

# MBSAQIP: New Standards and Accreditation Levels

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# Disclosures

- Covidien - Education



**METABOLIC AND BARIATRIC SURGERY  
ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM**

# The Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)

- Joint program between the ASMBS and the American College of Surgeons
  - Merger of the ASMBS COE program and the ACS BSCN
  - One national accreditation program for metabolic and bariatric surgery centers
  - Established in 2012
  - Approximately 725 accredited centers in the United States and Canada

# MBSAQIP Objectives

- Provide safe and accessible treatment
- Quality care for the metabolic and bariatric surgery patient
- Drive data collection and outcomes-based standards
- Quality improvement initiatives
  - Institution
  - Regional collaboratives
  - National

# Value of MBSAQIP Accreditation

- External and internal assessment to improve quality
- Improved patient outcomes
- Access to data registry and quality reporting
- Helps establish an integrated framework for MBS within the institution

## MBSAQIP Committee Structure



**MBSAQIP**

Metabolic and Bariatric Surgery  
Accreditation and Quality Improvement Program

# Standards

- Initial drafts revising ASMBS-COE standards (2011)
  - Emphasize QI and outcomes reporting
  - ASMBS Quality and Standards Committee
- CMBS Standards Committee (2012)
  - Development of new standards
  - Revised after public comment (2013,2014)



# New Criteria

- Similar to old criteria
  - Elimination of unproven or unnecessary requirements
    - IR, CVTS, ID
    - Simplify surgeon call coverage
      - General surgeon credentialed for foregut surgery
  - Addition of quality improvement program

# Volume

- Could not completely eliminate volume criteria
  - 125 not supported in the literature (only one study supported even 100 cases)
  - Remains a significant predictor of outcomes
    - Stapled procedures only
  - Need enough cases for valid risk adjustment
  - Need enough cases to adjust for reliability of the data
  - Literature supports 50 stapled procedures annually
  - Need enough cases to support the program structure
  - Data base will mature and using outcomes may be more possible in the future

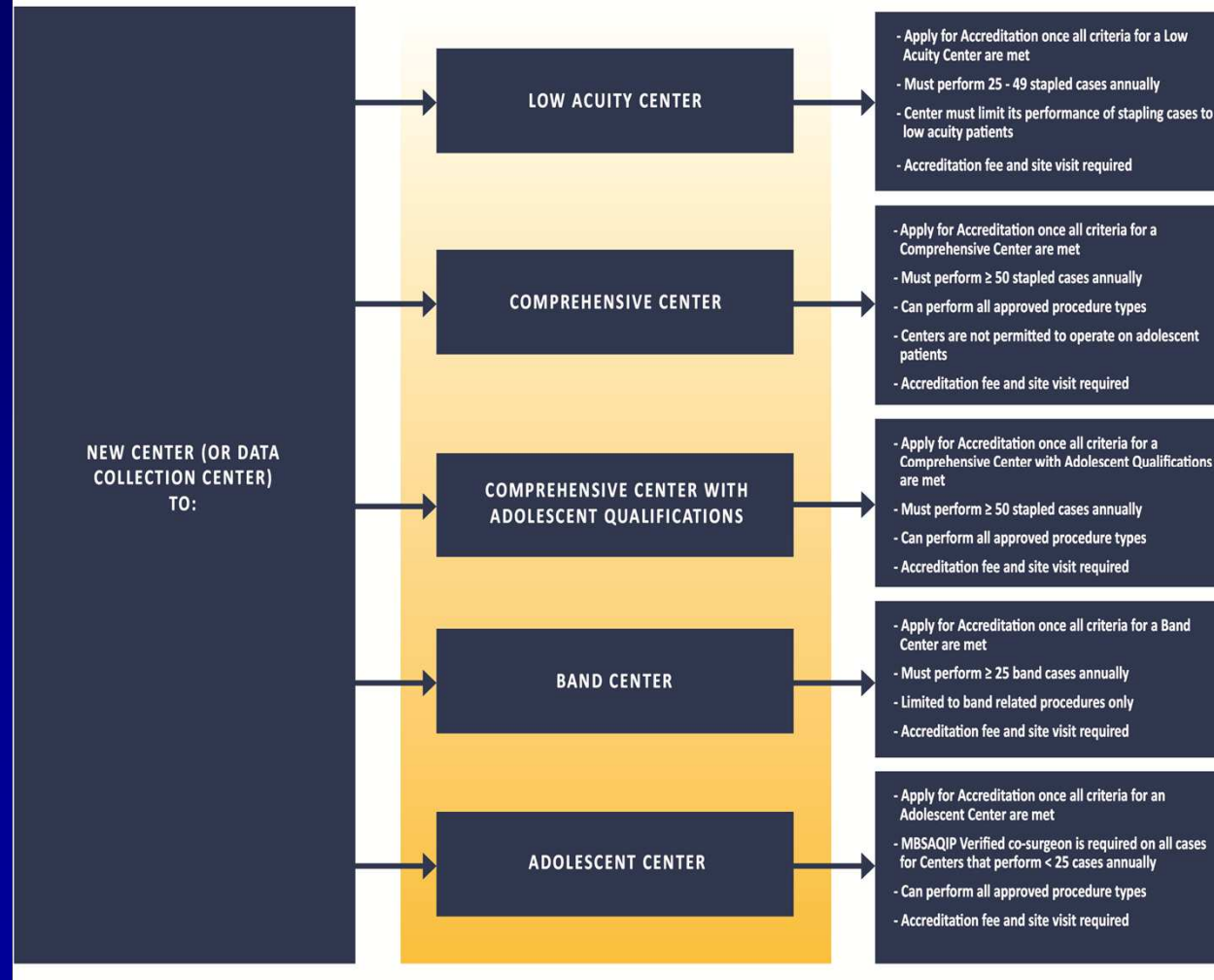
## NEW CENTER PATHWAY TO MBSAQIP DATA COLLECTION CENTER OPTION ONLY



# Data Collection Center

- Requires Data Collector
  - MBSAQIP training
- Start entering all bariatric cases from facility into database
- Compliance to standards not required
  - No restriction based upon acuity
  - No volume minimum
- Begin preparations for formal application

## PARTICIPATION PATHWAYS FOR NEW CENTERS



# Determine Appropriate Designation Desired

- Comprehensive Center (50 stapled / year)
  - With or without adolescent qualifications
- Low acuity center (25-49 stapled / year)
- Band Center (25 LAGB / year)
- Adolescent Center

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## Resources for Optimal Care of the Metabolic and Bariatric Surgery Patient 2014

Metabolic and Bariatric Surgery Accreditation and Quality  
Improvement Program Standards and Pathways Manual



AMERICAN COLLEGE OF SURGEONS  
*Inspiring Quality  
Highest Standards, Better Outcomes*



American Society for  
Metabolic and Bariatric Surgery

EFFECTIVE DATE: MAY 1, 2014

# Standard 1

- Case Volume, Patient Selection, and Approved Procedures by Designation level
  - Low Acuity
    - Age  $\geq 18$  and  $< 65$
    - Males BMI  $< 55$ , Females  $< 60$
    - No organ failure
    - Ambulatory
    - No elective revisions



## Standard 2

- Commitment to Quality Care
  - Metabolic and Bariatric Surgery Committee
  - MBS Director
  - MBS Coordinator
  - MBS Clinical Reviewer
  - Facility Accreditation
  - Surgeon Credentialing, Call Coverage
  - Designated Area of Facility, Nursing Staff, Personnel

## Standard 3

- Appropriate Equipment and Instruments
  - Furniture, Toilets, Equipment,
  - Radiology, OR, ED

## Standard 4

- Critical Care Support
  - ACLS Provider
  - Stabilize and transfer – transfer agreements
  - Required Services
    - Anesthesia
    - ICU
    - Endoscopy
    - Radiology
    - Consultants – Critical Care / Pulmonology, Nephrology, Cardiology

## Standard 5

- Standardization of care
  - Patient education protocols
  - Perioperative Care Protocols
    - Preoperative assessment
    - Standardized orders – diet, pain management, DVT prophylaxis
  - Long-term follow-up
  - Support Groups

## Standard 6

- Data collection and monitoring
  - All cases and outcomes entered in MBSAQIP database
  - Regular review of outcomes

## Standard 7

- Continuous quality improvement process
  - Institutional collaborative – MBS committee
    - Review of outcomes, reporting of adverse events
  - Quality improvement initiatives
    - At least 1 QI initiative annually
  - Annual reports to MBSAQIP

## Standard 8

- Band Centers
  - Meet standards 1-7 and perform at least 25 band procedures annually
  - Admitting privileges or transfer agreement with comprehensive center

## Standard 9

- Adolescent Centers
  - Pediatric Medical Advisor and Behavioral Specialist
  - Co-surgeon requirement for Children's Hospitals
    - If less than 25 stapled cases annually



# Standards Committee – Future Directions

- MBSAQIP Standards reflect best evidence and expert opinion to obtain optimal outcomes, promote advances in the field, and permit continuous quality improvement
  - Improve accessibility to care
  - Remains a fluid document, with changes generated by new evidence, opinion, and functionality
  - The Standards Committee works closely with the Verification Committee to ensure the standards can be verified at inspection, to eliminate potential loopholes, and continue to meet the goals of the MBSAQIP

# Conclusion

- The MBSAQIP represents the next step in Metabolic and Bariatric Surgery accreditation
  - Structural and Process measures
  - Outcomes Reporting
  - Quality Improvement