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Bariatric Surgery Inspection Checklist- Random

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
5	STANDARD ONE: HEALTH FACILITY REQUIREMENTS				
5.1.	Bariatric surgeries shall be performed only in a general hospital settings or specialized surgical hospitals with a fully equipped intensive care unit (ICU).				
5.1.1.	Hospitals shall maintain a minimum of 100 bariatric surgeries per annum of which 40 will include Roux-en-Y gastric bypass, duodenal switch or sleeve gastrectomy				
5.1.2.	Hospitals performing bariatric surgery shall seek recognised accreditation within a period of 18 months, from the time they are licensed by DHA				
5.2.	Day Surgical Centres (DSC) with appropriate equipment and critical support care requirements may provide bariatric services to stable patients with no co-morbidities who are likely to be discharged the day with low peri-operative risk score and low risk of adverse event from anesthesia				
5.2.1.	DSC shall maintain a minimum of 50 bariatric procedures per annum				
5.2.2.	DSC performing bariatric surgery shall seek recognised accreditation within a period of 18 months from the time they are licensed by DHA				
5.3.	The DSC providing bariatric services shall have a signed written patient transfer agreement with a nearby hospital to transfer patients in case of an emergency that fully meets the requirements for bariatric patients				
5.4.	The health facility providing bariatric service shall should have				

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	supporting service specifications to provide suitable medical, surgical, diagnostics and emergency care with appropriate equipment and instruments.				
5.5.	The size of instruments selected should meet the type of patients treated, this shall include but not limited to; blood pressure cuffs, staplers, retractors, long instruments, sequential compression device sleeves, etc.				
5.7.	Lifting and transfer equipment should be suitable to facilitate and accommodate obese patients. Weight capacities of equipment and furniture used shall be documented by the manufacturer's specifications and this information shall be readily available to relevant staff. Essential equipment and furniture may include but not limited to:				
5.7.1.	Bariatric wheelchairs				
5.7.2.	Patients chairs and seats				
5.7.3.	Patients beds				
5.7.4.	Gowns				
5.7.5.	Weighing scales				
5.7.6.	Stretchers				
5.7.7.	Floor-mounted or floor-supported toilets				
5.7.8.	Shower rooms				
6	STANDARD TWO: HEALTHCARE PROFESSIONAL REQUIREMENTS				
6.1.	The medical director is responsible to privilege physicians to perform bariatric surgeries.				
6.2.	A privileged Consultant/Specialist General Surgeon shall perform bariatric surgeries.				
6.3.	All bariatric service shall be Consultant Led.				
6.4.	For each admitted patient, the health facility should designate a Most Responsible Physician (MRP), who should be the ultimate responsible for admitting, managing and discharging the bariatric				

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	patients.				
6.5.	Health facility providing bariatric services shall have a full time privileged bariatric surgeon.				
6.6.	Part time and visiting bariatric surgeon shall not be permitted to perform bariatric surgeries in a health facility lacking full time licensed physician with bariatric privileges.				
6.7.	Any health facility providing bariatric services should have a dedicated multidisciplinary healthcare professional team with experience in bariatric patient management. The team should consist of anaesthesiologist, nurses, psychologists, gastroenterologist, clinical dieticians and physiotherapist.				
6.8.	All healthcare professionals shall be trained to use the equipment and be capable of moving obese patients without injury to the patient or themselves.				
6.11.	Physicians performing bariatric surgeries shall have a clear and documented process to record patient details in their health records, which are as follows:				
6.11.1.	Patient selection criteria				
6.11.2.	Pre-operative assessment and counselling				
6.11.3.	Early/acute postoperative care (immediate care at 1-4 days) and upon discharge				
6.11.4.	Postoperative management follow up at 3 months, 6 months, 12 months and then as per the patient's condition. This includes, but not limited to:				
a.	Assessment of weight loss				
b.	Physical activity advice and support				
c.	Management of dietary and nutritional deficiencies				
d.	Bone density measurement at 1 year and 5 years				
e.	Assessment of lipid and glucose level and medication review				
f.	Management of post-operative complications.				

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6.13.	Granting bariatric surgery privileges				
6.13.3.	This privileging document shall be kept in the physician's personal file and provided for DHA review whenever required				
7	STANDARD THREE: PRE-OPERATIVE EVALUATION & INFORMED CONSENT				
7.5.4.	Age of 18 years and older - Patient selection criteria should be based on the following:				
g.	Preoperative investigations shall be based on clinical judgement and shall focus on screening for cardiac arrhythmia, prolonged QT syndrome, cardiomyopathy, uncontrolled endocrinology disease, sleep apnea and impaired thyroid function, especially in risky patients. The minimum preoperative assessment for bariatric surgery should include, but not limited to:				
i.	Blood studies including complete blood count (CBC), blood urea nitrogen (BUN), serum creatinine, electrolytes, thyroid stimulating hormone, thyroid function test, liver function test, haemoglobin A1c (HbA1c), serum insulin and fasting blood glucose.				
ii.	Coagulation profile such as prothrombin time (PT)/ partial thromboplastin time (PTT)				
iii.	Vitamin assay for vitamin B12, folate and vitamin D				
iv.	Lipid profile				
v.	Echocardiogram (ECG)				
vi.	Assess sleep patterns				
8	STANDARD FOUR: BARIATRIC SURGERY SERVICES				
8.8.	DSC opting to perform e bariatric surgery and does not have fully equipped ICU capabilities, shall have ventilators and hemodynamic monitoring equipment on-site to perform necessary patient resuscitation				
9	STANDARD FIVE: CRITICAL CARE SUPPORT				
9.4.	Critical Care				
9.4.1.	An intensivist/anaesthesiologist trained and competent in				

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	handling obese patients and post-operative complications.				
9.4.2.	Trained critical care nursing staff available 24/7.				
9.4.3.	The nursing patient ratio shall be 1:1.				
9.4.4.	An Advanced Cardiovascular Life Support (ACLS) qualified physician shall be available on-site to provide ACLS when bariatric surgery/procedure patients are present, this include but not limited to; defibrillation, drug administration, advanced airway management, etc				
9.4.5.	The health facility shall have in place ventilators and hemodynamic monitoring equipment as well as have the capacity to manage a difficult airway and intubation.				
9.5.	Patient Transfer				
9.5.2.	For transferring patient with bariatric complications, the health facility shall maintain the following transfer requirements:				
c.	An ACLS certified individual should accompany the patient during the transfer				
9.6.	Diagnostic services:				
9.6.1.	The health facility shall maintain diagnostic and interventional radiology services requirements as follows:				
a.	DHA licensed interventional radiologist or a physician trained to perform imaging, percutaneous drainage and other radiology procedures				
b.	A radiology department that can perform emergency chest x-rays with portable machinery, abdominal ultrasonography and upper GI series				
c.	Ensure that blood tests can be performed on a 24/7 basis, that blood bank facilities are available and blood transfusion can be carried out at any time				
d.	A health facility that does not have a required interventional radiology capability shall have a signed written referral agreement.				
9.7.	Access to additional required services				

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9.7.1.	The health facility shall have, at all times, licensed consultants/specialists experienced in managing the full range of bariatric surgery/procedure complications:				
a.	Cardiology				
b.	Emergency and critical care				
c.	Gastroenterologist				
d.	Nephrology				
e.	Pulmonology				
f.	Psychiatry and rehabilitation.				
9.7.2.	A health facility that does not provide any of the consultation service listed above shall provide a copy of the signed written agreement for that service and a plan for provision of these services in the future.				

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