Master Surgeon in Robotic Surgery (MSRS) Inspection Checklist

Program Requirements and Checklist

The following checklist specifies the documentation required to demonstrate compliance with each Master Surgeon in Robotic Surgery (MSRS) requirement.

Requirement 1: Surgical Experience

The applicant has served as the primary surgeon for at least 125 robotic surgery procedures in their lifetime, and performs at least 50 procedures annually.

Procedures performed at any facility may be used toward volume. Surgeons must have served as the primary surgeon for a procedure to qualify. If the surgeon's role as primary surgeon has been properly documented, procedures performed during fellowship or residency may qualify. Cases in which the surgeon served as co-surgeon or assisting surgeon do not qualify.

Each procedure used for volume must be thoroughly documented to enable a medical chart review.

Volume waivers may be approved in some circumstances.

Required Documentation: Surgical Experience

Case Lists

The case lists must be compliant with applicable patient privacy and confidentiality regulations. Patient identification numbers should be used instead of patient names and should correlate to the medical record so the site inspector and medical staff can identify the patient.

For cases to count toward volume, surgeons must be credentialed in robotic surgery and must have served as the primary surgeon for the procedure.

To demonstrate annual volume compliance, the site inspector will help you determine a continuous 12-month date range. The date range determined must end 90 days prior to the date of your site inspection.

Case lists must be submitted within the Case List Exhibits Excel document provided by SRC and must be submitted to the site inspector at least one week prior to the site inspection. The Case List Exhibits Excel document contains three separate exhibits containing the following information:

☐ Exhibit A – Annual Volume
- Exhibit A documents all qualifying procedures performed during the 12-month date range by the applicant surgeon.
- All qualifying procedures performed during the application date range must be included, not just those that meet the minimum volume.
- In the "Complication(s) Prior to Discharge" column, place an asterisk (*) if there were no complications prior to discharge.
- The Patient ID number should correlate in some way to the medical record so that both the site inspector and the medical staff can identify the patient.
- The list should be separated by the facility at which the procedure was performed, then by date.
- Each facility list should be sorted by date of primary surgery.
- Case volumes should be totaled.

☐ Exhibit B - Lifetime Volume
- *Exhibit B is only required if:*
  - *Applicant does not meet the required lifetime volume during the 12-month date range. It should only contain the number of cases needed to meet the lifetime volume requirement.*
- In the "Complication(s) Prior to Discharge" column, place an asterisk (*) if there were no complications prior to discharge.

- The list should be separated by facility at which the procedure was performed, then by date.
- Each facility list should be separated by date of primary surgery.
- If surgeons are current designees, they do not need to resubmit lifetime volumes.
- Case volumes should be totaled.

☐ Exhibit C – Complications
- Exhibit C contains sublists that document all readmissions, reoperations, and mortalities (in the absence of a terminal diagnosis) for all cases listed in Exhibit A and B.
- Sublists must document the following:
  - All readmissions that occurred for any reason within 30 days of the primary surgery
  - All reoperations that occurred for any reason within 30 days of the primary surgery
  - All mortalities (in the absence of a terminal diagnosis) that occurred for any reason within 90 days of the primary surgery
- Each sublist should be sorted by date of primary surgery.
- If a patient falls into multiple categories, the case should be recorded in all categories that qualify.

Medical Charts
As a part of the inspection, the site inspector will review medical charts for the 12-month date range.

The applicant will email the site inspector their case list in the Case List Exhibits Excel document provided by SRC. After receipt of the applicant's case list via email, the site inspector will select cases from Exhibit A and request detailed chart information from a selection of the cases contained in Exhibit A – Annual Volume and all cases contained in Exhibit C – Complications.

The following sections must be provided for each chart: history and physical, operative notes, operative consent form (do not provide consents for anesthesia, blood and other procedures), and discharge summary.

Charts should be organized into two primary categories: random charts and complications (readmissions, reoperations and mortalities), then broken down into subcategories for each complication type. For all complications, please include history and physical, operative notes, operative consent form, and discharge summary for both the primary surgery and all of the documents that apply for the complication. If a chart falls into multiple categories, it should be placed in the stack of the most serious event. The charts within each category should be organized in the same order in which they appear on the case lists spreadsheet.

Medical Charts Categories (sorted by category, then surgeon and date of primary surgery)
Random Charts (selected by site inspector from Exhibit A)

☐ Printed copies of history and physical, operative notes, operative consent form, and discharge summary for all random charts selected

All Complications (included in Exhibit C)

☐ Readmissions - Printed copies of history and physical, operative notes, operative consent form, and discharge summary for primary surgery **and** all of the above documents that apply for readmission

☐ Reoperations - Printed copies of history and physical, operative notes, operative consent form, and discharge summary for primary surgery **and** reoperation

☐ Mortalities - Printed copies of history and physical, operative notes, operative consent form and discharge summary for primary surgery **and** all of the above documents that apply for mortality

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Requirement 2: Equipment and Instruments

The applicant performs robotic surgery in a facility that has a full line of equipment and surgical instruments to provide appropriate perioperative care for their patients. The applicant's facility has documented training for appropriate staff in the safe operation of this equipment.

Required Documentation: Equipment and Instruments

The applicant must have a facility at which they perform robotic surgery that agrees to participate in the virtual inspection process. The virtual inspection only applies to areas where robotic surgery patients receive care at the facility.

Video Tour

As part of the virtual site inspection process, the applicant must submit a video tour of the facility that has agreed to participate in the inspection as well as the surgical practice/outpatient clinic (if applicable). The site inspector will verify that all equipment and instruments meet and/or exceed the needs for the appropriate perioperative care for robotic surgery patients and the procedures performed.

Video files may be submitted electronically or on DVD in a common format such as AVI, MPG, WMV, MOV, MP4 or 3GP. Video on DVD may be mailed or overnighted to your site inspector. Video files may be sent via WeTransfer, YouTube, Dropbox, Wikisend or other Internet transfer options upon request. Neither videotapes nor photos will be accepted. Videos must have clear picture and sound. Narration is encouraged, but it must be in English. Video should NOT contain or show confidential patient details or other confidential information

When recording the video, please scan each area slowly and ensure all of the listed items are in focus and recorded as one continuous video.

- ☐ Date the video was recorded (show the date on a newspaper, phone, or computer)
- ☐ Exterior of the facility where video tour is being conducted, including the name and address
- ☐ Operating rooms
  - Operating room table(s)
  - Dedicated instruments and trays used for robotic surgery
  - Positioning devices
  - Patient transfer equipment
  - Monitoring equipment
  - Crash/code cart
  - Difficult intubation cart
- ☐ Post-anesthesia care unit
  - Gurneys and/or beds
  - Patient transfer equipment
  - Monitoring equipment
- ☐ Dedicated inpatient and/or outpatient patient floor or care area(s)
  - Beds
  - Wheelchairs
  - Patient transfer equipment
- ☐ Emergency department or intensive care unit on the premises
  - Hemodynamic monitors
  - Ventilators (ICU only)

If the facility does not have an emergency department or intensive care unit:

- ☐ A written transfer protocol that details the transfer plan of patients to other emergency or critical care facilities

Clinical staff in the operating rooms, inpatient/outpatient floors and intensive care unit may be interviewed via conference call by the site inspector regarding equipment and instruments, signs and symptoms of robotic surgery complications as well as other pertinent topics. The site inspector will only ask questions that are relevant to the area; there are no trick questions.

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Requirement 3: Surgeon Dedication

The applicant spends a significant portion of their effort in the field of robotic surgery and has active, full privileges in robotic surgery at the facility participating in their inspection.

The applicant is board-certified or an active candidate for board certification in their surgical specialty by the highest certifying authority available.

The applicant completes at least 12 hours of continuing medical education (CME) focused on robotic surgery every three years. Only American Medical Association Physician's Recognition Award Category 1 Credits or similar credits from a CME accrediting body outside the United States or three national or international meetings qualify.

Required Documentation: Surgeon Dedication

- ☐ Current signed and dated delineation of admitting and robotic surgery privileges
- ☐ Documentation of current board certification or international equivalent or (copy of actual certificate with legible expiration date) or active candidacy for board certification (copy of letter received from certifying agency) that sets forth the period of eligibility
- ☐ Proof of 12 hours of Category 1 CME in robotic surgery within the three-year period before the date of the site inspection or three national or international meetings related to robotic surgery

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Requirement 4: Clinical Pathways and Standardized Operating Procedures

The applicant formally develops and implements clinical pathways that facilitate the standardization of perioperative care for robotic surgery procedures. The following pathways are required:

1. **Anesthesia, including monitoring and airway management**
2. **Perioperative care, including monitoring, pain management and airway management**
3. **Deep vein thrombosis (DVT) prevention and management**
4. **Antibiotic administration and management**
5. **Early removal of urinary catheter**

The first five pathways will be deemed satisfied if the facility has accreditation from The Joint Commission (formerly known as JCAHO), DNV-GL or an equivalent healthcare organization approved by SRC.

6. **Instructions for identification, evaluation and management of early warning signs of complications.**
7. **Preoperative patient preparation, evaluation, patient education, consent and plan of action for discharge that includes follow-up and any necessary patient education**

Each applicant surgeon performs each surgical procedure in a standardized manner as allowed by variations in operative circumstances.

Each applicant surgeon uses a template for operative note dictation that ensures proper collection of data for surgical procedures.

Required Documentation: Clinical Pathways and Standardized Operating Procedures

- ☐ Documentation of the following clinical pathways that facilitate the standardization of perioperative (patient evaluation through follow-up) care for robotic surgery procedures are required:

1. Anesthesia, including monitoring and airway management
2. Perioperative care, including monitoring, pain management and airway management
3. Deep vein thrombosis (DVT) prevention and management
4. Antibiotic administration and management
5. Early removal of urinary catheter

The first five pathways will be deemed satisfied if the facility has accreditation from The Joint Commission (formerly known as JCAHO), DNV-GL or an equivalent healthcare organization approved by SRC.

6. Instructions for identification, evaluation and management of early warning signs of complications.
7. Preoperative patient preparation, evaluation, patient education, consent and plan of action for discharge that includes follow-up and any necessary patient education

Clinical pathways can be documented in a variety of formats, including tables, algorithms/process maps and paragraph form. While a consistent format is encouraged, it is not mandatory. A sample clinical pathway is available upon request by contacting SRC Support at 919.981.4460 or srcsupport@surgicalreview.org.

☐ Documentation of formal adoption of the above pathways

☐ [If applicable] Proof of Joint Commission, DNV-GL or equivalent healthcare organization accreditation approved by SRC

Surgical Techniques

☐ Documentation that details the surgical technique for the highest volume robotic surgery procedures regularly performed by the applicant
  - Surgical techniques can be documented in narrative form or a de-identified operative note and listed as a series of steps or bullet points.

☐ Standardized preoperative, postoperative and discharge order sets for each robotic surgery procedure

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Requirement 5: Surgical Team and Support Staff

The applicant has nurses and/or physician extenders who provide education and care to patients. The applicant performs robotic surgery in a facility that has an operative team trained to care for robotic surgery patients.

The applicant ensures appropriate staff are provided with ongoing, regularly scheduled staff education in-services to ensure they have a basic understanding of robotic surgery and the appropriate management of the robotic surgery patient. In-service topics must include:
- **Signs and symptoms of common postoperative complications**
- **Equipment and surgical instruments**
- **Clinical pathways**

Required Documentation: Surgical Team and Support Staff

Surgical Team and Support Staff

☐ List of nurses and physician extenders who provide education and care to robotic surgery patients

☐ Current licensure or certification for all nurses and physician extenders who provide education and care to robotic surgery patients for the procedures most commonly performed by applicant

☐ List of operative team member names and titles trained to care for robotic surgery patients

In-Service Education

☐ Documentation and education materials for in-services including dates, sign-in sheets/attendance rosters with attendee department name and session content. These materials should be organized by category and in chronological order. The following in-services must be included:
  - Signs and symptoms of common postoperative complications - *Staff should be aware of both the signs and symptoms of common postoperative complications as well as the usual timeline for occurrence of these signs and symptoms.*
  - Equipment and surgical instruments
  - Clinical pathways

☐ Schedule of in-services planned for the next 12 months (annually, at a minimum)

☐ Staff members in applicable departments must prepared to answer questions related to in-services

Clinical staff in the operating rooms, inpatient/outpatient floors and intensive care unit may be interviewed via conference call by the site inspector regarding equipment and instruments, signs and symptoms of robotic surgery complications as well as other pertinent topics. The site inspector will only ask questions that are relevant to the area; there are no trick questions.

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Requirement 6: Patient Education

The applicant must provide all robotic surgery patients with comprehensive preoperative patient education.

The applicant must also have a process for obtaining informed surgical consent and selecting procedures that are most appropriate for each patient's condition.

Required Documentation: Patient Education

Patient Education

☐ Consent forms, educational materials (preoperative, postoperative and including discharge instructions) provided by the surgical practice and hospital to patients for the procedures most commonly performed by applicant surgeons.

Consent forms will be reviewed to verify that they appropriately state the risks and benefits of each proposed procedure.

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Requirement 7: Continuous Quality Assessment

The applicant must collect prospective outcomes data on all patients who undergo robotic surgery procedures in SRC's Outcomes Database (or a similar qualifying database) in a manner consistent with applicable patient privacy and confidentiality regulations. This de-identified data must be available to SRC for initial and renewal inspections or upon request.

Required Documentation: Continuous Quality Assessment

☐ Signed and dated letter(s) stating that the applicant agrees to provide prospective outcomes data on all patients who undergo a surgical procedure in SRC's Outcomes Database (or a similar database) in a manner consistent with applicable patient privacy and confidentiality regulations. This letter must state that de-identified data will be available to SRC for initial and subsequent site inspections or upon request.

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