

BLUE CROSS AND BLUE SHIELD ASSOCIATION THE BLUE DISTINCTION CENTERS FOR BARIATRIC SURGERY 2007 REQUEST FOR INFORMATION

Section I. Required Questions for All Programs

General Information

Complete all survey information pertaining to your facility's Bariatric Surgical Program. Be sure that your 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 Center for Bariatric Surgery.

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

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

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

Identify the contact person for questions pertaining to your completed application.

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 your facility? Provide the date (month and year) for when the first procedure was performed.

Open Roux-en-Y Gastric Bypass YES NO
If YES, indicate the date (month/year) the first procedure was performed ___/___ (mo/yr)

Vertical Banded Gastroplasty YES NO
If YES, indicate the date (month/year) the first procedure was performed ___/___ (mo/yr)

Biliopancreatic Bypass YES NO
If YES, indicate the date (month/year) the first procedure was performed ___/___ (mo/yr)

Biliopancreatic Bypass with Duodenal Switch YES NO
If YES, indicate the date (month/year) the first procedure was performed ___/___ (mo/yr)

Note: Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading medical societies' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at these or any other facilities, please call your local Blue Cross and/or Blue Shield Plan.

Laparoscopic Adjustable Gastric Banding YES NO
 If YES, indicate the date (month/year) the first procedure was performed ___/___ (mo/yr)

Laprosopic Roux –en-Y Gastric Bypass YES NO
 If YES, indicate the date (month/year) the first procedure was performed ___/___ (mo/yr)

Gastric Sleeve Resection YES NO
 If YES, indicate the date (month/year) the first procedure was performed ___/___ (mo/yr)

Bariatric Procedures

4. Indicate the frequency that bariatric surgical procedures are performed as an outpatient by the following procedure types:

Laparoscopic Adjustable Gastric Banding Never Occasionally Usually Always
 Laparoscopic Bypass/Stapling Procedure Never Occasionally Usually Always
 Open Bariatric Surgical Procedures Never Occasionally Usually Always

4a. If bariatric surgical procedures are performed as an outpatient at your facility, provide additional comments/details regarding the outpatient bariatric surgical program: _____

5. Complete the following tables regarding **all** (inpatient and outpatient) bariatric surgical **procedures** performed from **1/1/2004 through 6/30/07** at the applicant 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.

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

2004 Bariatric Surgical Volume

Procedures	2004 Open Bariatric Surgical Volume	2004 Lap Bariatric Surgical Volume	2004 Total Bariatric Surgical Volume
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			

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initial procedure may have been performed at another institution.)			
TOTAL			

2005 Bariatric Surgical Volume

Procedures	2005 Open Bariatric Surgical Volume	2005 Lap Bariatric Surgical Volume	2005 Total Bariatric Surgical Volume
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 institution.)			
TOTAL			

2006 Bariatric Surgical Volume

Procedures	2006 Open Bariatric Surgical Volume	2006 Lap Bariatric Surgical Volume	2006 Total Bariatric Surgical Volume
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			

Note: Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading medical societies' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at these or any other facilities, please call your local Blue Cross and/or Blue Shield Plan.

procedures initially performed for morbid obesity. (The initial procedure may have been performed at another institution.)			
TOTAL			

2007 (1/1/07 to 6/30/07) Bariatric Surgical Volume

Procedures	2007 Open Bariatric Surgical Volume	2007 Lap Bariatric Surgical Volume	2007 Total Bariatric Surgical Volume
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 institution.)			
TOTAL			

Outcomes of Care

6. Report the inpatient mortality after bariatric surgery for adult patients (age 18 and over) between **January 1, 2004 and June 30, 2007**, and the number of patients alive one year after undergoing bariatric surgery for all adult patients between **January 1, 2004 and June 30, 2006**. 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.***

Data Not Available – Check here if the requested data is not available or not collected by the facility.

Note: Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading medical societies' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at these or any other facilities, please call your local Blue Cross and/or Blue Shield Plan.

Procedures	Number of All patients having bariatric surgery 1/1/2004-6/30/2007	Number of patients who died prior to discharge after the initial bariatric surgery	Inpatient mortality %	Number of All Patients having bariatric surgery 1/1/2004-6/30/2006	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						
TOTAL						

7. Report the number of patients lost to follow-up for the first 18 months post the initial bariatric surgery for all adult patients (age 18 and over) undergoing bariatric surgery between **January 1, 2004 and December 31, 2005**. 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 one year post surgery OR there has been no review of the patient's clinical status at one year post surgery, report the patient as Lost to Follow-up.

Data Not Available – Check here if the requested data is not available or not collected by the facility. (Required data, if checked must go to a reviewer)


Number of Patients Lost to Follow Up at 18 months NUMERATOR	Percent of Patients Lost to Follow-Up at One Year _____ %
Total Number of Bariatric Surgical Patients (1/1/04 to 12/31/05) DENOMINATOR	

8. Report the number of patient's lost to follow-up for the second post surgical year for all adult patients (age 18 and over) undergoing bariatric surgery between **January 1, 2004 and December 31, 2004**. 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 two years post surgery OR there has been no review of the patient's clinical status at two years post surgery, report the patient as Lost to Follow-up.

Data Not Available – Check here if the requested data is not available or not collected by the facility.

Number of Patients Lost to Follow Up at Two	Percent of Patients Lost to Follow-Up at Two Years
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Years	
Total Number of Bariatric Surgical Patients (1/1/04 to 12/31/04)	

9. 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.

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

Data Not Available – Check here if the complication data for open bariatric procedures is not available or not collected by the facility.

Open Bariatric Surgical Procedures	Number of Patients having bariatric surgery 1/1/2004-12/31/06	Number of patients experiencing at least one major complication at One Month	One Month Actual Major Complication Rate
Roux-en-Y Gastric Bypass (open only)			
Biliopancreatic Bypass w/ Duodenal Switch (open only)			
Adjustable Gastric Banding (open only)			
Gastric Sleeve Resection (open only)			
TOTAL			

Data Not Available – Check here if the complication data for laparoscopic bariatric procedures is not available or not collected by the facility.

Laparoscopic Bariatric Surgical Procedures	Number of Patients having bariatric surgery 1/1/2004-12/31/06	Number of patients experiencing at least one major complication at One Month	One Month Actual Major Complication Rate
Roux-en-Y Gastric Bypass (lap only)			
Biliopancreatic Bypass w/ Duodenal Switch (lap only)			
Adjustable Gastric Banding (lap only)			

Note: Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading medical societies' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at these or any other facilities, please call your local Blue Cross and/or Blue Shield Plan.

Gastric Sleeve Resection (lap only)			
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, 2004 and December 31, 2004**. 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).

Data Not Available – Check here if the requested data is not available or not collected by the facility.

Number of patients with a $\geq 50\%$ EWL at 2 years	Percent Patients with Sustained EWL _____ %
Total number of patients followed 2 years after bariatric surgery	

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, 2004 and December 31, 2006**.

a. Provide the requested re-admission data for all bariatric surgical procedures as requested.

Data Not Available – Check here if this data is not available or not collected by the facility.

All bariatric surgical procedures	Re-admission Rate
Total number of all patients who underwent a bariatric surgical procedure requiring hospital re-admission within 30 days	
Total number of patients who underwent a bariatric surgical procedure 1/1/04 – 12/31/06.	

12. What is the mean and median Length of Stay for all adult patients (age 18 and over) undergoing bariatric surgery between **January 1, 2004 and December 31, 2006**? (Information only)

	Median LOS	Mean LOS
Open Bariatric Procedures		

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Laparoscopic Bariatric Procedures		
Gastric Banding Procedures		

Personnel and Credentials

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

	Bariatric Surgeon in Charge/ Primary Bariatric Surgeon	Additional Bariatric Surgeon
		<input type="checkbox"/> NOT APPLICABLE The bariatric surgery program only has one bariatric surgeon performing bariatric surgery at the facility.
Name		
Specialty		
Board Certified / Eligible	Y N	Y N
Year Board Certified		
Board Certifications		
Present Appointment		
Title		
# Years in Present Appointment		
# Years of Bariatric program experience at your hospital		
# Bariatric Surgery pts Personally Performed/Managed within the most recent calendar year		
Previous Appointment		
Institution		
Title		
# Years in Previous Appointment		
Total # Bariatric Surgery Cases Personally Performed/Managed (open and laparoscopic combined)		
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 applicant facility to perform open bariatric surgical procedures?	Y N	Y N
Total # of Laproscopic Bariatric Surgery Cases Personally Performed/Managed		
Surgeon's bariatric procedure conversion rate from laparoscopic to open?		

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- a. Complete the table below for ALL non-bariatric attending surgeons who provide on-call coverage for bariatric surgical patients at the applicant facility. Include ALL of the information requested for attending non-bariatric surgeons. Do not submit resumes or CVs.

	Non-bariatric Attending Surgeon providing on-call coverage to Bariatric Surgical Patients	Non-bariatric Attending Surgeon providing on-call coverage to Bariatric Surgical patients	Non-bariatric Attending Surgeon providing on-call coverage to Bariatric Surgical patients
	<input type="checkbox"/> NOT APPLICABLE The bariatric surgery patients do not have on-call coverage provided by non-bariatric attending surgeons.	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> NOT APPLICABLE
Name			
Specialty			
Board Certified / Eligible	Y N	Y N	
Year Board Certified			
Board Certifications			
Title			
# Years involved with the bariatric program at the applicant facility			
Number of gastric stapling/anastomatic bariatric surgical procedures completed as either the primary or assist surgeon			
Number of banding bariatric surgical procedures completed as either the primary or assist surgeon			
Number of Category 1 bariatric surgery CME hours completed?			

Name of Surgeon Name - text	Is Surgeon currently participating/ Credentialed with the local BCBS Plan? Yes/No	Is the Surgeon credentialed with the local Plan's PPO network? Yes/No	If the Surgeon is NOT credentialed with the local BCBS Plan or PPO network, is the surgeon willing to participate? Yes/No	Is this Surgeon designated by the ASMBS? (Yes/No)
Primary Surgeon:			Answer only required if NO is answered in the first 2 columns.	
Other Bariatric Surgeon(s)				

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Other Surgeons routinely covering bariatric surgical patients:				

14. Estimate the portion of your Bariatric surgical care providers and/or provider groups that have current contracts with the local Blue Cross and/or Blue Shield Plan. Indicate which category most closely fits by placing an "x" in the table below. (information only)

Provider Type	None	Some	All
Diagnostic Radiology			
Pathology			
Anesthesiology			
Gastroenterology			
Interventional Radiology			

Emergency Coverage/Services

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

<ul style="list-style-type: none"> Availability of a Bariatric Surgeon and/or qualified general surgeon trained in management of the bariatric surgical patients for emergency evaluation and treatment. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> 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. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> Diagnostic or Interventional Radiology including CT or MRI 	<input type="checkbox"/> YES <input type="checkbox"/> 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.**

Note: Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met 10 objective criteria established in collaboration with expert clinicians' and leading medical societies' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at these or any other facilities, please call your local Blue Cross and/or Blue Shield Plan.

Quality Improvement

17. Does your facility publicly report on The Leapfrog Group's website via The Leapfrog Group Quality and Safety Hospital Survey?

YES NO

18. Is your facility participating in the Institute for Healthcare Improvement's (IHI) 5 Million Lives Campaign?

YES NO

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 your facility currently have? Mark all that apply.

- ACS BSCN (American College of Surgeons Bariatric Surgery Center Network)
- Program Level 1a or 1b accreditation (Full Approval) (OMIT questions 23-50)
 - Program Level 1a or 1b accreditation (Provisional Approval)
 - Program Level 2a or 2b accreditation (Full Approval)
 - Program Level 2a or 2b accreditation (Provisional Approval)
 - Outpatient

ASMBS BSCOE (American Society of Metabolic and Bariatric Surgery - Bariatric Surgery Center of Excellence)

- Full Approval (Omit questions 23-50)
- Provisional Approval

(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, 2004 and December 31, 2006**. (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.)

a. Provide the requested re-operation data for Gastric Banding procedures as requested.

Not Applicable – Check here if the facility does not perform these types of procedures.

Data Not Available – Check here if this data is not available or not collected by the facility.

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Gastric Band Bariatric Surgical Procedures	30 day Re-Operation Rate for patients who underwent gastric banding
Total number of patients requiring re-operation within 30 days	
Total number of patients who underwent a gastric banding bariatric surgical procedure 1/1/04 – 12/31/06.	

b. Provide the requested re-operation data for all other primary bariatric surgery procedures except revisions.

Not Applicable – Check here if the facility does not perform this type of procedure.

Data Not Available – Check here if this data is not available or not collected by the facility.

All other Primary Bariatric Surgery Procedures excluding Revisions	30 day Re-Operation Rate for patients who underwent all other primary bariatric surgical procedures excluding gastric banding and revisions
Total number of primary bariatric surgery procedures excluding revisions and gastric banding requiring re-operation within 30 days	
Total number of patients who underwent bariatric surgical procedure excluding revisions and gastric banding 1/1/04 – 12/31/06.	

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 24).

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

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24. Does your 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

25. Does your 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

26. Does your 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

- 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

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

YES NO

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

YES NO

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 your process upon request)

YES NO

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

YES NO

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

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Specialty	24/7 Availability	IF NO, then comment specifically on the availability time frame for the specialty physician?
Cardiology	Y/N	
Pulmonology	Y/N	
Thoracic Surgery	Y/N	
Vascular Surgery	Y/N	
Infectious Disease	Y/N	
Internal Medicine	Y/N	
Interventional Rad.	Y/N	
Other:	Y/N	
	Y/N	

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

If NO, please explain: _____

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

YES NO (If Yes, then go to 31a.)

a. If YES, what is the number of designated or dedicated bariatric surgery beds _____ (narrative) #

32 Does your 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 YES NO (
 - Super Obese patients YES NO Not Applicable

The program does not perform bariatric surgery on super obese patients (BMI > 50kg/m2).
- Appropriate operating room equipment including operating room tables and surgical instruments to accommodate obese and super obese patients.
 - Obese patients YES NO
 - Super Obese patients YES NO Not Applicable

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The program does not perform bariatric surgery on super obese patients (BMI > 50kg/m2).

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

- CT scanner Not Applicable – No CT scanner available.

<350 pounds ≥350 pounds

- Lift equipment: Not Applicable – No lift equipment available.

<450 ≥450

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

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

IF NO, PLEASE EXPLAIN how these services are provided? _____

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

YES NO

Patient Selection

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

YES NO

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

a. 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

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Not have a program Director/

Program Physician

YES

NO

Coordinator.)

Not Applicable (The program does not have a dedicated bariatric physician.)

b. 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

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 your Bariatric Surgery Program have a written patient evaluation process/procedure?

YES NO

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

a. 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.)

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 your process upon request)

YES NO

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

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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

a. 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 your process upon request)

YES NO

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

Quality Management

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

YES NO

a. 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

Note: Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading medical societies' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at these or any other facilities, please call your local Blue Cross and/or Blue Shield Plan. 17

- YES NO
- Program (morbidity/mortality) outcomes reviewed at least annually
 - YES NO

b. Is the applicant institution in the process of developing a bariatric specific Quality Improvement program?

YES NO

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 2005-2006 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

49. Describe how bariatric data are collected and maintained.

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

- ASMBS (American Society for Metabolic and Bariatric Surgery)
- ACS (American College of Surgeons)
- Other: _____(narrative answer)_____
- The applicant 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:

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

By submitting its response to this RFI for consideration as a participant in BCBSA's Blue Distinction Centers for Bariatric SurgerySM 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: _____

By its duly authorized representative:

Print Name: _____

Date: _____
Print Title: _____