

BLUE CROSS AND BLUE SHIELD ASSOCIATION THE BLUE DISTINCTION CENTERS FOR BARIATRIC SURGERY® REQUEST FOR INFORMATION for 2010 MID-POINT DESIGNATIONS

Section I. Required Questions for All Programs

GENERAL HOSPITAL INFORMATION. Complete all survey information pertaining to the facility's Bariatric Surgical Program. Be sure that the application is complete, including relevant attachments, before submitting. Applications that are missing information will be considered incomplete and will not be evaluated for participation as a Blue Distinction Centers for Bariatric Surgery.

Note: The Blue Cross and Blue Shield System reserves the right to request additional information from the facilities when appropriate.

1. Provide the legal name and address of the facility responsible for the provision of Bariatric services.

Name _____
Street Address _____
City _____ State _____ Zip Code _____

2. Identify the contact person for questions pertaining to the completed application. *Enter N/A for Fax if not available.

Name _____
Title _____
Street Address _____
City _____ State _____ Zip Code _____
Telephone _____ Fax _____
E-mail address _____

Program Duration

3. Which of the following bariatric surgical procedures are performed at the facility? Provide the date (month and year) for when the first procedure was performed. (Required, Duration must be on or before 1/1/2009)

- | | | | |
|--|------------------------------|-----------------------------|--|
| Open Roux-en-Y Gastric Bypass | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| If YES, indicate the date (month/year) the first procedure was performed | [] | | |
| Vertical Banded Gastroplasty | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| If YES, indicate the date (month/year) the first procedure was performed | [] | | |
| Biliopancreatic Bypass | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| If YES, indicate the date (month/year) the first procedure was performed | [] | | |
| Biliopancreatic Bypass with Duodenal Switch | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| If YES, indicate the date (month/year) the first procedure was performed | [] | | |
| Laparoscopic Adjustable Gastric Banding | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| If YES, indicate the date (month/year) the first procedure was performed | [] | | |
| Laparoscopic Roux-en-Y Gastric Bypass | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |

If YES, indicate the date (month/year) the first procedure was performed

Gastric Sleeve Resection

YES NO

If YES, indicate the date (month/year) the first procedure was performed

Bariatric Procedures

4. Does the facility perform bariatric surgery on an outpatient basis?

YES NO (If yes, below questions will open)

Indicate the frequency that outpatient Bariatric surgical procedures are performed at the facility.

Laparoscopic Adjustable Gastric Banding Never Occasionally Usually Always

Laparoscopic Bypass/Stapling Procedure Never Occasionally Usually Always

Open Bariatric Surgical Procedures Never Occasionally Usually Always

Provide additional comments/details regarding the outpatient bariatric surgical procedures performed at the facility:

5. Complete the following tables regarding **all** (inpatient and outpatient) bariatric surgical procedures performed from **1/1/2006 through 12/31/2009** at the facility. Include all adult patients (18 years or greater). For individuals receiving more than one procedure during the same stay, report all procedures. Laparoscopic cases converted to open procedures should be reported as open cases. (Facility must have at least 125 procedures in the most recent 12 month timeframe)

2006 Bariatric Surgical Volume (*Enter NA (not applicable) in the tables below for those procedures NOT performed at the facility. *Enter DNA (data not available) in the tables below if the requested data is not available or not collected by the facility)

Procedures	Open Bariatric Surgical Volume	Lap Bariatric Surgical Volume	TOTAL
Roux-en-Y Gastric Bypass			
Vertical Banded Gastroplasty			
Biliopancreatic Bypass			
Biliopancreatic Bypass w/ Duodenal Switch			
Adjustable Gastric Banding			
Gastric Sleeve Resection			
Revision of gastric restrictive procedures initially performed for morbid obesity. (The initial procedure may have been performed at another facility.)			

2007 Bariatric Surgical Volume (*Enter NA (not applicable) in the tables below for those procedures NOT performed at the facility. *Enter DNA (data not available) in the tables below if the requested data is not available or not collected by the facility)

Procedures	Open Bariatric Surgical Volume	Lap Bariatric Surgical Volume	TOTAL
Roux-en-Y Gastric Bypass			
Vertical Banded Gastroplasty			
Biliopancreatic Bypass			
Biliopancreatic Bypass w/			

Duodenal Switch			
Adjustable Gastric Banding			
Gastric Sleeve Resection			
Revision of gastric restrictive procedures initially performed for morbid obesity. (The initial procedure may have been performed at another facility.)			

2008 Bariatric Surgical Volume (*Enter NA (not applicable) in the tables below for those procedures NOT performed at the facility. *Enter DNA (data not available) in the tables below if the requested data is not available or not collected by the facility)

Procedures	Open Bariatric Surgical Volume	Lap Bariatric Surgical Volume	TOTAL
Roux-en-Y Gastric Bypass			
Vertical Banded Gastroplasty			
Biliopancreatic Bypass			
Biliopancreatic Bypass w/ Duodenal Switch			
Adjustable Gastric Banding			
Gastric Sleeve Resection			
Revision of gastric restrictive procedures initially performed for morbid obesity. (The initial procedure may have been performed at another facility.)			

2009 Bariatric Surgical Volume (*Enter NA (not applicable) in the tables below for those procedures NOT performed at the facility. *Enter DNA (data not available) in the tables below if the requested data is not available or not collected by the facility)

Procedures	Open Bariatric Surgical Volume	Lap Bariatric Surgical Volume	TOTAL
Roux-en-Y Gastric Bypass			
Vertical Banded Gastroplasty			
Biliopancreatic Bypass			
Biliopancreatic Bypass w/ Duodenal Switch			
Adjustable Gastric Banding			
Gastric Sleeve Resection			
Revision of gastric restrictive procedures initially performed for morbid obesity. (The initial procedure may have been performed at another facility.)			

6. Report the inpatient mortality after bariatric surgery for adult patients (age 18 and over) between **January 1, 2006 and September 30, 2009**, and the number of patients alive one year after undergoing bariatric surgery for all adult patients between **January 1, 2006 and September 30, 2008**. All patients who died during the procedure must be included.

(*Enter NA (not applicable) in the table below for those procedures NOT performed at the facility.* Enter DNA (data not available) in the table below if the requested data is not available or not collected by the facility.)

Procedures	Number of All patients having bariatric surgery 1/1/2006-9/30/2009	Number of patients who died prior to discharge after the initial bariatric surgery	Inpatient mortality %	Number of All Patients having bariatric surgery 1/1/2006-9/30/2008	Number of patients alive at One Year	One Year Patient Survival %
All surgical weight loss procedures (open and lap) other than Adjustable Gastric Banding						
Adjustable Gastric Banding						
Revision						

7. Report the number of patients **LOST** to follow-up for the first **12 months post surgery** for all adult patients (age 18 and over) undergoing bariatric surgery between **January 1, 2006 and September 30, 2008.** Follow-up data can be obtained through direct patient follow-up with the program's bariatric surgeon(s), communication with the patient's primary care physician, or by direct communication with the patient. If the patient's survival status is not known at 12 months post surgery OR there has been no review of the patient's clinical status at 12 months post surgery, report the patient as lost to Follow-up.

(*Enter DNA (data not available) in the table below if the requested data is not available or not collected by the facility.)

Number of patients **LOST** to Follow Up at 12 Months

Total Number of Bariatric Surgical Patients (**1/1/2006 to 9/30/2008**)

Numerator / Denominator Total

8. Report the number of patients **LOST** to follow-up for the first **24 months post surgery** for all adult patients (age 18 and over) undergoing bariatric surgery between **January 1, 2006 and September 30, 2007.** Follow-up data can be obtained through direct patient follow-up with the program's bariatric surgeon(s), communication with the patient's primary care physician or by direct communication with the patient. If the patient's survival status is not known at 24 months post surgery OR there has been no review of the patient's clinical status at 24 months post surgery, report the patient as Lost to Follow-up.

(*Enter DNA (data not available) in the table below if the requested data is not available or not collected by the facility.)

Number of Patients **LOST** to Follow Up at 24 months

Total Number of Bariatric Surgical Patients (**1/1/2006 to 9/30/2007**)

Numerator / Denominator Total

9a. Report the number of patients who experienced at least one major complication within 30 days of bariatric surgery. A major complication is defined as: any serious complication requiring significant intervention (i.e. reoperation, dialysis, etc.), any serious complication requiring readmission (i.e. intestinal obstruction, anastomotic leak, pulmonary embolus, etc.), or patient death.

Open Bariatric Surgical Procedures. (*Enter NA (not applicable) in the table below for those procedures NOT performed at the facility. *Enter DNA (data not available) in the table below if the requested data is not available or not collected by the facility.)

Number of patients experiencing at least one major complication within 30 days
Roux-en-Y Gastric Bypass (open only)

Number of Patients having Bariatric surgery **1/1/2006 – 9/30/2009**
Roux-en-Y Gastric Bypass (open only)

Numerator / Denominator Total

Number of patients experiencing at least one major complication within 30 days
Biliopancreatic Bypass w/ Duodenal Switch (open only)

Number of Patients having Bariatric surgery **1/1/2006 – 9/30/2009**
Biliopancreatic Bypass w/ Duodenal Switch (open only)

Numerator / Denominator Total

Number of patients experiencing at least one major complication within 30 days
Adjustable Gastric Banding (open only)

Number of Patients having Bariatric surgery **1/1/2006 – 9/30/2009**
Adjustable Gastric Banding (open only)

Numerator / Denominator Total

Number of patients experiencing at least one major complication within 30 days
Gastric Sleeve Resection (open only)

Number of Patients having Bariatric surgery **1/1/2006 – 9/30/2009**
Gastric Sleeve Resection (open only)

Numerator / Denominator Total

Number of patients experiencing at least one major complication within 30 days
Open revision of gastric restrictive procedures initially performed for morbid obesity (The initial procedure may have been performed at another facility.) (open only)

Number of Patients having Bariatric surgery **1/1/2006 – 9/30/2009**

Open revision of gastric restrictive procedures initially performed for morbid obesity (The initial procedure may have been performed at another facility.) (open only)

Numerator / Denominator Total

9b. Report the number of patients who experienced at least one major complication within 30 days of bariatric surgery. A major complication is defined as: any serious complication requiring significant intervention (i.e. reoperation, dialysis, etc.), any serious complication requiring readmission (i.e. intestinal obstruction, anastomotic leak, pulmonary embolus, etc.), or patient death.

Laparoscopic Bariatric Surgical Procedures. (*Enter NA (not applicable) in the table below for those procedures NOT performed at the facility. *Enter DNA (data not available) in the table below if the requested data is not available or not collected by the facility.)

Number of patients experiencing at least one major complication within 30 days

Roux-en-Y Gastric Bypass (lap only)

Number of Patients having Bariatric surgery **1/1/2006 – 9/30/2009**

Roux-en-Y Gastric Bypass (lap only)

Numerator / Denominator Total

Number of patients experiencing at least one major complication within 30 days

Biliopancreatic Bypass w/ Duodenal Switch (lap only)

Number of Patients having Bariatric surgery **1/1/2006 – 9/30/2009**

Biliopancreatic Bypass w/ Duodenal Switch (lap only)

Numerator / Denominator Total

Number of patients experiencing at least one major complication within 30 days

Adjustable Gastric Banding (lap only)

Number of Patients having Bariatric surgery **1/1/2006 – 9/30/2009**

Adjustable Gastric Banding (lap only)

Numerator / Denominator Total

Number of patients experiencing at least one major complication within 30 days

Gastric Sleeve Resection (lap only)

Number of Patients having Bariatric surgery **1/1/2006 – 9/30/2009**

Gastric Sleeve Resection (lap only)

Numerator / Denominator Total

Number of patients experiencing at least one major complication within 30 days

Laparoscopic revision of gastric restrictive procedures initially performed for morbid obesity (The initial procedure may have been performed at another facility.) (lap only)

Number of Patients having Bariatric surgery **1/1/2006 – 9/30/2009**

Laparoscopic revision of gastric restrictive procedures initially performed for morbid obesity (The initial procedure may have been performed at another facility.) (lap only)

Numerator / Denominator Total

10. Report the number of patients with a $\geq 50\%$ Excess Weight Loss sustained for at least 2 years after surgery for all adult patients (age 18 and over) undergoing bariatric surgery, excluding adjustable gastric banding, between **January 1, 2006 and September 30, 2007**. Excess Weight Loss (EWL) is defined as the patient's most current known weight divided by the patient's weight at time of surgery less the patient's ideal weight (resulting in a BMI of 18-25).

(*Enter DNA (data not available) in the table below if the requested data is not available or not collected by the facility.)

Number of patients with a $\geq 50\%$ EWL at 2 years

Total number of patients followed 2 years after bariatric surgery.

Numerator / Denominator Total

11. Report the number of all bariatric surgery patients who required re-admission to any hospital within **30 days** of their initial surgery for all adult patients (age 18 and over) undergoing bariatric surgery between **January 1, 2006 and September 30, 2009**.

Provide the requested re-admission data for all bariatric surgical procedures as requested.*Enter DNA (data not available) in the table below if the requested data is not available or not collected by the facility.

Total number of patients who underwent a bariatric surgical procedure requiring hospital re-admission within 30 days

Total number of patients who underwent a bariatric surgical procedure **1/1/2006 – 9/30/2009**

Numerator / Denominator Total

12. What is the mean and median Length of Stay for all adult patients (age 18 and over) undergoing bariatric surgery between **January 1, 2006 and December 31, 2008**?

Procedure	Median LOS	Mean LOS
Open Bariatric Procedures		
Laparoscopic Bariatric Procedures		
Gastric Banding Procedures		

13a. Provide the requested data for ALL surgeons performing bariatric surgery at the facility.

Enter NA (not applicable) in the table below for those procedures NOT performed at the facility.

	Bariatric Surgeon in Charge/ Primary Bariatric Surgeon	Additional Bariatric Surgeon
Name		
Specialty		
Board Certified / Eligible (Respond Yes or No)		
Year Board Certified		
Board Certifications		
Present Appointment Title		
# Years in Present Appointment		
# Years of Bariatric program experience at the facility		
# Bariatric Surgery pts Personally Performed/Managed within the most recent 12 month period		
Previous Appointment: facility name		
Previous Appointment Title		
# Years in Previous Appointment		
Career Total of Bariatric Surgery Cases Personally Performed/Managed (open and laparoscopic combined)		
Career Total of Open Bariatric Surgery Cases Personally Performed/Managed		
IF < 10 OPEN bariatric surgical cases have been performed in the surgeon's career, then provide the total number of open complex abdominal general surgical cases performed in the surgeon's career.		
Is the surgeon credentialed by the facility to perform open bariatric surgical procedures? (Respond Yes or No)		
Career Total of Laparoscopic Bariatric Surgery Cases Personally Performed/Managed		
Surgeon's bariatric procedure conversion rate from laparoscopic to open?		

13b. Complete the table below for ALL non-bariatric attending surgeons who provide on-call coverage for bariatric surgical patients at the facility. Include ALL of the information requested for attending non-bariatric surgeons. DO NOT SUBMIT RESUMES OR CVs.

Enter NA (not applicable) in the table below for those procedures NOT performed at the facility.

	Non-bariatric Attending Surgeon providing on-call coverage to Bariatric Surgical Patients	Non-bariatric Attending Surgeon providing on-call coverage to Bariatric Surgical patients
Name		
Specialty		
Board Certified / Eligible (Respond Yes or No)		
Year Board Certified		

Board Certifications		
Title		
# Years involved with the bariatric program at the facility		
# of gastric stapling/anastomatic bariatric surgical procedures completed as either the primary or assist surgeon		
# of banding bariatric surgical procedures completed as either the primary or assist surgeon		
Number of Category 1 bariatric surgery CME hours completed?		

13c. Provide the requested data for ALL surgeons performing bariatric surgery at the facility.

* Enter NA (not applicable in the table below for those procedures NOT performed at the facility. *Enter DNA (data not available) in the table below if the requested data is not available or not collected by the facility.

Name of Surgeon	Is the Surgeon contracted with the local BC/BS Plan's PPO network?	If the Surgeon is NOT contracted with the local BC/BS Plan's PPO network, is the surgeon willing to contract?	Is this Surgeon designated by the ASMBS?
Primary Surgeon:			
Other Bariatric Surgeon.			

14. Estimate the portion of the Bariatric surgical care providers and/or provider groups that are currently contracted with the local Blue Cross and/or Blue Shield Plan. Indicate which category most closely fits by placing an "x" in the table below.

	None	Some	All
Diagnostic Radiology			
Pathology			
Anesthesiology			
Gastroenterology			
Interventional Radiology			

Emergency Coverage/Services

15. Please provide the following information regarding the facility's available physician and emergency services coverage for Bariatric Surgery patients. Specifically, is there 24/7:

- Availability of a Bariatric Surgeon and/or qualified general surgeon trained in management of the bariatric surgical patients for emergency evaluation and treatment. YES NO

- In-house physician availability (intensivist, hospitalist, pulmonologist) for emergency evaluation and interventional procedures such as insertion of central venous line, Arterial line, or initiate an artificial airway. YES NO

- Diagnostic or Interventional Radiology including CT or MRI YES NO

Please explain how coverage is provided if the response to any of the above is NO:

16. Does the program have a written plan that outlines the on-call bariatric surgical coverage for inpatients and outpatients including the experience of the covering surgeon who is on call, the population they will cover, and a procedure for notification of bariatric patient status prior to taking call?

YES NO

If YES, Attach and label as Question 16.

Quality Improvement

17. Does the facility publicly report on The Leapfrog Group's Web site via The Leapfrog Group's Hospital Quality and Safety Hospital Survey?

- YES
 NO

17a. Which of the following Leaps is the facility publicly reporting?

- Computerized Physician Order Entry (CPOE)
- Evidence-Based Hospital Referral (EBHR) for Bariatric Surgery
- Common Acute Conditions
- ICU Physician Staffing (IPS)
- Safe Practices Score (SPS)
- Hospital-Acquired Conditions
- Other policies and reporting

17b. If the facility does not publicly report to Leapfrog, does the facility participate in an alternate comparable regional or state hospital quality initiative? This initiative should be one which:

- encourages the sharing of best practices
- incorporates data feedback for objective analysis
- promotes collaborative improvement of the facility and its processes

Please check all those that apply:

- Alabama Hospital Quality Initiative (AHQI)
- Blue Cross of Idaho's Hospital Quality Pay for Performance Initiative

- Pennsylvania Health Care Cost Containment Council (PHC4)
- Pennsylvania Health Care Quality Alliance (PHCQA)
- Pittsburgh Regional Healthcare Initiative (PRHI)
- Puget Sound Health Alliance
- Washington State Clinical Outcomes Assessment Program (COAP)
- Wisconsin Collaborative for Healthcare Quality (WCHQ)
- None
- Other*

18. Does the facility participate in the Quality Campaigns of the Institute for Healthcare Improvement (IHI) with a commitment to patient safety?

- YES NO

18a. If yes, which of the following interventions does the facility participate in?

- Deploy Rapid Response Teams
- Prevent Central Line-Associated Bloodstream Infection
- Improved Care for Acute Myocardial Infarction
- Prevent Surgical Site Infection
- Prevent Adverse Drug Events (ADE)
- Prevent Ventilator-Associated Pneumonia
- Prevent Harm from High-Alert Medications
- Reduce Surgical Complications
- Prevent Pressure Ulcers
- Reduce Methicillin-Resistant *Staphylococcus aureus* (MRSA) infection
- Deliver Reliable, Evidence-Based Care for Congestive Heart Failure
- Get Boards on Board
- World Health Organization (WHO) Surgical Safety Check List
- Prevent Catheter-Associated Urinary Tract Infections
- Link Quality and Financial Management: Strategies to Engage the Chief Financial Officer and Provide Value for Patients

19. Is bariatric surgery specific patient satisfaction routinely monitored with the results reported to the bariatric team?

- YES NO

Patient Selection

20. What is the maximum patient BMI the program will consider for weight loss surgery?

BMI (kg/m²)

21. Which of the following accreditation/designations does the facility currently have? Mark all that apply.

ACS BSCN (American College of Surgeons Bariatric Surgery Center Network) and/or ASMBS BSCOE (American Society for Metabolic and Bariatric Surgery)

- ACS BSCN - Program Level 1a or 1b accreditation (Full Approval)
(OMIT questions 23-50)
- ACS BSCN - Program Level 1a or 1b accreditation (Provisional Approval)
- ACS BSCN - Program Level 2a or 2b accreditation (Full Approval)
- ACS BSCN - Program Level 2a or 2b accreditation (Provisional Approval)
- ACS BSCN - Outpatient
- ASMBS BSCOE – **Full Approval (OMIT questions 23-50)**
- ASMBS BSCOE – **Provisional Approval**
- N/A (Not Applicable)

(Programs ACS BSCN Level 1a and 1b Full approval or ASMBS BSCOE Full approval are granted 70 points and do not complete section II of this survey. All other programs MUST complete BOTH.)

22. Report the number of bariatric surgery patients who required re-operation within **30 days** of their initial bariatric surgery for all adult patients (age 18 and over) who had bariatric surgery between **January 1, 2006 and September 30, 2009**. (30 day re-operation is defined as open or laparoscopic surgery within 30 days at the same site or another site to treat a complication or to revise a feature from the previous bariatric surgery.)

(*Enter NA (not applicable) in the table below for those procedures NOT performed at the facility. *Enter DNA (data not available) in the table below if the requested data is not available or not collected by the facility.)

Total number of patients requiring re-operation within 30 days

Gastric Band Bariatric Surgical Procedures

Total number of patients who underwent a gastric banding bariatric surgical procedure **from 1/1/2006 – 9/30/2009**.

Gastric Band Bariatric Surgical Procedures

Numerator / Denominator Total

Total number of patients requiring re-operation within 30 days

All other Primary Bariatric Surgery Procedures, excluding revisions and gastric banding

Total number of patients who underwent a **primary** bariatric surgical procedure **from 1/1/2006 – 9/30/2009**, excluding revisions and gastric banding.

All other Primary Bariatric Surgery Procedures, excluding revisions and gastric banding

Numerator / Denominator Total

**Section II. Required Additional Questions for facilities without ASMBS or ACS Full Approval
Facilities with ACS 1a/1b Full Approval or ASMBS BSCOE Full Approval (these programs were
identified in Section I, Question 21) skip Section II, questions 23 to 50.**

Programs with either of the following designations do not answer questions in Section II:

- **ACS (American College of Surgeons) Program Level 1a/1b Full Approval**
- **ASMBS BSCOE (American Society for Metabolic and Bariatric Surgery – Bariatric Surgery Center of Excellence) Full Approval**

The above listed accredited/designated facilities should proceed to Question 51 (Tab 25).

All other facilities without the above listed accreditation/designations MUST complete the remainder of the questions in Section II for this application to be considered complete.

Personnel and Credentials

23. Has there been a change in the primary bariatric physician team (Program Director, Primary Surgeon, or Attending surgeons) in the past 12 months?

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

24. Does the Bariatric Surgery team include a Bariatric Program Director with the authority to effect programmatic processes and outcomes including but not limited to: development of program policies and procedures, physician credentialing, program structure and personnel requirements?

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

25. Does the bariatric surgical team include a designated physician with experience in obesity management who is involved in the evaluation and long-term post-operative management of bariatric surgery patients?

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

26. Does the Bariatric Clinical Support team include?

- Psychosocial support personnel (Psychologist, Psychiatrist or Social Worker) experienced in the evaluation and long term management of the patient undergoing bariatric surgery.

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

- One (1) or more dedicated Bariatric Coordinators (Nurse, Nurse Practitioner, or Physician Extender), with at least one year of experience, who are managing the oversight of pre-surgical evaluations, patient education, treatment coordination and post surgical follow up.

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

- Exercise Physiologists or Physical Therapists experienced in the evaluation and long term management of obese patients.

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

- A Nutritionist/Dietician dedicated to the bariatric surgical program who provides pre-surgical evaluations and long term nutritional counseling.

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

IF NO (TO ANY OF THE ABOVE), PLEASE EXPLAIN and provide comments as to how these services are provided.

Emergency Coverage/Services

27. Is the Emergency Room staff provided with written protocols related to the emergent management of bariatric surgical patients?

(Please note: You may be required to provide documentation of the process upon request)

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

28. Does the program have Anesthesiologists specifically trained and experienced in bariatric surgery and are regularly assigned to bariatric surgery cases?

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

29. Does the program have 24 hour-per-day, 7 day-per-week availability of bariatric surgery experienced specialists in the following areas.

- Cardiology
- Pulmonology
- Thoracic Surgery
- Vascular Surgery
- Infectious Disease
- Internal Medicine
- Interventional Radiology
- Other (Please comment below)
- N/A if Full approval with ACS Level 1a/1b or ASMBS – Proceed to #51

If any of the above have been left unchecked, please comment specifically on the availability time frame for the specialty physician for the unchecked specialty areas:

Facilities and Services

30. Are nursing staff in the inpatient and outpatient areas formally trained and experienced in bariatric surgery and care of obese patients including hemodynamic management, early detection of post operative complications, administration of relevant drug therapies/blood components and intensive medical nursing care?

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

If NO, please explain:

31. Does the facility have a designated/dedicated inpatient unit where postoperative bariatric surgery patients are housed?

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

31a. If YES, what is the number of designated or dedicated bariatric surgery beds

32 Does the facility have a full line of equipment and instruments available for the care of bariatric surgical patients that include:

- Appropriate furniture in both the inpatient setting and outpatient areas (i.e. hospital beds, waiting room chairs, wheel chairs, etc.) to accommodate obese patients.
- Appropriate furniture in both the inpatient setting and outpatient areas (i.e. hospital beds, waiting room chairs, wheel chairs, etc.) to accommodate **super** obese patients. **
- Appropriate operating room equipment including operating room tables and surgical instruments to accommodate obese patients.
- Appropriate operating room equipment including operating room tables and surgical instruments to accommodate **super** obese patients. **
- N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

33. What is the maximum weight limit of each of the following equipment available in the facility?

CT scanner

- Not Applicable - No CT scanner available
- < 350 lbs.
- >= 350 lbs.
- N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

Lift equipment

- Not Applicable - No lift equipment available
- < 450 lbs.
- >= 450 lbs.
- N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

34. Does the facility have an internal Ambulance Service or a formal contract with an Ambulance Service equipped to manage the bariatric population at this facility including appropriate stretchers, straps, and transfer devices with a weight capacity of up to 450 pounds?

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

If NO, please explain how these services are provided?

35. Does the program have Physical Therapy/Rehab services specializing in management of bariatric surgery patients available during the pre and post surgical phase including appropriate space and equipment to manage the bariatric population at this facility?

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

If NO, please explain how these services are provided?

36. Does the program have local/regional support groups available to pre and post bariatric patients?

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

Patient Selection

37. Does the Bariatric Surgery Program have written patient selection criteria that are applied to all patients?

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

38. Is there a formal patient selection committee that routinely meets and maintains meeting minutes specifically for the evaluation and recommendation of candidates for bariatric surgery?

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

38a. Do the following personnel regularly attend these meetings:

- Primary Bariatric Surgeons YES NO
- Bariatric Coordinators YES NO
- Program Director/Coordinator YES NO Not Applicable (The program does Not have a program Director/Coordinator.)
- Program Physician YES NO Not Applicable (The program does not have a dedicated bariatric physician.)

Explain how bariatric surgery patients are evaluated for appropriateness of surgery:

39. Do all Bariatric Surgery patients sign an informed consent which outlines the risks and benefits of bariatric surgery as well as long term lifestyle changes and complications?

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

Patient Management Plans

Provide the requested patient management plans for all procedures performed at the facility (e.g. gastric banding, lap gastric bypass, open gastric bypass).

40. Does the Bariatric Surgery Program have a written patient evaluation process/procedure?

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

(If YES, Attach and label as Question 40.)

41. Does the program currently utilize comprehensive critical pathways that cover all aspects of patient care during the inpatient stay (admission to discharge)?

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

(If YES, Attach and label as Question 41.)

41a. Describe and attach the patient management tools that are utilized for the management of inpatient care of the bariatric surgical patient (i.e. surgeon/physician orders sets, nursing care plans etc.)

Attach and label as Question 41a.

42 Does the program have a written discharge procedure including criteria for hospital discharge, coordination of post discharge care needs, protocols for emergency evaluation and treatment, and criteria for hospital re-admission?

(Please note: You may be required to provide documentation of the process upon request)

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

43. Does the program have a written follow-up plan minimally including: schedule for follow-up for at least the first year after surgery, required testing, communication with referring physician(s), case management, and payers?

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

(If YES, attach and label as Question 43.

44. Does the program have a written long term follow-up plan outlining the schedule for long-term follow-up that minimally includes assessment of co-morbidities and patient outcomes for at least three years after bariatric surgery?

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

If YES, Attach and label as Question 44.

44a. Describe what efforts are made to obtain long term patient follow up:

Patient Education

Education plans and/or pathways should include all weight loss procedures performed by the program (banding and bypass procedures).

45. Does the program have comprehensive written education pathways OR education plans addressing ALL phases of care (evaluation through long-term follow up) with documentation of patient education including: topics discussed, the healthcare professional responsible for providing education, documentation that teaching was performed, and the patient's response to teaching?

(Please note: You may be required to provide documentation of the process upon request)

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

45a. Describe how pre and post bariatric surgery patients are educated about immediate and long-term life style changes.

Quality Management

46. Does the facility have a specific Bariatric Surgery_Quality Improvement (QA/QI) program? (Please note: You may be required to provide documentation of the process upon request)

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

46a. Are the following included in the Bariatric Surgery Quality Improvement (QA/QI) program?

- Multidisciplinary QA/QI Bariatric Surgery Committee which meets on a regular basis and maintains meeting minutes:
 YES NO
- Pre, during, and post surgical related issues (inpatient and outpatient) are identified and addressed
 YES NO
- QI audits include indicator tracking, documentation of practice changes, and current QI projects
 YES NO
- Designated person to collect, analyze, and review QI audits
 YES NO
- Program (morbidity/mortality) outcomes reviewed at least annually
 YES NO

46b. Is the facility in the process of developing a bariatric specific Quality Improvement program?

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

If NO, please describe how QA/QI is currently performed for bariatric surgery services:

47. List two bariatric surgery specific quality issues that were identified in 2008 - 2009 and describe how they were identified, monitored, and resolved.

Data Management

48. Does the program have an automated data collection system and/or personnel in place to collect, analyze and maintain bariatric program related data?

YES NO N/A if Full approval with ACS level 1a/1b or ASMBS - Proceed to #51

49. Describe how bariatric data are collected and maintained.

50. To what organization(s) does the facility report bariatric surgery outcome data?

- ASMBS Bariatric Outcomes Longitudinal Database™ (BOLD™)
- ACS Bariatric Surgical Database (Bariatric Workstation)
- ACS National Surgical Quality Improvement Program (NSQIP)
- Other: _____(narrative answer)_____
- The facility does not report bariatric surgery outcome data to an organization at this time.

Additional Program Strengths (Optional)

51. Please describe any additional program strengths or innovative approaches to Bariatric services that you would like to share with us.

Attach and label as Question 51.

Certification of Information Provided

DO NOT COMPLETE THIS SECTION UNTIL ALL OTHER SECTIONS HAVE BEEN COMPLETED AND REVIEWED.

Section III. Attestation

MUST BE COMPLETED BY ALL:

**Hospital's Attestation for Participation
in the
Blue Distinction Centers for Bariatric Surgery® Program**

By submitting its response to this RFI for consideration as a participant in BCBSA's **Blue Distinction Centers for Bariatric Surgery®** Program (this "Program"), and, if accepted by BCBSA, as a condition to any such designation and continued participation in the Program, Hospital represents and agrees as follows:

1. All information that Hospital provides in its response to BCBSA's Request for Information ("RFI") for its designation and participation in this Program (including information provided in Hospital's initial response, as well as any additional materials submitted through the conclusion of this RFI cycle) is and will be true and complete, as of the corresponding date of Hospital's response. This information is being provided by Hospital to BCBSA for the purpose of information and evaluation as a candidate with respect to this Program.
2. BCBSA may share Hospital's individual RFI responses and results with each of their respective employees and agents, and with BCBSA's member Plans, for purposes of evaluation and quality improvement activities. Hospital's individual RFI responses and results will not be publicly disseminated without Hospital's prior written consent, unless required by law (e.g., subpoena).
3. Additionally, BCBSA may combine Hospital's RFI responses and results together with RFI responses and results of other hospitals, to create aggregate information for public dissemination. Such aggregate information will not identify any particular hospital's responses, and will not contain any Protected Health Information ("PHI"), as defined under the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (45 C. F. R. Parts 160-164), without Hospital's prior written consent.

HOSPITAL confirms that the statements above are accurate, by the signature below of its duly authorized representative.

HOSPITAL:

Print Hospital Name:

Print Name (duly authorized representative):

Print Title:

Date: