MBSAQIP®
METABOLIC AND BARIATRIC SURGERY
ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM

A QUALITY PROGRAM of the AMERICAN COLLEGE OF SURGEONS

MBSAQIP Standards

Optimal Resources for Metabolic and Bariatric Surgery 2019- Revised

Frequently Asked Questions

General Questions

Q: Does MBSAQIP retain compliance documentation submitted during previous accreditation cycles?

A: It is the responsibility of the Accredited Center to maintain **all** documentation for proof of Standards compliance. It is highly advisable that your center establish a records retention policy for MBSAQIP Accreditation and compliance documentation. While select documentation **may** be available to your center through the MBSAQIP Quality Portal, it is ultimately the center's obligation to maintain complete records of compliance documentation. Do not anticipate MBSAQIP will be able to provide copies of previously submitted compliance documentation.

Q: Are there any additional fees that may be assessed to participating centers?

A: The annual participation fee for MBSAQIP is all-inclusive for usual costs. It covers access to the MBSAQIP Registry, site visit costs, administrative support, and the plaque/certificate issued to centers granted MBSAQIP Accreditation.

There may be additional fees for unusual circumstances and one-off requests, such as **off-cycle** site visits or requests for additional accreditation plaques. These are not typical.

Q: How are new users, such as MBS Coordinators and MBS Clinical Reviewers, granted access to the MBSAQIP Quality Portal?

A: All contact management is now handled through the MBSAQIP Quality Portal. The primary contact for each accredited center is responsible for managing all center contacts for both accreditation purposes and MBSAQIP Registry access. Please refer to the MBSAQIP Contact Management Guide for full instructions.

Standard 1- Institutional Administrative Commitment

1.1 Administrative Commitment

Q: Is there a template available for the letter of administrative commitment?

A: No, there is no template. The letter must address the requirements outlined in Standard 1.1, and the content must be specific to your accredited center. Address all the requirements outlined in the Standard and construct a narrative that addresses each of the required elements **specific to your accredited center**. Ensure the letter is current (written in the most recent 12 months) with up-to-date information and data, and signed by a member of facility leadership.

Q: How many letters are required to meet the measure of compliance?

A: Only one letter is required for each accreditation cycle. That letter must be written in the most recent year. You do not need to submit additional letters for previous years of the accreditation cycle.

Q: We have multiple MBSAQIP-Accredited Centers within our health system. Can we use the same letter for each center?

A: No. The letters may be very similar given that the accredited programs are all part of the same medical institution or health system, but each letter needs to be tailored to each specific accredited program and their variances in leadership, annual volume, procedure mix, quality improvement projects, and current/future investments and resource allocations based on the needs of each program.

Standard 2- Program Scope and Governance

2.1 Volume Criteria

Q: We are an Initial Center applying for accreditation. Do we need to meet the volume requirement before applying?

A: Yes. All applicant centers must meet the volume criterion for the designation level for which they intend to apply **before** submitting their application. This volume criterion must be met within the most recent 12 months prior to application.

Q: We are an Initial Center applying for accreditation. We do not have access to the MBSAQIP Registry. How do we capture our initial case volume in the Registry?

A: Initial Applicants will receive MBSAQIP Registry access once the Pre-Review Questionnaire (PRQ) has been approved. When Registry access is granted, the MBS Clinical Reviewer will retroactively capture case volume from the 1st day of that month, and all future cases performed at the center.

Optionally, the MBS Clinical Reviewer may choose to capture additional cases as far back as the MBSAQIP Registry's 90-day lock date will allow.

EXAMPLE SCENARIO: St. John's Hospital has applied for accreditation. Their PRQ is approved on May 23rd.

The MBS Clinical Reviewer **must** abstract all appropriate cases into the Registry with operation dates of May 1st and later.

The center has the **option** to have the MBS Clinical Reviewer abstract all appropriate cases into the Registry with operation dates prior to May 1st, as far back as the Registry's 90-day lock date will allow.

Q: We are a Renewal Center with an upcoming reaccreditation site visit. How is our data review period determined?

A: Your center will complete the Application Data Template (ADT) as part of the PRQ.

The ADT will automatically generate your 36-month data review period based on the month and year you begin completing the ADT. The formula for calculation is below:

Start Date=(Current Month - 1 Month) - 36 Months

2.2 Low Acuity Patient and Procedure Selection

Q: What constitutes significant cardiac or pulmonary impairment?

A: While this is ultimately a local level clinical decision that must be made by the patient's attending surgeon with the assistance of other clinical providers, conditions such as chronic obstructive pulmonary disease (COPD), lung cancer, "low function" ejection fraction %, and the presence of a left ventricular assist device (LVAD) are examples that would constitute significant impairment.

These are just examples. This list does not cover all clinical conditions/scenarios constituting significant cardiac or pulmonary impairment.

2.3 Ambulatory Surgery Center Patient and Procedure Selection

Q: What constitutes significant cardiac or pulmonary impairment?

A: While this is ultimately a local level clinical decision that must be made by the patient's attending surgeon with the assistance of other clinical providers, conditions such as chronic obstructive pulmonary disease (COPD), lung cancer, "low function" ejection fraction %, and the presence of a left ventricular assist device (LVAD) are examples that would constitute significant impairment.

These are just examples. This list does not cover all clinical conditions/scenarios constituting significant cardiac or pulmonary impairment.

2.4 Metabolic and Bariatric Surgery (MBS) Committee

Q: We are an Initial Center. Must our MBS Committee meet 3 times and have the annual comprehensive review meeting prior to applying for accreditation and/or our first site visit?

A: No. The MBS Committee must be established**, and meet at least once** prior to application for accreditation. That meeting must address important standards compliance requirements, and ensure the center is prepared to move forward with seeking MBSAQIP Accreditation. The meeting minutes must be documented as required by Standard 2.4.

Q: Are virtual or teleconferenced meetings of the MBS Committee permissible?

A: Yes. The MBS Committee may convene in any manner conducive to hosting a productive meeting. The meeting minutes must still be taken in accordance with Standard 2.4, and all attendees who would normally attend must be present. A hybrid meeting is also acceptable (mix of in-person and virtual attendees).

Q: Are non-surgeon proceduralists required to participate in the MBS Committee?

A: Yes. Endoscopists and other proceduralists performing endoluminal procedures for the treatment of obesity or metabolic disease processes must be members of the MBS Committee, and function in the MBS Committee in the same capacity as metabolic and bariatric surgeons, including participation in discussions regarding their specific patients and the review of any adverse events resulting from procedures they have performed for the treatment of obesity and metabolic diseases. **This includes proceduralists performing revisional bariatric procedures, such as transoral outlet reduction (TORe) to address gastrojejunal anastomosis dilation.**

Endoscopists exclusively performing esophagogastroduodenoscopies (EGDs) and similar procedures for diagnostic purposes are **not** required to be a part of the MBS Committee, unless otherwise requested by the MBS Director or the MBS Committee.

Q: Are general surgeons covering bariatric call required to participate in the MBS Committee?

A: No. They are welcome to attend and participate, but they are not required to do so, unless their presence is specifically requested by the MBS Director or the MBS Committee.

2.4 Metabolic and Bariatric Surgery (MBS) Committee (Continued)

Q: The annual comprehensive review meeting (ACRM) of the MBS Committee counts as a quality meeting for surgeons seeking Verification (Standard 4.2). Does attendance at ACRMs for different hospitals count for multiple quality meetings?

A: No. As outlined in Standard 2.4, only one ACRM per year is allowed to count as a quality meeting for the purposes of surgeon verification. Surgeons may be required to attend multiple ACRMs for different accredited centers at which they operate, but only one of those meetings is allowed to count as a quality meeting for the purposes of surgeon verification. The second meeting must always be a local, regional, or national quality meeting hosted **outside** of the MBS Committee. Quality meetings are required to enhance surgeon education around quality improvement processes. That goal cannot be met without diversifying surgeon interaction with quality experts on various quality-based discussion topics. This is the same reason why peer review meetings (Morbidity and Mortality conferences) do **not** count as quality meetings- while reviewing the medical management of individual patients is vitally important, such meetings do not address the broader goal of learning about quality improvement processes.

2.5 Metabolic and Bariatric Surgery (MBS) Director

Q: Is it permissible for our center to have Co-MBS Directors?

A: No. A single individual must fill the position of MBS Director at a MBSAQIP-Accredited center.

Q: Our MBS Director is retiring or otherwise leaving our center. What should be do?

A: All changes in the MBS Director position must be communicated to MBSAQIP within 30 days (mbsaqip@facs.org). A new MBS Director must be appointed within 12 months of the previous Director's departure. The MBSAQIP Accreditation Team will provide additional guidance based around your center's specific circumstances.

Q: The MBS Director must be fully integrated into the institution's organizational framework. What does this mean?

A: The MBS Director position must be incorporated into the institution's chain of command (typically through an organizational chart), clearly documenting the MBS Director's authority to complete their prescribed duties as outlined in Standard 2.5. An organizational chart is not specifically required if other documentation exists to support the position's authority and integration. It must be clearly identified which bariatric team members report to the MBS Director, and to whom the MBS Director reports within the institution.

2.6 Metabolic and Bariatric Surgery (MBS) Coordinator

Q: The MBS Coordinator must be fully integrated into the institution's organizational framework. What does this mean?

A: The MBS Coordinator position must be incorporated into the institution's chain of command (typically through an organizational chart), clearly documenting the MBS Coordinator's authority to complete their prescribed duties as outlined in Standard 2.6. An organizational chart is not specifically required if other documentation exists to support the position's authority and integration. It must be clearly identified which bariatric team members report to the MBS Coordinator, and to whom the MBS Coordinator reports within the institution.

Q: What credentials are acceptable to prove that the MBS Coordinator is a licensed or registered health care professional?

A:Acceptable credentials include, but are not limited to: RN - Registered Nurse; PA - Physician Assistant; NP - Nurse Practitioner; APN - Advanced Practice Nurse; RD - Registered Dietitian; PT/PTA - licensed Physical Therapist or Physical Therapist Assistant.

This is not an exhaustive list. If you have questions on whether or not an individual's credentials allow them to fill the role of the MBS Coordinator, please contact MBSAQIP (mbsaqip@facs.org).

2.7 Metabolic and Bariatric Surgery (MBS) Clinical Reviewer

Q: The MBS Clinical Reviewer must be fully integrated into the institution's organizational framework. What does this mean?

A: The MBS Clinical Reviewer position must be incorporated into the institution's chain of command (typically through an organizational chart), clearly documenting the MBS Clinical Reviewer's authority to complete their prescribed duties as outlined in Standard 2.7. An organizational chart is not specifically required if other documentation exists to support the position's authority and integration. It must be clearly identified which bariatric team members report to the MBS Clinical Reviewer, and to whom the MBS Clinical Reviewer reports within the institution.

2.8 Obesity Medicine Director (OMD)

Q: Can the Obesity Medicine Director also be the MBS Director?

A: Yes. As long as the individual in question fulfills all of the requirements outlined in both Standard 2.5 and 2.8, the MBS Director and OMD rolls can be filled by the same individual.

Standard 3- Facilities and Equipment Resources

3.2 Facilities, Equipment, and Furniture

Q: Can we provide bariatric commodes instead of appropriately weight rated toilets?

A: No. Bedside commodes can be provided in addition to appropriately weight rated toilets, but cannot be used as a substitute for appropriately supported toilets.

Q: Does MBSAQIP require specific physical dimensions for hallways, doors, patient rooms, or other areas of the facility?

A: No. The MBSAQIP Standards must accommodate the highest acuity patients with obesity and all prospective medical centers that may wish to apply for accreditation. Requiring minimum physical dimensions for specific areas of the medical facility would be unduly prejudicial against smaller medical facilities that only provide care for lower acuity patients.

Q: Standard 3.2 requires a care pathway for patients that exceed our center's current equipment weight limits. What should this pathway entail?

A: This pathway must address how care is delivered or deferred for patients who cannot be accommodated with your center's current equipment. This may include referral to a non-surgical obesity medicine program, preoperative patient optimization and weight loss, or referral of care to another medical facility that has the necessary equipment to safely provide care to patients who exceed the weight limits of your center's existing equipment.

3.3 Designated Bariatric Unit

Q: Can the designated bariatric unit move based on hospital census or other facility needs?

A: Yes. The designated bariatric unit is required to ensure that appropriate care is provided by experienced nursing staff and advanced practice providers. As long as the staff caring for MBS patients is experienced in treating patients with obesity, the designated unit may be relocated.

Standard 4- Personnel and Services Resources

4.1 Credentialing Guidelines for Metabolic and Bariatric Surgeons

Q: What is the difference between credential guidelines and credentialing requirements?

A: The guidelines outlined in Standard 4.1 must be followed to create your center's credentialing requirements for metabolic and bariatric surgeons and/or proceduralists. The guidelines presented in Standard 4.1 are just that- **guidelines** to help your center address the necessary elements that must be considered by your hospital's credentialing committee when determining whether or not to grant metabolic and bariatric surgery privileges to applicant physicians. The outlined list of guidelines in Standard 4.1 **do not** constitute credentialing requirements **by themselves-** they are specific elements that need to be addressed in your medical facility's credentialing requirements for metabolic and bariatric surgery. These requirements need to be specifically tailored to your medical facility in accordance with institutional policy. Metabolic and bariatric surgery credentialing requirements must also be separate and distinct from general surgery credentialing requirements.

4.2 MBSAQIP Surgeon Verification

Q: Do all metabolic and bariatric surgeons at our center need to be Verified Surgeons?

A: No. Only the MBS Director is required to be a Verified Surgeon. Other surgeons are welcome to seek Surgeon Verification if they meet all the required criteria.

4.3 Metabolic and Bariatric Surgery Call Coverage

Q: Do we need to submit surgical privileges for all surgeons covering call?

A: Yes. Your center must provide privileges for all metabolic and bariatric surgeons, and all general surgeons covering call.

Q: What training is required for general surgeons covering call?

A:

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

4.3 Metabolic and Bariatric Surgery Call Coverage (Continued)

Q: Do general surgeons covering call need to have bariatric-specific CME?

A: No. Any additional training requirements for general surgeons covering call (such as bariatric-specific CME), beyond the requirements outlined in Standard 4.3, are at the discretion of the MBS Director and the MBS Committee.

4.4 Staff Training

Q: Do the requirements for staff training apply to our bariatric surgeons?

A: Yes. Metabolic and bariatric surgeons **and general surgeons covering bariatric call** are required to complete all 3 training levels outlined in Standard 4.4.

Q: For compliance with Standard 4.4, does our center need to provide the training materials for the different levels of training or the records of staff training completion?

A: Both. As outlined in Standard 4.4, accredited centers must provide both the course materials for each training level and records of training completion for relevant staff.

4.5 Multidisciplinary Team

Q: Must we provide credentials, licensure, or certification for every individual provider of the multidisciplinary team?

A: No. The center only needs to provide qualified documentation for one person from each of the required disciplines listed in Standard 4.5.

Q: Is it required to have all the services of the Multidisciplinary Team “in-house”?

A: No. While all of the required services must be available for all patients as needed, they can be offered via referral to providers outside of the accredited center.

4.6 Advanced Cardiovascular Life Support (ACLS)

Q: Must we provide credentials for every individual provider with ACLS qualifications?

A: No. The center only needs to provide documentation for one ACLS-qualified provider.

4.8 Critical Care Unit (CCU)/Intensive Care Unit (ICU) Services

Q: Must we provide credentials for every individual CCU/ICU nurse/physician?

A: No. The center only needs to provide documentation for one ICU nurse and physician.

4.9 Anesthesia Services

Q: Does our center need to have a bariatric-specific anesthesia protocol?

A: Yes. The center must have an anesthesia protocol that specifically addresses all of the elements outlined in Standard 4.9. The protocol must be specifically tailored to patients undergoing metabolic and bariatric surgery.

4.10 Endoscopy Services

Q: Do diagnostic endoscopists need to be part of the MBS Committee?

A: No. Only endoscopy providers performing procedures for weight loss, or the treatment of metabolic disease processes need to be members of the MBS Committee.

Q: Must endoscopy services be available 24/7/365?

A: No. Endoscopy services do not need to available at all times, but must be provided on-site for all facilities with a Comprehensive Center designation.

4.11 Diagnostic and Interventional Radiology Services

Q: Must diagnostic and interventional radiology services be available 24/7/365?

A: No. Diagnostic and interventional radiology services do not need to available at all times, but must be provided on-site for all facilities with a Comprehensive Center designation.

Standard 5- Patient Care: Expectations and Protocols

5.1 Patient Education Pathways

Q: Our center has a patient pamphlet that does not cover all the required elements of the patient education pathway. Do we need additional education materials?

A: Yes. Advertising materials for your program are not the same as the patient education pathway required in Standard 5.1. The patient education pathway must include outcomes data, case volume, and additional information that must be discussed with the patient. This information must be revised and updated annually in your center's education materials.

Having separate adverting materials for the program that provide a more basic, high-level overview of bariatric surgery is perfectly acceptable, but those advertising materials will not meet the measure of compliance for this Standard by themselves.

5.2 Patient Care Pathways

Q: Is there a required template or format for our patient care pathways?

A: No. Flow charts, tables, algorithms, patient care crosswalks, word documents, or any other format are acceptable.

The only requirement is for the patient care pathway to address all the necessary elements outlined in Standard 5.2.

5.3 Written Transfer Agreement

Q: Our center manages all complications on-site. Do we need a transfer agreement?

A: No. If your center can manage the full range of metabolic and bariatric complications on-site, you do not need a transfer agreement and no documentation is required for this Standard. Compliance will be confirmed during your center's accreditation site visit.

Standard 6- Data Surveillance and Systems

6.1 Data Entry

Q: Our MBS Clinical Reviewer position was vacated unexpectedly, and some cases were not entered into the MBSAQIP Registry. How should this be handled?

A: Your site must keep accurate records of all cases that were not abstracted into the Registry and continue to follow those patients long-term. When a new MBS Clinical Reviewer is hired, those cases that are not past the 90-day lock date must be entered into the MBSAQIP Registry.

Any cases that are not abstracted into the MBSAQIP Registry must be followed out long-term, with accurate records of any post-operative occurrences for case review at your center's next accreditation site visit.

6.3 Data Review

Q: We are an Initial Center/our center has not yet received a Semi-Annual Report (SAR). How do we demonstrate compliance with this Standard?

A: Initial Centers and centers that have not yet received their first SAR are exempt from demonstrating compliance with this Standard. Once an accredited center receives their first SAR, the center is required to be compliant with this Standard.

If the center does not receive a SAR because they did not maintain a complete 30-day follow-up rate of greater than or equal to 80%, the center will be found non-compliant with Standard 6.3.

Standard 7- Quality Improvement

7.1 Adverse Event Monitoring

Q: Must we review all mortality cases occurring within 90 days of metabolic and bariatric surgery, or only those where the cause of death was related to the M/B procedure?

A: All 90-day mortality cases must be reviewed by the MBS Committee within 60 days of discovering the patient's death, regardless of whether or not the patient's death was related to the metabolic/bariatric procedure. There are no mitigating circumstances or exclusionary criteria that override this requirement.

7.3 Annual Compliance Reports

Q: Can we contact MBSAQIP to request copies of previously submitted Annual Compliance Reports (ACRs)?

A: No. Records of all submitted ACRs must be kept by the accredited center, just like all other documentation required for Standards compliance.

ACRs are now required to be uploaded to the MBSAQIP Quality Portal. Previous ACRs that your center has uploaded to the Quality Portal can be accessed there for future reference, but ACRs submitted prior to 2020 are not likely to be available through the Quality Portal.

Standard 8- Professional and Community Outreach

8.1 Support Groups

Q: Do support groups need to be run by the hospital, or can they be offered by the surgeon's practice?

A: Either is acceptable, as long as support groups are provided as required by Standard 8.1.

Q: Can support groups be pre-recorded?

A: No. Support groups must be live, interactive events. They cannot be pre-recorded.

Q: Can support groups be held virtually?

A: Yes.