In response to the COVID-19 pandemic, the American College of Surgeons (ACS) and the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) have implemented the following guidelines for conducting Virtual Site Visits.

<u>**Eligibility**</u>

1. **Accreditation in Good Standing:** Renewing Centers must have accreditation in good standing with MBSAQIP for approval to move forward with a Virtual Site Visit. Initial Centers will be evaluated for readiness based on their submitted Pre-Review Questionnaire (PRQ).
    a. At its discretion, ACS/MBSAQIP may refuse approval for a Virtual Site Visit for any reason.
2. **Executed Agreements:** Participating Centers pursuing a Virtual Site Visit must fully execute all necessary legal agreements between their facility and ACS/MBSAQIP, including the MBSAQIP Participation Agreement and Business Associate and Data Use Agreement.
3. **Legal Review/Authorization:** Participating Centers must consult the facility's legal counsel or an individual with comparable authority to approve the Site Reviewer's evaluation of patient medical records and hospital documentation using a virtual platform. **<u>A verbal agreement is sufficient to meet this requirement.</u>** No written documentation is necessary aside from the ACS/MBSAQIP Agreements noted in item #2 above. The facility must simply be notified of the pending Virtual Site Visit and have the opportunity to pose any questions or objections to conducting a virtual visit.
4. **Approved PRQ:** Participating Centers must submit a complete Pre-Review Questionnaire to MBSAQIP. The PRQ must be reviewed and approved by MBSAQIP Staff in order to be eligible for a Virtual Site Visit. Please have all compliance documentation compiled in a digital/electronic format by the day of the Virtual Site Visit. Paper records cannot be reviewed during the Virtual Site Visit process.
5. **Electronic Medical Records:** the facility must utilize an EMR system to facilitate remote/electronic review of patient charts. Direct access to the EMR is not required for the Site Reviewer. The center will use presentation/screen sharing to allow the Site Reviewer to review patient medical records in real time. Patient medical records must never be sent to the Site Reviewer or MBSAQIP prior to the site visit. All documentation containing PHI must remain at the facility seeking accreditation. Scanned paper charts may also be reviewed electronically if multiple EMRs are in use at the Accredited Center, or if it would otherwise facilitate a more efficient site visit.
6. **Virtual Video Conferencing Platform**: the Virtual Site Visit will be conducted using a virtual platform of the center's choice. The center must have a team member proficient with running the selected software, including switching presenters and screen sharing. The center must have a conference room equipped for video conferencing, including access to at least one web camera. All agenda items will be completed via virtual review by the Site Reviewer using the designated video conferencing platform. The following features are required for any selected virtual video conferencing platform:
    a. HIPAA-Compliant/secured connection
    b. Video conferencing
    c. Screen sharing
    d. The ability to switch presenters
7. **Recommended Platforms:** The currently recommended video conferencing platforms for a Virtual Site Visit include: **Microsoft Teams, Zoom, GoToWebinar/GoToMeeting, Webex, Google Meet, and Skype.** Other platforms will be approved on a case-by-case basis provided they meet all the criteria outlined in item #6 above.

Expectations and Procedures

1. After the facility has been approved for a Virtual Site Visit, MBSAQIP will assign a Site Reviewer to conduct the Virtual Site Visit. Confirmation of the assignment may take 1-2 weeks, as Site Reviewers have 7 days to respond to site visit assignments.

2. The facility will schedule the Virtual Site Visit with the Site Reviewer on a mutually agreeable date and time. **The scheduled site visit date must be confirmed with your assigned MBSAQIP Program Coordinator.**

   The MBS Director, MBS Coordinator, and MBS Clinical Reviewer must be available for the entire duration of the Virtual Site Visit. These individuals should not book clinic time, patient appointments, surgical or interventional procedures, or other meetings/appointments during this time.

3. The facility is responsible for scheduling, hosting, and running all technical logistics of the Virtual Site Visit. **Once the Virtual Site Visit date has been confirmed, it is the responsibility of the facility's primary contact to schedule calendar invites and reserve virtual meeting appointments for the day of the site visit.**
   a. **Site Visit Check-In Calls** must be forwarded to the confirmed *Site Reviewer* and the program's assigned *MBSAQIP Program Coordinator*.
   b. **Site Visit Dates** must be forwarded to the confirmed *Site Reviewer* and *MBSAQIP at mbsaqip@facs.org*. It is recommended that the calendar invitation and virtual meeting appointment be shared with all participants at the facility.

4. The facility's chosen conference or meeting room must be adequately equipped to host a video conference. The room must be private and quiet to help facilitate a constructive and productive Virtual Site Visit. All attendees must mute their phones and devices once the site visit begins. Please ask all participants to mute themselves while not talking in the virtual meeting to avoid feedback, background noise, and other audio issues.

5. The MBS Director and MBS Coordinator must host the Virtual Site Visit via web camera. All other team members and attendees may participate via teleconference or videoconference.

6. The Site Reviewer must participate via web camera.

7. The MBSAQIP Program Specialist, and other members of the MBSAQIP Accreditation Team may participate in the Virtual Site Visit in an observational capacity only. Although MBSAQIP will assist in any way we can, the center is still responsible for all technical logistics for organizing and running the Virtual Site Visit.

8. It is highly recommended that a hospital IT professional be on call to assist with the Virtual Site Visit for any technical issues that may arise. Please discuss this with your institution's IT department.

9. All participants must approach the Virtual Site Visit with the same decorum allotted to an in-person MBSAQIP Site Visit or any other formal meeting. Please be punctual, prepared, and professional.

10. **The center and the Site Reviewer are responsible for a test run of the Virtual Site Visit to minimize the risk of technical malfunctions on the day of the visit.**

11. **This check-in call should occur approximately 7-14 days prior to the scheduled Virtual Site Visit.** It is acceptable to schedule the check-in meeting within a few days of the Virtual Site Visit, but the applicant center may have less time to address technical issues if any are identified during the check-in call.

12. *Please create a calendar appointment and secure a virtual meeting room for the test run. Invitations should be sent to your center's assigned MBSAQIP Program Coordinator, the MBSAQIP Accreditation Team (mbsaqip@facs.org), and the confirmed Site Reviewer.*

13. **Breaks** will be taken on an ad-hoc basis throughout the day. Expect a brief 3–5-minute break between each agenda item on the Site Visit Agenda (below), and folks are free to briefly excuse themselves from the Virtual Site Visit as needed throughout the day. If you are the MBS Director, MBS Coordinator, or MBS Clinical Reviewer, please try to align breaks with times when you are not actively engaged in the conversation or wait until a scheduled break to excuse yourself.

Tips for a Successful Virtual Site Visit
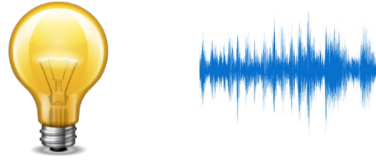
1. **Pick the right room, good lighting and acoustics**

2. **Silence your devices**

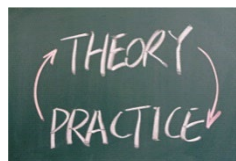3. **Login to the meeting using your proper name/account, or use nametags**

4. **Mute non-essential attendees. Please stay muted unless you are speaking**

5. **Dial In to the Meeting**

   a.   Please have participants join the virtual visit by dialing in to the meeting rather than congregating in-person

6. **Practice, Practice, Practice**

   a.   Work with the technology platform and review the agenda carefully before the site visit. Practice makes perfect!

ACS / MBSAQIP
Metabolic and Bariatric Surgery
Accreditation and Quality
Improvement Program
American College of Surgeons

All centers preparing for a virtual site visit must complete the MBSAQIP Site Visit Complication List, available from this link:

MBSAQIP Site Visit Complication List

This will be a HIPAA-compliant list of the center's metabolic/bariatric surgery complication charts, which will be sent to your assigned Site Reviewer. The Site Reviewer will use the list to determine which charts will be reviewed during the virtual site visit.

Please compile the Complication List using the same data reporting timeframe used to complete the Application Data Template.

Chart Review Preparation

1. Complete the MBSAQIP Site Visit Complication List, documenting **all*** complication charts from the following categories:

   a) **All Mortalities** within 1 year of the operation date for all Initial procedures, as well as Revision and Conversion procedures that require capture on a case form

   b) **All Reoperations** within 30 days of the operative procedure (Do not include interventions)

   c) **All Lengths of Stay longer than 7 days** after the operative procedure

   d) **All Transfers** to an acute care facility

   e) **All Readmissions** within 30 days of the operative procedure

   f) **All IRB cases** if applicable

   g) **10 Sample Cases:** The MBS Director and MBS Coordinator must choose **ten (10)** different metabolic/bariatric surgery sample cases for review. Please choose cases that represent all actively practicing bariatric surgeons, and all primary procedure types performed at the center. Please choose cases with a normal postoperative course *from the most recent 12 months* from the Application Data Template timeline (Year 3).

2. Send the Complication List to your assigned Site Reviewer. The Site Reviewer will choose 10 complication charts to review and will communicate which complications to prepare for site visit.

3. Prepare all complication charts requested by the Site Reviewer, and the 10 sample cases, for review during the virtual site visit.

* Do not list the same complication chart more than once. If a chart falls into more than one complication category, place the chart in the most severe complication category. The complication categories are listed in order of severity. All appropriate complication charts must be documented, including complications that are not related to bariatric surgery.

Chart Preparation

At minimum, the following documents should be available for review for each chart:

☐ Primary Care Physician History & Physical (H&P), if applicable

☐ Surgeon H&P

☐ Initial Surgery Consult

☐ Operative Notes

☐ Discharge Summary, Discharge Orders, or equivalent

☐ 30-Day Post-Operative Follow-Up Notes

☐ Mortality Documents (ex. death certificate, physician notes, and/or autopsy/postmortem report)

☐ Any additional progress notes which can provide further information regarding the patient's history or clinical course

☐ Any additional documentation requested by the Site Reviewer

Additional Documentation

1. The center's 3 most recent Semiannual Reports (SAR) must be available for reference during the Chart Review

2. The center's Patient Education and Patient Care Pathways (Standards 5.1 and 5.2) must be available during the Chart Review

3. Administrative data file or operative logs to verify 100% case capture in the MBSAQIP Registry, and center volume

Time	Agenda Item *Designates required participants	Required* and Optional Participants
	All MBSAQIP designation levels are covered by the Site Visit Agenda. You may see Standards and required documentation that does not apply to your center's designation level. Please refer to the Designation Requirements Overview in the MBSAQIP Standards for a full list of applicable Standards for each designation level.	
7:45 AM **(15 min.)**	**Welcome** The virtual site visit will begin with introductions of all attendees. The MBS Director or a member of the facility administration must provide a brief overview of the bariatric program and/or the facility, but please keep such presentations under 10 minutes in total duration. A brief PowerPoint presentation is ideal for this facility overview.	**MBS Director*** **MBS Coordinator*** **Administrative Leadership*** MBSCR
8:00 AM **(3 hrs.)** **The Chart Review** *must* **be the first agenda item of the day.**	**Chart Review** (Standards 2.1 – 2.3, 2.7, 4.15, 5.1, 5.2, 5.5, 6.1 – 6.3) **Location:** ☐ Center staff must host the chart review in a private conference room or office ☐ The room must include internet access and a computer for review of the MBSAQIP Registry and the center's Electronic Medical Records ☐ Please assign a staff member proficient and knowledgeable in your EMR to assist with the Chart Review, as needed. ☐ The Site Reviewer will review patient charts via screen sharing. The Site Reviewer must be able to see the patient's chart directly. **Recommended Order of Tasks:** 1. **Review the Semiannual Reports (SAR)** 2. **Review administrative data file/operative logs (annual case volume)** 3. **Review patient and procedure selection criteria** 4. **Review Patient Education and Patient Care Pathways** 5. **Review IRB for any investigational procedures** 6. **Review complication charts:** For each chart, the Site Reviewer will review the patient's preoperative course and overall health, the patient's clinical course and progression of care, use of standardized order sets, the patient's postoperative course, adequacy of clinical documentation, and highlight any overall impressions regarding strengths and opportunities for improvement. 7. **Chart Audit:** The Site Reviewer will write a case summary for 10 of the complication charts reviewed. Sample cases will also be used if there are fewer than 10 complication charts. 8. **Review Sample Cases** (as many charts as time permits) 9. **MBSAQIP Registry Review:** The MBSCR and the Site Reviewer will review Registry access, the data collection process, and long-term follow-up.	**MBS Director*** **MBS Coordinator*** **MBSCR*** Staff Member proficient in EMR

11:00 AM (30 min.)	**Facility-Based Standards Compliance**	**MBS Director***
	The Site Reviewer will confirm facilities-based compliance measures and ensure that the appropriate infrastructure and equipment exists to provide safe care to patients with obesity. Departmental staff must be available to speak to the Site Reviewer during the **Multidisciplinary Care Meeting**, answer questions, and review specific compliance measures.	**MBS Coordinator*** MBSCR
	To ensure patient privacy and safety, a <u>live</u> tour of the facility will <u>not</u> be permitted using digital video equipment.	
	The center must prepare photographs or brief video clips **prior to the start of the site visit,** confirming compliance with the following facilities-based equipment/Standards requirements. **Please carefully review Standard 3.2 for a full list of equipment and facilities that must be documented via video or photograph. <u>Do not record audio if you make a video. Narrate or talk over the video live while it's playing during the virtual site visit.</u>**	
	☐ Bariatric equipment for patients of size (gowns, blood pressure cuffs, scales, wheelchairs, beds, chairs, see Standard 3.2 for a complete list)	
	☐ Appropriately weight-rated or supported toilets	
	☐ Showers, doorways, hallways, and access areas within the facility	
	☐ Imaging equipment for bariatric patients (MRI/CT/Endoscopy)	
	☐ ICU rooms/equipment	
	☐ Patient Rooms	
	☐ Operating Rooms and Equipment (long instruments/trays)	
	☐ Patient waiting rooms and furniture	
	☐ Labeling system for identifying weight capacities of equipment	
	○ Written system for identifying weight capacities of equipment can be used instead of equipment labeling	
	☐ Transportation equipment, such as gurneys and hover mats	
	☐ Crash carts, difficult airway management equipment, ventilators, hemodynamic monitoring equipment	
11:30 AM (1 hr.)	**Multidisciplinary Care Meeting** (Standard 7.2)	**MBS Director***
	Please invite team members from other areas of the facility that provide direct patient care to bariatric patients, including the ED, radiology, endoscopy, anesthesia, the ICU, floor nurses, Operating Room staff, and any other appropriate personnel. Direct care providers must be prioritized. <u>Try not to exceed 15 people for this meeting, though it is acceptable to have more.</u> This is a meeting with the center's extended bariatric team and the Site Reviewer. The multidisciplinary care meeting will be led by the Site Reviewer to:	**MBS Coordinator*** **MBSCR*** **Surgeons Seeking Verification***
	☐ Address questions or areas for clarification from the chart review	**MB Surgeons***
	☐ Address questions or areas for clarification from the center's Pre-Review Questionnaire (PRQ)	**Pediatric Medical Advisor* (if applicable)**
	☐ Discuss the center's Quality Improvement (QI) initiatives and methodology for execution	**Obesity Medicine Director* (if applicable)**
	☐ Address questions or concerns from the center and team members	
	*All surgeons seeking MBSAQIP Surgeon Verification must participate in the Multidisciplinary Care Meeting.	**Integrated Health Team Providers***

12:30 PM (30 min.)	**One-on-One Interviews** (Standards 1.1, 2.5 – 2.8, 4.13) The Site Reviewer will conduct individual one-on-one interviews with each of the required team members to discuss: ☐ The individual's role and integration within the bariatric program ☐ Resource allocation and program needs ☐ The center's strengths and opportunities for improvement ☐ Questions or concerns from the individual team members **Each One-on-One Interview must be conducted in private. Please instruct all other team members and site visit attendees to leave the conference room or disconnect from the virtual meeting.**	**MBS Director*** **MBS Coordinator*** **MBSCR*** **Pediatric Medical Advisor*** **(if applicable)** **Obesity Medicine Director*** **(if applicable)**
1:00 PM (1 hr.)	**Pathway & Protocol Review** (All Standards) During the Pathway & Protocol Review, the Site Reviewer will evaluate compliance documentation for all Standards applicable to your center's designation level. The following documentation must be presented to the Site Reviewer using screen sharing and uploads to the Pre-Review Questionnaire. Please have all the required documents organized by Standard. *****The MBS Committee meeting minutes will confirm compliance with several different Standards. They only need to be included with the documentation for Standard 2.4. Committee meeting minutes must include attendance records. The Site Reviewer may request some of the following documents in advance of the Virtual Site Visit. To ensure HIPAA compliance, the following documents highlighted in red (and any materials that may contain patient-sensitive information) must only be shared and reviewed by the center electronically via screensharing during the virtual site visit. **Standard 1** ☐ Letter of institutional commitment (1.1) **Standard 2** ☐ MBS Committee meeting minutes (2.4)* ☐ MBS Director privileges/credentials (2.5) ☐ MBS Director job description/contract (2.5) ☐ MBS Coordinator job description/contract (2.6) ☐ MBS Coordinator health care license or registration (2.6) ☐ MBSCR job description/contract (2.7) ☐ Obesity Medicine Director privileges/credentials (2.8) ☐ Obesity Medicine Director job description/contract (2.8) **Standard 3** ☐ Health care facility accreditation certificate (3.1) ☐ Written/electronic system of defining equipment weight limits (3.2) ☐ Equipment rental/lease agreements (3.2) ☐ Care pathway for patients who exceed equipment weight limits (3.2) **Standard 4** ☐ MBS credentialing guidelines (4.1) ☐ Privileges for all active M/B surgeons and proceduralists (4.1)	**MBS Coordinator*** MBSCR MBS Director

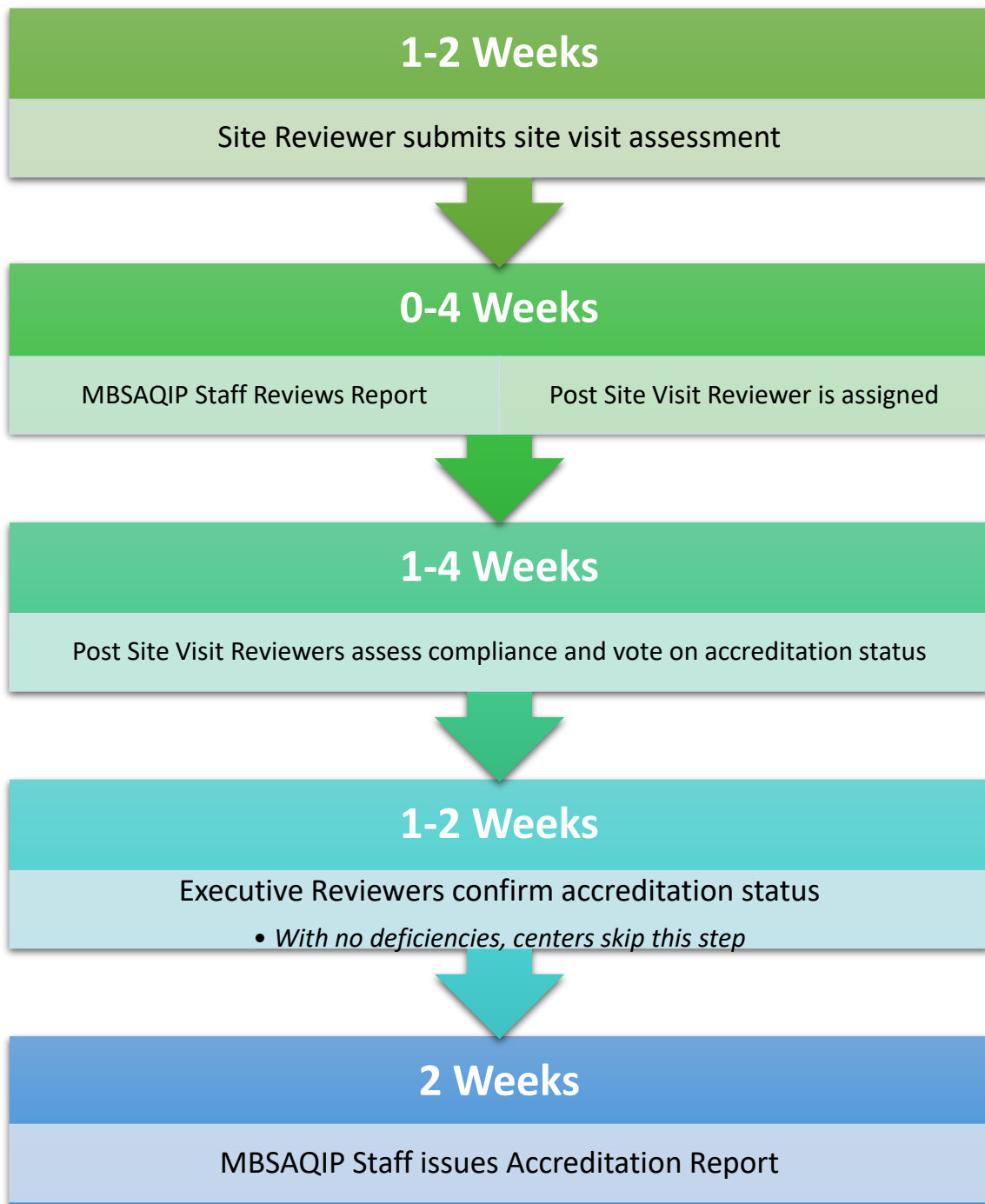|	□ Surgeon Verification: quality meeting attendance (4.2)	
	□ Surgeon Verification: lifetime **and** annual volume case logs (4.2)	
	□ Surgeon Verification: board certification (4.2)	
	□ Surgeon Verification: bariatric-specific CME certificates (4.2)	
	□ MBS call schedule- 3 months minimum (4.3)	
	□ Roster of surgeons providing call coverage (4.3)	
	□ General surgery privileges for surgeons providing call coverage (4.3)	
	□ MBS education materials for general surgeons (4.3)	
	□ Protocol for unassigned or unaffiliated MBS patients (4.3)	
	□ Staff training modules: Training Levels 1-3 (4.4)	
	□ Documentation of staff training (4.4)	
	□ Credentials/certifications for the multidisciplinary team providers (4.5)	
	□ ACLS provider credentials and schedules (4.6)	
	□ Critical care physician credentials (4.8)	
	□ Critical care nurse job description and licensure (4.8)	
	□ Bariatric-specific anesthesia protocol (4.9)	
	□ Anesthesia provider credentials (4.9)	
	□ Endoscopy physician credentials (4.10)	
	□ Interventional radiology physician credentials (4.11)	
	□ Credentials for physicians providing specialty services (4.12)	
	□ Pediatric Medical Advisor privileges/credentials (4.13)	
	□ Pediatric behavioral specialist privileges/credentials (4.14)	
	□ If required, credentials for MBSAQIP Verified Co-Surgeon (4.15)	

Standard 5

- □ Patient education pathways (5.1)
- □ Patient care pathways (5.2)
- □ If required, signed written transfer agreement (5.3 and 5.4)
- □ Inpatient admitting privileges for all bariatric surgeons (5.4)
- □ Inpatient admitting privileges at a facility with a MBSAQIP Comprehensive Center designation for all bariatric surgeons (5.4)
- □ Risk assessment protocol (5.5)
- □ Obesity medicine care pathways for all required services (5.6)
- □ Obesity medicine education materials for additional providers (5.6)

Standard 6

- □ Signed letter of attestation confirming 100% data capture (6.1)
- □ Written protocol for monitoring ED visits, readmissions and patient transfers to other institutions (6.1)
- □ Long-term follow-up protocol (6.2)
- □ Semiannual Reports (SAR) from the accreditation review period (6.3)

	☐ Written or electronic data collection and outcomes monitoring records for obesity medicine patients (6.4) **Standard 7** ☐ Protocol for adverse event notification and review (7.1) ☐ Documentation of mortality review (7.1) ☐ Quality improvement initiatives (7.2) ☐ Annual Compliance Reports from the accreditation review period (7.3) **Standard 8** ☐ MBS support group meeting schedule/documentation (8.1) ☐ MBS support group leader credentials (8.1)	
2:00 PM **(30 min.)**	**Site Reviewer Preparation** The Site Reviewer will mute him/herself or step away from the virtual meeting to prepare for the Exit Interview. The Site Reviewer will use this time to summarize their notes and findings from the site visit before presenting them at the Exit Interview. The MBS Coordinator should consult with the Site Reviewer regarding a start time for the Exit Interview. Anyone invited to attend the Exit Interview should be notified to join the virtual meeting or join the bariatric team in the conference room.	**Site Reviewer***
2:30 PM **(30 min.)**	**Exit Interview** Attendees at the Exit Interview are invited at the discretion of the MBS Committee. The Site Reviewer will read a brief pre-prepared statement on behalf of the MBSAQIP and present their findings from the site visit- including an overview of the day's events and key discussion topics. The Site Reviewer will highlight the center's performance relative to the following areas: ☐ Strengths ☐ Opportunities for improvement ☐ Standards non-compliance The Site Reviewer will also present their accreditation recommendation.* Lastly, the Site Reviewer will address any final questions from the center's staff. The site visit will conclude at the end of the Exit Interview. ☐ ***The Site Reviewer's accreditation recommendation is only a recommendation. The final decision for accreditation will be made by the MBSAQIP Standards and Verification Subcommittee.** ☐ **Missing or incomplete compliance documentation will <u>not</u> be accepted for compliance considerations by the Site Reviewer or the MBSAQIP after the conclusion of the site visit.** ☐ **After the site visit, please address all questions and concerns directly with the MBSAQIP Accreditation team:** ○ **mbsaqip@facs.org** ☐ **The center should expect a final accreditation decision 8-12 weeks after the site visit.**	**MBS Director*** **MBS Coordinator*** **MBSCR*** **Pediatric Medical Advisor*** **(if applicable)** **Obesity Medicine Director*** **(if applicable)** **Administrative Leadership*** MB Surgeons MBS Behavioral Health Provider Registered Dietitian ACLS Provider Integrated Health Team Providers

Post Site Visit Timeline

1-2 Weeks
Site Reviewer submits site visit assessment

0-4 Weeks
MBSAQIP Staff Reviews Report | Post Site Visit Reviewer is assigned

1-4 Weeks
Post Site Visit Reviewers assess compliance and vote on accreditation status

1-2 Weeks
Executive Reviewers confirm accreditation status
- *With no deficiencies, centers skip this step*

2 Weeks
MBSAQIP Staff issues Accreditation Report

MBSAQIP will issue the center's Accreditation Report approximately 8-12 weeks after the site visit.