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DEPARTMENT OF HEALTH

Standard for Center of Excellence in Bariatric Surgery

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Applies to:	*All DOH Licensed Healthcare Providers that seek to be recognized as Centers of Excellence in Bariatric Surgery Services*		
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1. Purpose

1.1. *This Standard defines the service specifications and minimum requirements for Healthcare Providers aspiring to be designated as the bariatric surgery center of excellence in the Emirate of Abu Dhabi.*

1.2. *The Standard defines the eligibility criteria for all bariatric surgery services in line with the DOH Standard for Centers of Excellence - DOH/SD/COE/0.9, evidence base and international guidance.*

2. Scope

2.1. *This Standard applies to all healthcare providers, public and private, licensed by DOH that seek to qualify as a "Center of Excellence" in bariatric surgery services.*

3. Definitions

3.1. ***Centers of Excellence (COE)**: Specialized and distinguished programs within DOH licensed Healthcare facilities, which can provide an exceptionally high level of expertise and multidisciplinary resources centered on particular service lines and/or services and delivered in a comprehensive, interdisciplinary fashion to achieve the best patient outcomes possible.*

3.2. ***Bariatric surgery:** is a gastrointestinal surgery done to help patient with obesity achieve significant sustained weight loss. This may include, reducing the size of the stomach with a gastric band or through removal of a portion of the stomach (sleeve gastrectomy or biliopancreatic diversion with duodenal switch) or by resecting and re-routing the small intestine to a small stomach pouch (gastric bypass surgery).*

4. Service Specifications and Requirements

4.1. Facilities

All DOH licensed healthcare facilities seeking to qualify as a "Center of Excellence" in bariatric surgery services must ensure:

4.1.1. The radiology department is equipped to carry out emergency chest x-rays with portable machinery CT, Fluoroscopy abdominal ultrasonography and upper GI series.

4.1.2. Availability of Interventional radiology.

4.1.3. Blood transfusion is accessible and can be carried out at any time.

4.1.4. Availability of basic equipment necessary for the patients with obesity such as scales, operating room tables, instruments, and supplies specifically designed for bariatric laparoscopic and open surgery, laparoscopic towers, wheelchairs, various other articles of furniture, and lifts that can accommodate stretchers, as well as a recovery room capable of providing critical care to morbidly obese patients and an intensive care unit with similar capacity.

4.1.5. Bariatric surgeries shall be restricted according to weight limits of the existing equipment.

4.1.6. Availability of stickers and/or labels, that may be used to identify the weight capacity of bariatric equipment and furniture. The requirements of this Standard only apply to those areas of the facility where metabolic and bariatric patients receive care. These areas include, but are not limited to: operating rooms, emergency department, radiology suite, endoscopy suite, intensive care unit, designated metabolic and bariatric surgery unit, and all associated waiting areas where metabolic and bariatric patients receive care.

4.1.7. Staff must be trained to use this equipment and capable of mobilizing patients without injury to themselves or the patient.

4.1.8. Physical dimensions for doorways, hallways, patient rooms, bathrooms, shower rooms, or other such areas of the facility must be able to accommodate all prospective metabolic and bariatric patients who are within the weight limits of the patient selection criteria.

4.1.9. The facility must have a dedicated metabolic and bariatric surgery unit or designated cluster of beds maintained in a consistent area of the facility.

4.1.10. The facility must have a DOH licensed pediatrician on board in case of providing treatment for young adolescent patients.

4.2. Healthcare Professionals requirements

All DOH licensed healthcare facilities seeking to qualify as a "Center of Excellence" in bariatric surgery services must ensure:

4.2.1. Healthcare professionals must have a valid DOH license in their specialty.

4.2.2. Ensure availability of DOH licensed pediatric endocrinologists experienced in childhood/ adolescent obesity management, genetic specialist or pediatrician able to identify genetic causes of obesity, pediatric anesthesia, pediatric psychologist, psychiatrist in case of providing treatment for Adolescent Patients.

4.2.3. Interdisciplinary availability must include but not limited to:
4.2.3.1. Dietetics & Nutrition services
4.2.3.2. Psychology and Psychiatry services
4.2.3.3. Rehabilitation and physiotherapy
4.2.3.4. Nursing and Medical Education
4.2.3.5. Care coordination and Case Management
4.2.3.6. Endocrinology Services

4.2.4. Encouraging certification of key staff members such as dieticians, and nursing staff in obesity and pre/post bariatric care.

4.2.5. The hospital uses an ongoing standardized process to evaluate the quality and safety of the patient care provided by each medical staff member.

4.3. Clinical Services

COE services provided in authorized Healthcare Facilities must fulfill the following requirements:

4.3.1. Provide a range of integrated bariatric services surgical and non-surgical to support the safe and effective care of COE patients seeking treatment in accordance with the COE. Provide Medical weight loss program with structured pathways of care to treat patient with overweight and class 1 obesity who don't qualify for surgery.

4.3.2. Implementation of care coordination program and support groups, with access to peer experience and to the interdisciplinary team support.

4.3.3. Provide a regular multi-disciplinary team meeting (weekly or fortnightly at least) with experienced Bariatric surgeons, Bariatric Physicians (Adult and pediatric), Radiologists with a specialist interest in Bariatrics/upper GI studies, Psychologists, Dieticians and a Bariatric coordinator; to discuss complex patients and co-ordinate their care.

4.3.4. The provider must deliver culturally and socially relevant patient education and information regarding the treatment and care (pre and post operation in accordance with updated international best practices, consistent with the DOH Patient Charter and relevant DOH policies.

4.3.5. *The provider shall demonstrate how the use of clinical practice guidelines, clinical pathways, and/or clinical protocols has reduced variation in processes and outcomes.*

4.3.6. *Ensure integration and continuity of care across all clinical services and service lines within the COE and in collaboration with any other healthcare providers/ facilities outside of the COE when needed.*

4.3.7. *Be committed to a complete and continuous periodic follow-up through the course of the patient's treatment and recovery. Prove that at least 75% of patient's have had follow-up for two continuous years.*

4.3.8. *A COE shall be able to provide all emergency services need to provide comprehensive medical, ICU, and non-surgical care to patients having undergone bariatric surgeries without service availability gaps.*

4.3.9. *Patient informed consent must be sought and documented in accordance with Federal Law No. (4) Of 2016 on Medical Liability and legal requirements for consent.*

4.3.10. *Each practicing bariatric surgeon at the hospital must use a standardized order set specific to metabolic and bariatric procedures. This order set must address:*

4.3.10.1. Dietary progression
4.3.10.2. Deep vein thrombosis prophylaxis
4.3.10.3. Respiratory care
4.3.10.4. Physical activity
4.3.10.5. Pain management
4.3.10.6. Management protocols for pre-operative and post-operative recovery, according with best Evidence Based Patrice

4.3.11. *It is mandatory that all patients are followed through the 30-day, six months, and one-year follow-up timeframes. Hospitals must attempt to follow patients annually until the patient does not have an assessment completed for two consecutive follow-up timeframes. If a patient does not have a scheduled assessment within a follow-up timeframe, the center must contact the patient. Patients designated as lost to follow up must have a minimum of three attempts to contact the patient for each follow-up timeframe.*

5. *General Duties for Healthcare Providers/Payers/Third Party Administrators (TPAs)*

The COE in Bariatric Surgery has to ensure equal access to all patients based on medical needs. The designated COE in Bariatric Surgery must:

5.1. *Provide clinical services in accordance with the requirements of this Standard, and the relevant DOH Standards. Provide the latest and the best possible treatment for all kinds of bariatric surgeries for adolescent and adult individuals with obesity.*

5.2. *Report and submit e-Claims data in accordance with Chapter VI, DOH Healthcare Regulator Manual Version 1.0 on Data Management and as set out in the DOH Data Standards and Procedures.*

5.3. *Document and monitor quality and safety of clinical care and outcomes of surgical and non-surgical intervention performed on patients, and make these available to DOH for auditing, as and when requested to do so.*

5.4. *Provide records of quality indicators as specified in Appendix I to DOH inspectors.*

5.5. *Maintain Accreditation by a recognized International Accreditation body for Metabolic and Bariatric Surgery and report the findings to DOH.*

5.6. *Meet the requirements as set out by DOH in this standard along with the DOH Standard for Centers of Excellence - DOH/SD/COE/0.9 to qualify as a "Center of Excellence" in Bariatric Surgery services.*

5.7. *Meet the requirements as set out by DOH in this standard along with the DOH Standard for Obesity and Weight Diagnosis, Pharmacological and Surgical Management Interventions.*

5.8. *A COE shall accept all referred patients within the Emirate of Abu Dhabi that are deemed eligible for a bariatric surgery, including all International Patient Care (IPC) referrals for bariatric Surgery.*

5.9. *Establish a single, unified Metabolic and bariatric surgery (MBS) Committee consisting of, at a minimum, the following members:*

- 5.9.1. *The MBS Director*
- 5.9.2. *The MBS Coordinator*
- 5.9.3. *The MBS Clinical Reviewer*
- 5.9.4. *Nursing and Allied Health representatives of the program*
- 5.9.5. *Surgeons at the center providing treatment for metabolic or obesity-related diseases*
- 5.9.6. *Representative(s) of the facility's administration who are involved in the care or oversight of metabolic and bariatric patients*

5.10. *There must be a minimum of three MBS Committee meetings each year. At least one of these MBS Committee meetings must be an annual comprehensive interdisciplinary review meeting to evaluate the following:*

- 5.10.1. *Procedural volumes*
- 5.10.2. *Patient education pathways*
- 5.10.3. *Patient care pathways*
- 5.10.4. *Procedural outcomes*
- 5.10.5. *Program outcomes*
- 5.10.6. *Quality improvement initiatives*

5.11. *Overseeing the education of relevant staff in the various aspects of metabolic and bariatric patient care with a focus on patient safety and recognition of complications*

5.12. *Leads the standardization and integration of metabolic and bariatric patient care throughout the center*

5.13. *To minimize delays in the diagnosis and treatment of serious adverse events, formal education and written protocols to nursing staff, surgeons, and detailing the rapid communication and basic response to critical patient findings is specifically required.*

5.14. *Research, Innovation and Education:*

5.14.1. *A Center of Excellence must conduct all research in alignment with DOH Standard on Human Subjects Research. This is to protect the rights, safety, and welfare of human subjects involved in medical and/or scientific research in the Emirate of Abu Dhabi,*

5.14.2. *Research must be done under facility and/or university supervision or by an adjunct faculty in an academic institution.*

5.14.3. *COE must demonstrate a commitment to education and training of healthcare professionals focusing on Obesity-related sciences.*

5.14.4. *COE must adopt latest technological and innovative advancement that will impact patient quality of care positively.*

5.15. *Data Collection*

5.15.1. *Clinical Programs shall submit clinical outcomes and specified registry data elements to a national or international database in alignment with DOH standard.*

5.15.2. *The Clinical Program shall define staff responsible for collecting data maintaining the database. COE should benchmark the results internationally for the purpose of improving the program outcomes.*

5.16. *Performance Management:*

5.16.1. *A center of excellence in Bariatric Surgery shall be required to maintain volumes of greater than or equal to at least 250 bariatric surgical cases per year including revisional cases. The peri-operative care and the surgical procedures have to be standardized for each surgeon.*

5.16.2. *A center of excellence in Bariatric Surgery shall be required to maintain volumes of greater than or equal to at least 15 stapling procedures annually for adolescent patients.*

5.16.3. *For the Surgeon, volume of greater than or equal to 125 bariatric cases per year. Attend bariatric meetings regularly, subscribe to at least one bariatric journal, and report his/her experience by presenting at local or international congresses or by publishing articles in peer-reviewed Journals.*

6. *Payment Mechanism*

6.1. *Payment will follow current reimbursement methodologies as per current Claims & Adjudication rules, with future consideration to reflect all additional compensation under relevant adjustors.*

7. Enforcement and Sanction

7.1 DOH may impose sanctions in relation to any breach of requirements under this Standard in accordance with the disciplinary regulation of the healthcare sector.

8. Implementation Arrangements

DOH shall:

8.1. Ensure that the requirements set out in this Standard are met through its regulatory powers and where necessary, set out further regulatory measures to address the current and future health system needs for developing Bariatric Centers of Excellence.
8.2. Ensure that the COE comply with Federal Laws, Abu Dhabi laws and DOH regulations.
8.3. Develop key performance indicators (KPI's) to monitor the COE's performance annually.

Healthcare Providers shall:

8.4. Meet the detailed service line specific requirements as set out by DOH in this standard along with the general COE requirements to qualify as a "Center of Excellence in Bariatric Surgery".

Health Insurers:

8.5. Health Insurers are responsible for ensuring the requirements set out in this Standard and relevant UAE laws and regulations are met.

9. Monitoring and Evaluation

9.1. A monitoring mechanism is in place to monitor and evaluate the effectiveness of this Standard, and where necessary adopt changes to ensure continuous improvement within the health system.

10. Appendix I – DOH Jawda KPIs for bariatric Surgery

https://www.doh.gov.ae/en/programs-initiatives/muashir/jawda-indicators-submission-guidelines

1) Rate of Minor Complications among Low-Risk Patients within 30 days from Primary principal Bariatric Surgery
2) Rate of Minor Complications among High-Risk Patients within 30 days from Principal Bariatric Surgery
3) Rate of Major Complications among Low-Risk Patients within 30 days from Primary Principal Bariatric Surgery
4) Rate of Major Complications among High-Risk Patients within 30 days from Principal Bariatric Surgery
5) Re-operation Rate among Low-Risk Patients within 30 days from Primary Principal Bariatric Surgery
6) Re-operation Rate among High-Risk Patients within 30 days from Principal Bariatric Surgery
7) Unplanned Hospital Readmission among Low-Risk Patients within 30 days of the Primary Principal Bariatric Surgery
8) Unplanned Hospital Readmission among High-Risk Patients within 30 days of the Principal Bariatric Surgery
9) Death Rate among Low-Risk Patients within 30 days from Primary Principal Bariatric Surgery
10) Death Rate among High-Risk Patients within 30 days from Principal Bariatric Surgery
11) Extended Length of Stay (LOS) > 7 days among Low-Risk Primary Principal Bariatric Surgery Patients
12) Extended Length of Stay (LOS) > 7 days among High-Risk Bariatric Surgery Patients

11. References

1. *DOH Standard for Centers of Excellence - DOH/SD/COE/0.9 https://www.doh.gov.ae/en/resources/standards. 14 July 2022*

2. *DOH Standard for Obesity and Weight Diagnosis, Pharmacological and Surgical Management Interventions https://www.doh.gov.ae/en/resources/standards 14 July 2022*

3. *DOH Jawda KPIs for bariatric Surgery https://www.doh.gov.ae/en/programs-initiatives/muashir/jawda-indicators-submission-guidelines 14 July 2022*

4. *Optimal Resources for Metabolic and Bariatric Surgery https://www.facs.org/quality-programs/accreditation-and-verification/metabolic-and-bariatric-surgery-accreditation-and-quality-improvement-program/standards/ 8 august 2022*

5. *Staffing and facility requirements https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8916020/ 14 august 2022*