

**CENTERS &
SURGEONS
of EXCELLENCE
IN MINIMALLY INVASIVE
SURGERY**
A PROGRAM OF THE ASGS

CSEMIS PROGRAM INFORMATION

Program Purpose

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Program Categories

UGI • Biliary • Colon-Rectal • Bariatric • Solid Organ (Spleen, Adrenal, Kidney, Liver, Pancreas) • Breast • Urgent/Emergent Procedures • Abdominal Hernia (Ventral, Incisional, Flank & Lumbar)

Applications & Eligibility

1. ASGS will accept hospital and surgeon applications together for Provisional Status.
2. Application for Full Approval status will be processed only after Provisional Status has been approved.
3. Request for an application should be directed to the American Society of General Surgeons:
P.O. Box 4834, Englewood, Colorado 80155 • Phone: 800-998-8322 / (303) 771-5948 • asgs-info@theasgs.org

Fees

1. Hospital application fee is \$5000 for Provisional Status and an additional fee of \$10,000 for Full Approval.
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- 50" Qpeg" c" uwtigqp" ku" egtvkLgf" vj tqw i j" RCNUU" vjgtg" yknn" dg" pq" c f fkvkqpcn" hggu" hqt" vjg" uwtigqp" cv" vjg" vk o g" qh" Hwnn" Cr r tqxcn0"
4. Incomplete or denied applications may be resubmitted up to twelve months from the date of the denial or request for additional information for an additional fee equal to one-half the initial fee.
5. The CSEMIS Full Approval is for a period of one year. Annual renewal of this approval requires submission of evidence of compliance with the required processes along with a renewal fee of \$5,000.

Provisional Status Requirements

1. Institutional and medical staff commit to on-going education in designated areas of MIS excellence.
2. Institution performs a minimum of 100 MIS cases per year. (A minimum of 50 per surgeon)
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- 60" EgtvkLecvkqp" qh" vjg" uwtigqp" u" cpf" hceknkv{ " cu" c" EUGOKU" yknn" dg" cr rnkcedng" qpn{ " vq" vjqug" rtqegfwtgu" hqt" y jke j" vjg" uwtigqp" u" jcu" * jcxg+ " qdvckpgf" RCNUU" egtvkLecvkqp0
5. Any surgical facility that is not a full-service hospital must ensure the availability of appropriate consulting specialists and provide a written plan for dealing with emergency situations that could result from the performance of Minimally Invasive Surgical Procedures, including such events as cardiac or respiratory arrest, unexpected operative blood loss, post-operative respiratory support, malignant hyperthermia, and any other conditions that would necessitate emergent transfer to a tertiary-care facility.
6. Institution maintains equipment, instruments, appropriate furniture, radiological services, or other services to accommodate all areas of MIS excellence.
7. Institution may use nurse or physician extenders who are dedicated to serving surgical patients and who are involved in continuing education in the care of patients undergoing Minimally Invasive Surgery.
8. Institution or physician provides organized and supervised support groups where appropriate for patients who have undergone cancer, bariatric, or other surgery at the institution, including documentation of location, facilitators, curriculum, and attendance.
9. Institution provides statistical outcomes documentation of long-term patient follow-up for MIS procedures and agrees to provide annual outcome summaries to ASGS in a manner consistent with HIPAA regulations.
10. Provisional Approval is for a period of twelve months, during which time the surgeon(s) and facility must apply for and satisfy all criteria for Full Approval. (The Provisional Approval may be extended for up to twelve months at the discretion of the ASGS.)

Full Approval Requirements

- 30" Kpukvkvkqp" eqpvkpwgu" vq" hwnLnn" vjg" Rtqxkukqpcn" Uvcvwu" etkvgtkc" cpf" r tqxkfgu" fguetkrvkqp" qh" cp{ " e jcp i gu" ukpeg" Rtqxkukqpcn" Cr r tqxcn0
- 40" Kpukvkvkqp" r tqxkfgu" qwveq o gu" fcvc" qp" cmm" OKU" rtqegfwtgu" ukpeg" Rtqxkukqpcn" Cr r tqxcn" i tcpvgf0" *Vjg" hqt o " hqt" urgekL e" OKU" data collection is provided in Appendix A—MIS Outcomes Data Collection Form.)
3. The ASGS grants Full Approval when all criteria are met.

APPENDIX A: OUTCOMES DATA COLLECTION FORM

Gastrointestinal Surgery (including Fundoplication, Lap Colon, and Hellermyotomy)		
Intra-op Data	Length of Procedure	
	EBL	
	Conversion to Open (Y/N)	
	Complications	
Post-op Data	Length of Hospital Stay	
	Any Re-operation	
	Return to Normal Activity	
	Complications	
	Other	
Bariatric Surgery (including Gastric Bypass and Lap Band)		
Pre-op Data	Weight	
	BMI	
	Age	
	Sex	
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Intra-op Data	Length of Procedure	
	EBL	
	Conversion to Open (Y/N)	
	Complications (bleeding, perforation, bowel or vascular injury, etc.)	
Post-op Data	Length of Hospital Stay	
	Weight Loss at 3, 6, 9, 12, 18, and 24 Months	
	Any Re-operation	
	Leak of Anastomosis	
	Stricture of Anastomosis	
	Bowel Obstruction	
	Documented Slippage of Band	
	Erosion of Band	
	Intolerance of Band	
Other		
Support Group	Available (Y/N)	
	Frequency of Meetings	
	Name of Coordinator	
Hernia Surgery (including Inguinal and Ventral, Incisional and Umbilical)		
Intra-op Data	Length of Procedure	
	EBL	
	Conversion to Open (Y/N)	
	Complications	
Post-op Data	Length of Hospital Stay	
	Any Re-operation	
	Return to Normal Activity	
	Complications	
	Other	

DESIGNING & IMPLEMENTING A CSEMIS

The following are recommendations developed by ASGS for Healthcare Facilities in cooperation with Minimally Invasive Surgeons and Management leadership.

I. Definition: Centers & Surgeons of Excellence in Minimally Invasive Surgery (CSEMIS)

A collaborative collection of people and resources within a healthcare facility dedicated to the design and implementation of a system focused on the use of minimally invasive surgical approaches, techniques, and technologies to provide maximum

II. The Vision

The surgical facility, in cooperation with surgeons who have demonstrated minimally invasive surgical skills, embraces the

III. Key Features

CSEMIS utilizes evaluation tools to assess and re-assess technology, instrumentation, and continuous education in a focused

IV. The Process

Identify the Strategies
Implement Action Plans
Measure Performance
Re-assess Strategies, Goals, Plans, and Performance

V. Execution (Part 1)

By Procedure Category—Elective Core Categories
UGI • Biliary • Colon-Rectal • Solid Organ • Abdominal Wall Hernia • Breast • Bariatrics
By Procedure Category—Emergency
Appendectomy • Exploratory Laparoscopy • Peritonitis • Small Bowel Obstruction • Large Bowel Obstruction

VI. Execution (Part 2)

Identify Category Team Leaders
Identify Subcategory Team Leaders
Establish a Communication Process
Topics of Assessment
Techniques • Instruments • Technologies • Recording of Data • Educational Processes for All • Outcomes Assessment
Example of – Operating Room Team for Colon-Rectal Project
Leader • Circulators • Scrub Nurses/Techs • First Assistants • Camera/Scope-holder Members
Anesthesiologist • Anesthesia Assistant • Surgeon(s)

VII. Choose Scorecards (Examples of Metrics to Assess)

Pre-op Diagnosis • Planned Procedure • OR Times (including Room Time, Anesthesia Time, and Operating Time)
Actual Procedure Performed
Post-operative Intervals
Length of stay in PAR • Time to ambulation • Time to oral liquids • Time to oral solids • Time to discharge • Any unusual occurrences • Complications • Return to surgery • Final Pathologic Diagnosis

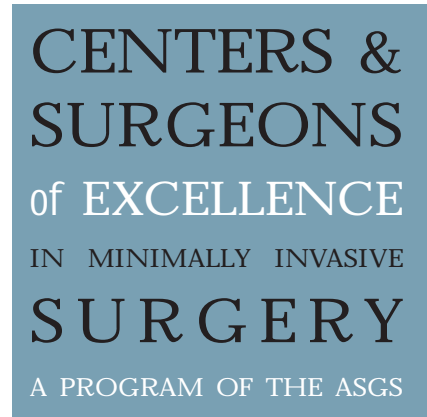
VIII. Educational Processes

Pre-op and Post-op Assessment Processes
Psychomotor Skills
Instrument Usage and Safety
Using Sophisticated Technologies/ Unique Risks
Interaction of Team Members and Teams

APPLICATION FOR PROVISIONAL APPROVAL

Date of Application _____
 Name of Hospital _____
 Address _____

 Contact Person _____
 Title of Contact Person _____
 Phone _____ FAX _____
 E-mail _____



This application encompasses the resources and experience available to the most comprehensive surgery centers and hospitals. Surgery centers and hospitals, attach additional sheets as needed.

Number of Licensed Beds _____ Number of Active Beds _____
 Number of Active Surgical Beds _____ Number of Critical Care Beds _____
 Date of last JCHO Review _____ Result of last Two Reviews _____
 Number of Surgeons on Staff Performing Minimally Invasive General Surgery _____
 Number of Operating Rooms with Dedicated MIS Equipment _____
 Hospital Program Director for Minimally Invasive Surgery _____
 Surgeon Program Director _____
 Leadership Experience _____
 Clinical MIS Experience _____

List of the Categories of CSEMIS for which the hospital is applying

**Owuu"kpemwfg"cv"ngcuw"vj"tgg"qh"vjg"EQTG"ecvg"i"qtkgu"=ugg"fguk"i"pkp"i" ("ko"rng"ogpvp"i" "c" "EUGOKU"o-*

Name of Category	Surgeon Category Leader	OR Nurse Team Leader
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Surgeon(s) Who Will Be Expected to Participate and Have Privileges to Perform Various MIS Procedures in Each Category

**Hqt"geej"uwti"ggp."cwcej" "c" "ujggv"rtqxfkpi"fgvckuu"tgi"ctfki"fkugcus."v"rg"qh"rtqegfwtg."cpf"pwodgt"qh"ecugu"rgthqt"ogf"kp"rtkq"v"yq" {gctu"kp"geej"ecvg"i"qt"fl-*

Name(s) _____

Mechanisms of Credentialing

**Rtqxfkfg"fgvckuu"qh"etkvtkc"hqt"geej"uwti"ggp"tgi"ctfki"rtkq"gzrgtkgpeg."fqew"ogpvgf"vtckkpi"o"kpemwfkpi" "Hgmqyujkr."rtqhgukapcn"tgeq"ogpfcvkpu."wug"qh"rtqegrvqtu"cpflqt"rtqevqtu."cpf"qvjgt"cuuguu"ogpvi"vqqu"ogcuwtkpi"enkpken"gzrgtkugleq"ogvqpeg" RCNUU"egtvkLecvkqp"kphqt"ocvkqp"owuu"dg"kpemwfgf"hqt"geej"uwti"ggp" "Cwcej"ujggv"cu"pggfgf"o-*

Name of Surgeon	PALSS Level	Details of Criteria
1 _____	_____	_____
2 _____	_____	_____

Vjg"CUIU"tgeq"ipk"gu"vjcv"pwogtqwu"jki"jv"vtckpgf"uvch"ogodgtu"cpf"cpemct"rgtuappgn"ctg"tgsuktgf"hqt"vjg"qrvo"cn"rgthqt"ocpeg"qh"Okpk"ocm"l"kpvcukxg"Uwti"gt"fl"Kv"ku"vjgthqt"tgeq"ogpfgf"vjcv"vjg"heekv"gpwgt"vjcv"cm"uvch"ogodgtu."pwugu."vge"j"pkekpu."cuukvcpvu."cpf"cpemct"uvch"ctg"kpqxgfg"p"epvpkpwpi"gfweckqp"cpf"swcnv"cuuw"tpeg"ghhqt"v"tgnvcgf"vq"vjgug"rtqegfwtg" "Fqew"ogpvcvkp"qh"vjgug"ghhqt"v"o"cl"dg"tsgwugf"dl"vjg"CUIU"EUGOKU"tgxky"Eqo"okvvg"at any time during the evaluation process.

Addendum

Please include the following information with your application.

1. "Best Practices Clinical Guidelines" for pre-operative, operative, and post-operative decision-making/decision-tree for each component of clinical MIS practice for which you are applying.

2. Current Experience

Provide a one-year history of all MIS procedures performed prior to the date of this application, including date of surgery, morbidity, and complications delaying discharge.

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AMERICAN SOCIETY OF GENERAL SURGEONS

P.O. Box 4834, Englewood, Colorado 80155

Phone: 800-998-8322 • (303) 771-5948 • Fax: (303) 771-2550 • asgs-info@theasgs.org • www.theasgs.org

For Office Use Only

Date Received _____ Date Complete _____ Date Approved _____