

Title:	Metabolic and Bariatric Surgery (MBS) Committee		
Department:	Medical Staff Services		
Approver(s):	MBS Committee, PI Committee, Medical Executive Committee & Board of Trustees		
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SECTION 1 – POLICY

1.1 Policy Statement

The Metabolic and Bariatric Surgery (MBS) Committee oversees quality improvement for the bariatric surgery and obesity medicine program through discussion of best practices for overall patient care. The committee works in conjunction with the Metabolic and Bariatric Surgery (MBS) Director and the Obesity Medicine Director (OMD), and formulates policies and procedures regarding quality improvement initiatives, evaluates surgical/procedural outcomes, and reviews patient education pathways, patient care pathways, and patient selection criteria. The MBS Committee establishes and assists in programs and procedures that ensure safe and effective patient outcomes, consistent with the standards set forth by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).

The MBS Committee is responsible to the Medical Staff as a whole, and its policy recommendations are subject to approval by the Performance Improvement Committee.

1.2 Purpose

The MBS Committee is responsible for the formulation and oversight of patient care/education pathways, protocols, and all other duties as specified by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) relating to the care of metabolic and bariatric patients for both bariatric surgery and obesity medicine.

The MBS Committee participates in an annual comprehensive review meeting wherein compliance with all standards is evaluated, develops quality improvement initiatives, reviews case outcomes, reviews and discusses adverse event reports, updates protocols as warranted, and reviews/updates patient education and care pathways. The MBS Committee advises the institution as to the compliance with MBSAQIP Accreditation Standards. The MBS Committee should initiate, direct, and review any documents or procedures needed within the institution that are needed to comply with accreditation standards.

The MBS Committee takes actions to prevent, monitor, and evaluate quality improvement for metabolic and bariatric patients in the health care setting, including those who are within the obesity medicine (non-surgical) care pathway.

SECTION 2 – COMMITTEE

2.1 Composition

Members of the MBS Committee are the MBS Director, the OMD, and at least three (3) members of the Active Medical Staff from major clinical specialties appointed by the Chief of Staff. The MBS Director will serve as the chair of the MBS Committee, and will work in conjunction with the MBS Committee to accomplish the duties required by MBSAQIP.

Additional members include representatives from Nursing Service and from Hospital Administration, including the Metabolic and Bariatric (MBS) Coordinator. The MBS Clinical Reviewer, which may be contracted for this role, will also serve as a member.

Additional members will be those called upon to represent services within the hospital, such as radiology and pharmacy, who assist with the care and treatment of metabolic and bariatric patients, and who may help with carrying out quality improvement initiatives.

This multi-disciplinary team will collaborate for insight and decisions made by leadership, with the MBS Director responsible for reporting decisions made by the MBS Committee to the appropriate institutional entities.

2.2 Duties

The MBS Committee, under the leadership of the MBS Director and Obesity Medical Director, participates in formulating Medical Staff protocols for education of staff, including care and transfer of metabolic/bariatric patients in the Hospital and is responsible for reviewing all other Medical Staff matters relating to the care and transfer of said patients in the Hospital. The MBS Committee makes recommendations to the Performance Improvement Committee regarding quality issues identified in the review process. The duties of the MBS Committee are specified within the MBSAQIP Accreditation Standards, and include:

- 2.2.1 At a minimum of annual basis, the MBS Committee reviews, develops, and/or evaluates:
 - A. Quality standards of the program that align with and/or exceed those of MBSAQIP accreditation standards
 - B. Formal written education and protocols for nursing staff, surgeons, and proceduralists in order to minimize delays in addressing adverse events

- C. Inclusion and exclusion criteria for patients, types of procedures performed, acuity and risk factors for patients
- D. Medical oversight for credentialing for metabolic and bariatric surgery privileges.
- E. Staff training/education, in accordance with MBSAQIP requirements.
- F. Process to evaluate and introduce emerging technologies.
- G. Patient care pathways and education pathways for bariatric surgery and obesity medicine.

2.2.2 The MBS Committee shall be responsible for:

- A. Institutional communication for policies and procedures developed and updated by the MBS Committee.
- B. Reporting of ethical and/or quality deviations related to the care of metabolic and bariatric patients.
- C. Develop remediation plans in the event of an ethical and/or quality deviations.
- D. Review and approval of protocols developed by and for the Medical Staff related to bariatric surgery and/or obesity medicine care and pathways.

2.3 Meetings

The MBS Committee meets at least quarterly as needed to perform its duties, with a minimum requirement of one of those meetings being an annual comprehensive review meeting. permanent record of its proceedings are maintained and reported to the Performance Improvement Committee. No less than three meetings per year may be held, with one of those being an annual comprehensive meeting, in order to maintain compliance with MBSAQIP standards for accreditation.

Official meeting minutes must discuss at minimum: outcomes data, quality improvement, document review, and discussion of adverse events, while maintaining HIPAA compliance. All mortalities of metabolic and bariatric patients which occur within the first 90-day postoperative period must be reviewed within 60 days of discovery.

Copies of these minutes will be submitted to the Performance Improvement Committee and will be maintained by the MBS Coordinator.