized and perioperative care details are well documented and followed appropriately. Clinical protocols can be documented in a variety of formats, including tables, algorithms, process maps, and paragraph form. All staff caring for the metabolic and bariatric patient must be aware of the protocols pertinent to their area of practice.

5.1  Patient Education Protocols

Definitions and Requirements

The preoperative education protocol from each surgeon performing metabolic and bariatric surgery in the center must outline a process by which the patient is educated in detail about:

1) Indications and contraindications for metabolic and bariatric surgery.

2) Various surgical options provided by the center and the expected outcomes of each procedure. There must be a clear explanation of the goals, risks, benefits, and alternatives of each procedure in order to demonstrate an informed consent process.

3) Instructions regarding diet, exercise, vitamin and mineral supplementation, and lifestyle changes.

4) The expected course of the perioperative care should be explained as well as a thorough explanation of discharge instructions that include activities, diet, follow-up appointments, medications, and signs and symptoms of complications such as tachycardia, fever, shortness of breath, excessive abdominal pain, and vomiting.
Documentation

- The center demonstrates each surgeon’s preoperative educational protocol and process whether written, video, Web-based, slide show, etc.

Measure of Compliance

Compliance: The center fulfills the following criterion:

- Provides documentation of each surgeon’s preoperative educational process, addressing each element stated above.


5.2 Perioperative Care Protocols

Definitions and Requirements

Perioperative care protocols must outline the process for evaluating the patient seeking metabolic and bariatric surgery, including:

1) Defined selection criteria process based on the resources and expertise of the center. This evaluation process may include:
   a. Psychological evaluation by a psychiatrist, psychologist or other licensed behavioral health practitioner to help determine readiness for surgery.
   b. Laboratory tests
   c. Specialty consultations and treatment
   d. Endoscopic evaluation

2) Algorithms for preoperative system clearances.

3) Preoperative and postoperative nutrition regimen.

Each practicing metabolic and bariatric surgeon in the center must use a standardized order-set, specific to each metabolic and bariatric procedure. This order-set must address:

1) Dietary progression
2) Deep vein thrombosis prophylaxis
3) Respiratory care
4) Physical activity
5) Pain management
6) 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 protocols, including patient selection criteria and evaluation process, preoperative clearance, nutrition regimens, and metabolic and bariatric order-sets.

Measure of Compliance

Compliance: The center fulfills the following criterion:

- Provides documentation of each surgeon’s perioperative care protocols, including patient selection criteria and evaluation process, preoperative clearance, nutrition regimens, and metabolic and bariatric order-sets.
5.3 **Long-Term Follow-Up**

Definitions and Requirements

Centers must document each surgeon’s plan to follow the long-term progress of their metabolic and bariatric surgery patients.

Documented processes should be in place to achieve long-term follow-up of metabolic and bariatric surgery patients. Follow-up should be provided by a physician, nurse practitioner, clinical nurse specialist, physician assistant or supervised registered nurse with experience, training, or certification in the care of the metabolic and bariatric surgery patient. Patients lost to follow-up must have a minimum of two efforts to contact the patient for each follow-up period (30 day, six month, one year, and annually thereafter). Patient contact attempts must be documented in the patient record. After three consecutive follow-up time periods (i.e., one year, and two year follow-up) in which the patient remains lost to follow-up, the center may cease attempts to contact the patient.

Documentation

- The center provides copies of its long-term follow-up plan, including a protocol for maintaining or re-establishing contact with metabolic and bariatric surgery patients.
- The center provides documentation of a minimum of two attempts per follow-up period for patients who are lost to follow-up (not required for patients who remain lost to follow-up after three consecutive follow-up time periods).

Measure of Compliance

Compliance: The center fulfills the following criteria:

- Long-term follow-up plan and protocol are provided.
- A minimum of two attempts per follow-up period is documented for patients who are lost to follow-up (not required for patients who remain lost to follow-up after three consecutive follow-up time periods).
5.4 Support Groups

Definitions and Requirements

The center must provide regularly scheduled organized and supervised support groups to metabolic and bariatric surgery patients. Regularly scheduled support groups must be made available a minimum of every quarter, and can be in-person, web-based, or teleconferenced. The practice and/or facility can organize support groups, but the entity responsible for administering each support group must be clearly identified. A licensed health care provider must provide support group oversight. The MBS Committee will determine credentials for individuals supervising the support groups. Patients must have knowledge of their support group options.

All in-person support group activities must be documented, including group location, meeting time, supervisor, curriculum, and number of people in attendance. Other activities, including online forums, exercise instruction, and clothing sales should be noted, but do not require full documentation.

Documentation

- The center provides a copy of the, at minimum, quarterly in-person, web-based, or teleconferenced support group meetings schedule, including time, location, agenda, and supervisor.
- The center provides the credentials of the person providing support group oversight.

Measure of Compliance

Compliance: The center fulfills the following criteria:

- Provides the minimum quarterly support group documentation (in-person, Web-based, or teleconferenced).
- Provides the credentials of the person providing support group oversight.
Standard 6  Data Collection

High-quality data is critical to inform quality improvement and to determine accreditation. Volume was the initial key criteria for accreditation, but our goal is to move toward risk and reliability adjusted outcomes metrics to assess centers, rather than relying on volume.

All metabolic and bariatric surgical procedures, including those performed by non-metabolic and bariatric surgery credentialed general surgeons, must be entered into the MBSAQIP Data Registry Platform. Documentation of each hospitalization and surgical procedure is required to obtain valid outcomes data.

Data collection is ultimately the responsibility of the MBS Director working collaboratively with the MBS Clinical Reviewer, the physician offices, and institution departments to assure accurate short- and long-term results.

The MBSAQIP Data Registry collects prospective, risk-adjusted, clinically rich, data based on standardized definitions. Data variables to be collected are listed in the online workstation. Data variables are periodically updated, refined, added, or deleted to optimize information captured to inform quality improvement and assessment, while minimizing the data collection burden. Centers have the opportunity to submit and track additional data elements as they wish with custom fields.

Data is validated with multiple mechanisms that are continuously updated to optimize the quality of the data collected. The workstation was developed to minimize the ability to submit inaccurate data and to prevent missing data. Centers are required to intermittently submit administrative or other corroborating data as an audit of data entered (see Standard 6.1 for documentation and compliance measures). Data are validated in a systematic fashion as part of scheduled site visits. Ongoing training and assessment of the MBSCRs processes and knowledge is monitored as another means to validate data entered (see Standard 2.4 for documentation and compliance measures). Additional data audits, information, or clarifications may be required by MBSAQIP.
MBS Clinical Reviewers are audited, trained data reviewers who are not directly involved in patient care. All metabolic and bariatric operations and interventions must be submitted via the online MBSAQIP Data Registry Platform. Follow-up data is used to assess morbidity and mortality, as well as clinical effectiveness concerning changes in weight and weight-related comorbidities. Data is collected at 30 days, 6 months, 1 year, and yearly thereafter. Risk and reliability adjusted metrics will be developed for quality assessment and improvement.

6.1 Data Entry of All Metabolic and Bariatric 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, hand-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
- Sleeve gastrectomy

The following additional procedures, whether open, laparoscopic, robotic, or endoscopic, also qualify for data input into MBSAQIP database when performed on metabolic and bariatric surgery patients.
• Repairs of any mesenteric hernias with or without volvulus as well as those forming around an adhesion
• 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

The following investigational procedures require data entry but can only be performed in centers with IRB approval:

• Mini-gastric bypass of any variation
• Gastric plication, with or without banding
• Emerging technology procedures, whether inpatient or outpatient
• Endoscopic device procedures and emerging technology currently not approved by the FDA

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 IRB approval to perform an investigational metabolic and bariatric procedure, if applicable.

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/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 is provided 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 IRB approval to perform an investigational metabolic and bariatric procedure, if applicable.
6.2  Data Reports, Quality Metrics, and Quality Monitoring

Definitions and Requirements

All centers are expected to monitor their data. Ongoing review of risk-adjusted and unadjusted outcomes and processes is critical for continuous quality improvement. Risk-adjusted reports will be available on a semiannual basis to participating centers that maintain a complete 30-day follow-up rate of ≥ 80 percent. Unadjusted outcomes reports are available to centers via the MBSAQIP Data Registry Platform in real time. Documentation in the workstation of the required minimum attempts to contact the patient for follow-up at 30 days is anticipated for 100 percent of cases. Centers must document a minimum of two attempts to contact the patient, including one phone call and one letter to the patient per each follow-up period. The unadjusted online reports provide site-specific and surgeon-specific data for that center and the ability to benchmark outcomes against aggregate, national comparison data. Unadjusted online reports must be accessed and reviewed by the MBS Committee and/or the MBS Clinical Reviewer at least three times annually. The MBS Committee is able to see the results of all surgeons at the center and determines the distribution of data that can compare individual surgeon results at that center.

Documentation

- *The center must document that it has accessed the data on the workstation at least three times a year for unadjusted online reports and semiannually for the risk-adjusted reports.

Measure of Compliance

Compliance: The center fulfills the following criterion:

- *Provides documentation that the MBS Committee and/or the MBS Clinical Reviewer accessed the reports on the workstation at least three times a year for unadjusted reports and semiannually for the risk-adjusted reports.
* Centers reaccrediting will have 15 months after the effective date of the MBSAQIP standards to comply with this requirements
Standard 7  Continuous Quality Improvement Process

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.

7.1 Institutional Collaborative

Definitions and Requirements

Each center is required to establish and maintain an institutional collaborative consisting of all surgeons who practice metabolic and bariatric surgery within the center. The collaborative is the MBS Committee, chaired by the MBS Director. Specifically, the collaborative:

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.
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.
   • This review is based on data from the real-time online reports available via the MBSAQIP Data Registry Platform or patient experience feedback. Although currently not risk adjusted, the online reports contain granular data that may help the group determine root causes of adverse outcomes.
3. Review the semi-annual risk-adjusted report (SAR) with the MBS Committee.
Documentation

- The center provides documentation of the process for notification of adverse events and the subsequent review process.
- *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) Semi-annual risk and reliability adjusted report

Measure of Compliance

Compliance: The center fulfills the following criteria:

- Provides documentation of the process for notification of adverse events and the subsequent review process.
- *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) Semi-annual risk and reliability adjusted report

* Centers reaccrediting will have 15 months after the effective date of the MBSAQIP standards to comply with this requirement.
7.2 Process Improvement Initiatives

Definitions and Requirements

The most important element of a successful effort is to establish and promote a culture of collaboration and safety among all MBSC members. Centers must perform at least one quality improvement (QI) initiative per year. Any person within the MBS Committee can propose these initiatives, and the process should be documented within the minutes of MBS Committee meetings. Initiatives must focus on local solutions to improve safety, effectiveness, and patient experience by changing structure and process within the center.

Documentation

- *The center provides documentation that they are participating in at least one QI initiative per year.
- *The center provides documentation that the MBS Committee has shared best practices.

Measure of Compliance

Compliance: The center fulfills the following criteria:

- *Provides documentation that they are participating in at least at least one QI initiative per year.
- *Provides documentation that the MBS Committee has shared best practices.

*Centers reaccrediting will have 15 months after the effective date of the MBSAQIP standards to comply with this requirement.*
7.3 Ongoing Monitoring of Safety Culture

Definitions and Requirements

Safety and outcomes monitoring will be implemented for all centers. Examples of safety and outcomes monitoring can include, but are not limited to, length of stays, complications, readmissions, reoperations and emergency department visits. At minimum, in-hospital or 30-day mortalities initiating within the first 30-day postoperative period must be reported to the MBS Committee, and reviewed within 60 days of the occurrence.

In addition to reporting all mortalities, the MBS Director and members of the MBS Committee will be required to submit an annual report to MBSAQIP during the anniversary month in which they were accredited following the first and second year of the three-year accreditation cycle. The report will contain an attestation of compliance with all applicable standards. Additionally, the report will require confirmation from the MBS Director that the MBS Committee reviewed any mortality that occurred within the annual reporting period, if any, and brought forth to the institution’s committee/board responsible for overseeing patient safety.

Documentation

- The center provides proof that any mortality report(s), if any, were submitted and reviewed by the MBS Committee within 60 days of occurrence.
- The center provides a copy of annual reports submitted to MBSAQIP within accreditation anniversary month following the first and second year of the three-year accreditation cycle.

Measure of Compliance

Compliance: The center fulfills the following criteria:
• *Provides proof that any mortality report(s), if any, were submitted and reviewed by the MBS Committee within 60 days of the occurrence.

• *Provides proof that complete annual reports were submitted to MBSAQIP within accreditation anniversary month following the first and second year of the three-year accreditation cycle. Reports must properly address all mortalities, if any, within the previous year.

* Centers reaccrediting will have 15 months after the effective date of the MBSAQIP standards to comply with this requirement.
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 those exceptions as enumerated in this standard.

8.1 Meets All MBSAQIP Standards with Limitations of Procedures Performed

Definition and Requirement

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.
8.2 Inpatient Admitting Privileges

Definition and Requirement

To address metabolic and bariatric surgery patients requiring emergent care, surgeons performing metabolic and bariatric procedures at Band Centers must have admitting privileges or a written transfer agreement as outlined in Standard 4.3.

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

Documentation

- For all metabolic and bariatric surgeons at Band Centers, the center provides a copy of inpatient admitting privileges at a MBSAQIP-accredited center, if applicable.
- The center provides documentation of the transfer process of a critically ill metabolic and bariatric surgery patient, including the written transfer agreement, if applicable.
- The center provides documentation of the transfer process of a non-emergent metabolic and bariatric surgery patient requiring inpatient treatment to a metabolic and bariatric surgeon at a full-service MBSAQIP-accredited center, including the signed written transfer agreement, if applicable.

Measure of Compliance

Compliance: The center fulfills the following criteria:

- Provides, for all metabolic and bariatric surgeons, a copy of inpatient admitting privileges at a MBSAQIP-accredited center, if applicable.
• Provides documents of the transfer process of a critically ill metabolic and bariatric surgery patient, including the signed written transfer agreement, if applicable.
• Provides documents of the transfer process of a non-emergent metabolic and bariatric surgery patient requiring inpatient treatment to a metabolic and bariatric surgeon at a full-service MBSAQIP-accredited center, including the signed written transfer agreement, if applicable.
Standard 9  Adolescent Center Accreditation

The prevalence of childhood obesity and numerous obesity-related comorbidities has risen exponentially over the past several decades. In addition, a mounting body of scientific evidence demonstrating a high propensity for severely obese adolescents to become severely obese adults has led to an increase in the consideration and utilization of surgical weight reduction procedures in this emerging population.

MBSAQIP adolescent accreditation is required for facilities that provide care to patients who are less than 18 years of age. This accreditation is separate and distinct from the adult accreditation and is awarded to a center that meets the MBSAQIP Core Standards (Standards 1–7) as well as those enumerated in this standard.

9.1  Co-Surgeon Requirement for Children’s Hospitals

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 < 25 stapled procedures annually require a MBSAQIP Verified Bariatric Surgeon as a co-surgeon on each case who has credentials at a MBSAQIP Comprehensive Center.
2. A Children’s Hospital performing ≥ 25 stapled procedures annually will be unrestricted and does not require a bariatric co-surgeon, if applicable.
Documentation

- The adolescent center identifies the co-surgeon and verifies credentials at a MBSAQIP Comprehensive Center, if applicable.
- 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 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 applicable.
- Provides documentation of co-surgeon’s presence during the key portions of the case, if applicable.
- The adolescent center meets volume requirement for designated level. Volume data will be verified by MBSAQIP and/or by chart review at site visit.
9.2  Addition to Metabolic and Bariatric Surgery (MBS) Committee

Definition and Requirement

The metabolic and bariatric center within a children’s hospital setting must establish and maintain a MBS 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 that 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 (i.e., 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 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 credentialed in general pediatrics and/or pediatric sub-specialty training (i.e., endocrinology, cardiology, gastroenterology, adolescent medicine).
- An internist or family practitioner with specific training and experience in adolescent medicine who agrees to participate on the adult MBS Committee.
- 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 on-going general pediatric medical oversight in addition to assisting in utilization of adolescent-specific sub-specialty consultation when needed (i.e., sleep medicine, gastroenterology, endocrinology, hematology, nephrology, behavioral health, etc.). 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.
9.3 Behavioral Specialist

The adolescent patient and family must be able to demonstrate awareness of the general risks and benefits of metabolic and bariatric surgery as well as the dietary and physical activity requirements following a metabolic and bariatric procedure. A psychologist, psychiatrist, or other qualified and independently licensed provider with specific training and credentialing in pediatric and adolescent care must perform this assessment. The practitioner must have experience in treating obesity and eating disorders as well as experience evaluating adolescent patients and families. If no specific individual exists in the adult center providing metabolic and bariatric surgery in adolescents, a specific individual with the aforementioned training should be identified and the work outsourced to that individual for the adolescent patient at the discretion of the local MBS Committee. This is critical to ensure that full assent to the surgery can be ascertained. Documentation of the following behavioral assessment elements must be obtained in order to consider an adolescent for metabolic and bariatric surgical intervention:

- Evidence for mature decision making and awareness of potential risks and benefits of the proposed operation.
- Documentation of the adolescent’s ability to provide surgical assent.
- Evidence of appropriate family and social support mechanisms (i.e., engaged and supportive family members, care takers, etc.).
- If behavioral disorders are present (i.e., depression, anxiety, etc.), they have been satisfactorily treated.

Evidence must be provided that the family and patient have the ability and motivation to comply with recommended treatments preoperatively and postoperatively, including consistent use of recommended nutritional supplements. Evidence may include a history of reliable attendance at office visits for weight management and compliance with other medical needs.
Documentation

- The center identifies an individual who serves as the behavioral specialist with pediatric experience.

- The center provides a copy of the privileges and credentials of the behavioral specialist with pediatric experience.

Measure of Compliance

Compliance: The center fulfills the following criterion:

- Identifies an individual who serves as the behavioral specialist with pediatric experience.

- Provides a copy of the privileges and credentials of the behavioral specialist with pediatric experience.