



**APAGE ACCREDITATION OF
GYNAECOLOGICAL ENDOSCOPIC CENTRE**

2019

Centre Accreditation Guidelines

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Accredited Training Centre in Minimally Invasive Gynecology (ACMIG)

This section outlines the criteria that centres have to fulfill to obtain accreditation.

- 1) Centres must demonstrate a commitment to excellence in Minimally Invasive Gynecological Surgery (MIGS) by:
 - a. Complying with regulatory requirements as stated below
 - b. Putting into place an effective quality management system
 - c. Continuously improving the training centre.

- 2) Centres must have performed a minimum of 100 qualifying gynecological laparoscopic procedures and 50 qualifying hysteroscopic procedures in the preceding 12 months. A minimum number of 20 vaginal procedures should be included if such services are available in the preceding 12 months (*qualifying procedures refer to Appendix A*).

- 3) Centres must have a Physician Programme Director* for MIGS, who is a specialist in Obstetrics and Gynaecology. The Programme Director must be officially appointed through centre's standard appointment process and he/she must participate in relevant decision-making administrative meetings of the centre.

*Programme director must be appointed or in the process of being appointed as a APAGE Fellow in MIGS, providing leadership, best practices, research, support and training for the purpose of Minimally Invasive Surgery.

- 4) Centres must have the full range of consultative services required for effective care of MIGS patients and their potential complications. This includes a Post-Anesthesia Care Unit, High Dependency and/or a Critical Care Unit. There should be 24-hour ACLS Certified Physicians on-site. General Surgeons, Urologists, Radiologist, and Vascular Surgeons should be available. If there are none of these supportive specialties on-site, referral systems should be in place.

- 5) Centres must have qualified on-call coverage. Physician on-call should either be a gynaecologist or other qualified physicians who are able to identify and treat complications of MIGS when they occur. Centres must provide a list of qualified personnel (OR personnel and nursing staff).

Equipment and Instruments

A full line of surgical instruments and related equipment must be available to provide appropriate perioperative care for MIGS patients. Training for MIGS-related surgical equipment to allied healthcare professionals must be provided and documented by the centre.

Informed Consent

MIGS patients must be provided with comprehensive pre-operative patient education regarding MIGS procedure. Centres and surgeons must demonstrate a process for obtaining consent.

Clinical pathways

Centres must adhere to clinical pathways that facilitate the standardization of peri-operative care for MIGS procedure. Procedures must be standardized for all MIGS Surgeons.

- a. Intraoperative anaesthesia, including monitoring and airway management
- b. Perioperative care, including monitoring, pain management and airway management
- c. DVT prevention and management
- d. Instructions for the management of perioperative and postoperative complication warning signs such as tachycardia, fever or haemorrhage
- e. Evaluation and plan of action for patients at high risk for malignancy including when a malignancy is detected
- f. Fluid management in hysteroscopy
- g. Preoperative patient preparation checklist, including education, consent and instruction

Training

Centres must provide ongoing, regular scheduled in-service education programs in MIGS. The team should be trained to recognize postoperative complications and manage them appropriately, involving other interdisciplinary cross referrals when necessary. Training curriculum provided should include content that will enable staff to have a basic understanding of MIGS, appropriate management of MIGS patient including identifying early signs and symptoms of post-operative complications.

Centres must have a designated surgical team and support staff. The team should include nurse coordinators or advanced practice nurses trained in MIGS to care for MIGS patients. MIGS team must also provide education and care to MIGS patients.

Continuous Quality Assessment

Centres must provide prospective outcomes data on all patients who underwent MIGS procedures. Audits are encouraged to reflect an appropriate standard of care.

Revalidation

Revalidation of APAGE Accreditation of a centre is required **EVERY THREE** years.

Centres will have to fulfill the above criteria and provide documentation for revalidation.

Fees

Grandfather clause application fee : **USD 15,000**

ON SITE

The role of the surveyors is to ensure that the centre applying for accreditation practice to a high professional standard in accordance with APAGE ACMIG guidelines. Each surveyor will perform the assessment individually. There will be 3 surveyors appointed at each visit.

The agenda will be pre-arranged by the APAGE secretariat and the centre applying for accreditation. The survey will occur over 2 days. Travel and accommodation expenses will be reimbursed by the centre applying for accreditation.

The surveyors will be provided with a handbook, assessment tools and supporting secretariat to facilitate the process. At the end of the survey, the surveyors will collectively make a decision whether the centre has met the criteria for accreditation. Consequently, an awarding ceremony will be included in the visit if accreditation is achieved.

The centre will be responsible for preparing the necessary documentation prior to the visit.

- ❖ High-level Organization Chart with particular focus on the Obstetrics and Gynaecology Department and the MIS Team
- ❖ Current map of the hospital campus including educational facilities i.e. MIS skills lab
- ❖ Accurate list of patients who have received care under the MIS team in hospital, including their diagnosis, type of (scheduled) operation, age, physician, and date of admission
- ❖ A list of the MIS operative and procedures scheduled for the day, including surgeries in the operating theatre, day surgeries and outpatient clinics
- ❖ Clinical practice guidelines and any associated pathways and protocols
- ❖ Updated On-Call Roster for 24 hour ACLS Physician and Gynaecologists trained in MIS
- ❖ Logbook of Qualifying MIS procedures in the last 12 months prior to application
- ❖ Sample of 15 complete medical records of patients receiving MIS surgery
- ❖ Evidence of systems placed to monitor patient safety and outcomes e.g. Audits, Improvement Projects

In addition to patient interviews, the surveyors will conduct panel interviews with the following personnel:

- ❖ Head of MIS
- ❖ Chief Nurse for MIS Operating Theatres
- ❖ 1 Junior O&G Resident
- ❖ 1 Senior O&G Resident
- ❖ 1 Clinical Fellow (if Applicable)

The surveyors are able to request for documentation to be submitted or schedule for an activity to gain additional evidence for accreditation.

Assessment Criteria

The survey combines both objective and subjective components to provide a comprehensive assessment of the performance of the Centre.

The following terminology is used.

Fully Met

This is when the assessment criteria are achieved to the level of 80-100%..

Partially Met

This is when the assessment criteria are achieved to the level of 50-79%.

Not Met

This is when the assessment criteria are achieved to the level of 0-49%.

Criterion

1. Hospital Organisation

The Centre will introduce the organization of the hospital including the Obstetrics and Gynaecology department. The presentation must include the following:

- a. Head of MIS
- b. MIS Doctors/Trainees
- c. MIS Staff
- d. Anaesthetic Team
- e. Operating Theatre Staff
- f. Nursing Staff

1.1. Head of MIS

The Assessors will conduct a panel interview with the Head of MIS.

- a. Appointment Process
- b. The Head of MIS must be Fellow of APAGE or in the process of applying for accreditation as a surgeon
- c. Role of Head of MIS within department/hospital
 - MIS Teaching, Training, Research
- d. Vision for MIS Department

1.2. Facilities

The Assessors will conduct a hospital tour. The hospital tour should occur on a normal working day and include the following key areas:

- ❖ Outpatient Clinics
- ❖ Outpatient Hysteroscopy Suite
- ❖ Day Surgery
- ❖ Major Operating Theatres
- ❖ Post Anaesthesia Recovery Area
- ❖ High Dependency Unit, Intensive Care Unit
- ❖ Inpatient Wards
- ❖ Skills Lab

1.3 Equipment and Instruments

This will be assessed during the hospital tour. The centre should also provide, if available and applicable, an updated service log of equipment.

1.4 On Call Coverage for Complications/Emergencies

The Centre must demonstrate a system of referral. Applicants must submit:

a. On Call Roster:

- ❖ 24 hours qualified ACLS Physician
- ❖ 24 hours Gynaecologist On Call

b. Referral Pathway to Other Specialties: Pre, Intra and Post Operative

- ❖ General Surgeons
- ❖ Urologists
- ❖ Vascular Surgeons
- ❖ Radiologists

c. List of personnel with BLS/ACLS qualifications

2. Qualifying Procedures

The Centre must submit a case logbook in the 12 months preceding the date of application. Please use the following format as an example.

	Hospital Patient ID	Date of Procedure	Name of Procedure
1			
2			
3			

A separate logbook must be submitted for a. laparoscopic procedures b. hysteroscopic procedures and c. vaginal procedures. Only qualifying procedures need to be included in the logbook. Please refer to Appendix A for a list of qualifying procedures.

3. Informed Consent

The Centre will introduce the hospital's policy on Informed Consent. This criterion will be further assessed by inspection of medical records/consent forms. The Applicant must prepare 5 medical records for each individual assessor i.e. total:

15 Medical Records for inspection. The applicant may need to provide an English translator if necessary.

Medical Records should reflect the following:

- A sample period across 12 months
- Different surgeons obtaining consent
- Only MIS procedures

3.1 Supporting Documents

The centre may also include patient information leaflets or any activity that improves patient education that the hospital provides.

4. Clinical Pathways

The Centre should submit existing clinical pathways that are implemented by the hospital. They should ideally include all of the following:

- h. Intraoperative anaesthesia, including monitoring and airway management
- i. Perioperative care, including monitoring, pain management and airway management
- j. DVT prevention and management
- k. Instructions for the management of perioperative and postoperative complication warning signs such as tachycardia, fever or haemorrhage
- l. Evaluation and plan of action for patients at high risk for malignancy including when a malignancy is detected
- m. Fluid management in hysteroscopy
- n. Preoperative patient preparation checklist, including education, consent and instruction

If available, the Centre can submit audit data to demonstrate adherence to these hospital's protocols. Assessors will also assess adherence through medical records. These can be the same records as those used for assessing Informed Consent.

5. Training

a. Courses/Training Programme

The Centre must demonstrate relevant personnel (surgeons/nursing staff) undergo MIS training. The training curriculum should be submitted. This may be in-house accreditation process and may include:

- Basic Laparoscopy/Hysteroscopy Course
- Advanced Laparoscopy/Hysteroscopy Course
- Others: Case Discussion, Topic Presentation

A list of personnel with relevant qualifications should be submitted.

The Assessors will also conduct a panel interview with 2 selected Trainees regarding their MIS training: 1 Junior and 1 Senior. If the centre offers MIS fellowship, then this interview should also include 1 MIS Fellow.

b. Fellowship Programme

The Centre should submit a Training Programme for Fellows, if applicable.

4.3 Training Facilities

The Centre should have a Skills Lab where clinicians can have hands-on skills. The Assessors will inspect this during the hospital tour.

6. Continuous Quality Assessment

The Centre must demonstrate an active audit process to evaluate outcomes on MIGS procedures.

- a. Regular Audit Meetings
- b. Audit Data on Outcomes in the preceding 12 months.
- c. Patient outcomes or safety measures

7. Patient Satisfaction

The surveyors will select from a list of patients provided by the centre to interview. This can range from 6-10 patients.

A validated patient satisfaction questionnaire will be used.

Appendix A

Qualifying Procedures for Accreditation

Hysteroscopic
Hysteroscopic adhesiolysis of endometrial adhesions
Transcervical Resection of Endometrium
Transcervical Resection of Myoma
Transcervical Resection of Polyps
Hysteroscopic Resection of Septum
Endometrial ablation
Hysteroscopic sterilization

Laparoscopic/Single Port/Robotic Surgery
Laparoscopic hysterectomy - ALL laparoscopic hysterectomy including LAVH
Laparoscopic myomectomy
Laparoscopic metroplasty or repair of congenital organ abnormality
Adhesiolysis, enterolysis (Frozen Pelvis)
Severe Endometriosis, excision of peritoneal nodule/rectovaginal septum nodule
Peritubal adhesiolysis, salpingolysis
Neosalpingostomy, Tubal Reanastomosis
Lymphadenectomy
Pelvic Floor Reconstruction /Sacrocolpopexy/ Colposuspension

Note

A blank sheet of lined paper with a vertical red margin line on the left and horizontal blue lines for writing. The word "Note" is written at the top center.