Former vs. New COEMIG Requirement Comparison

The Center of Excellence in Minimally Invasive Gynecology (COEMIG) program recognizes hospitals and surgeons around the world that provide exceptional minimally invasive gynecologic surgical care and are dedicated to continuously improving healthcare quality and patient safety. The goal of the COEMIG program is to improve patient safety and satisfaction, increase access to minimally invasive gynecologic procedures and provide data-driven results through the COEMIG Outcomes Database available to all COEMIG surgeons.

The COEMIG program is nearing its fifth year. The outcomes database houses data on more than 14,000 MIG patients. SRC's clinical team has completed hundreds of COEMIG site inspections. This experience, data and feedback from our participants has necessitated an update of the COEMIG program. This newly updated program includes a new seal, modifications to some of the requirements, a streamlined outcomes database, a fee reduction and the launch of three new programs for MIG surgeons, healthcare networks and allied health providers.

Below is a comparison chart highlighting the COEMIG program updates in gold.

	Previous COEMIG Program Requirements (Retired 10/31/16)	New COEMIG Program Requirements
Requirements		
1. Institutional Commitment to Excellence	– Facility committed to excellence in minimally invasive gynecology – Facility has credentialing and privileging guidelines in minimally invasive gynecologic surgery	No change
2. Surgical Experience	– Facilities: 75 qualifying laparoscopic **and** 25 qualifying hysteroscopic **and** 50 vaginal procedures (only if a surgeon applies with vaginal procedures) **in 12 months** – Surgeons: 50 qualifying laparoscopic **or** 25 qualifying hysteroscopic **or** 35 vaginal procedures **in 24 months**	– Facilities: 100 minimally invasive (hysteroscopic, laparoscopic and/or vaginal) gynecologic surgery procedures in the last 12 months – Surgeons: 125 minimally invasive gynecologic procedures in their lifetime with 35 minimally invasive gynecologic surgery procedures performed in the last 12 months – Procedures that do not qualify include: o Bilateral tubal ligation/salpingectomy performed for sterilization o Diagnostic laparoscopy o Diagnostic hysteroscopy o Dilation & curettage

3. Physician Program Director	– Director must:
	  o participate in relevant decision-making decisions at facility
	  o be designated or in the process of becoming designated
	  o be primarily responsible for coordinating multidisciplinary services and systems for MIG
	  o participate in multidisciplinary meetings
		No change

4. Consultative Services	– During surgery and until discharge from the post-anesthesia care unit (PACU)
	  o Anesthesiologist or Certified Registered Nurse Anesthetist (CRNA)
	– On-site at all times when patients are present
	  o A physician certified in Advanced Cardiovascular Life Support (ACLS) or equivalent, or an acute response team
	– On-site within 30 minutes of request
	  o Critical care specialist (if a critical care specialist is not available, a written transfer protocol that details the transfer plan of minimally invasive gynecologic surgery patients to other emergency or critical care facilities can be provided)
	  o General surgeon
	  o Gynecologist skilled in open procedures (may be a minimally invasive gynecologic surgeon)
	  o Vascular surgeon
	  o Radiologist
	  o Urologist
		– The facility is also able to identify the following consultative staff:
		  o Nursing program manager
		  o Pathologist

5. Equipment and Instruments	– The applicant facility must maintain a full line of equipment and surgical instruments to provide appropriate perioperative care for minimally invasive gynecologic surgery patients. – Facilities must have documented training for appropriate staff in the safe operation of this equipment.	No change
6. Surgeon Dedication and Qualified Call Coverage	– Surgeons must be Board-Certified or an Active Candidate for board certification by the American Board of Obstetrics and Gynecology (ABOG), the Royal College of Physicians and Surgeons of Canada (RCPSC) (Specialist Certification in Obstetrics and Gynecology), the Royal College of Obstetricians and Gynaecologists (RCOG), or equivalent. – Applicant surgeons must complete 25 AMA/PRA Category 1 Credits or American Osteopathic Association (AOA) Council Category 1-A Credits of continuing medical education related to abdominal and/or pelvic minimally invasive surgery within	– Each applicant surgeon is board-certified or an active candidate for board certification in gynecology by the highest certifying authority available. – Each applicant surgeon must complete at least 24 hours of continuing medical education (CME) focused on minimally invasive gynecology every three years. – Each covering surgeon is board-certified or an active candidate for board certification as a gynecologist by the highest certifying authority available and has admitting privileges at the co-applicant facility.

	the three-year period before the date of the site inspection. Surgeons who graduated from the AAGL Fellowship in Minimally Invasive Gynecologic Surgery program within the three years before the date of their application are exempt from the continuing medical education requirement. – Applicant facilities must have policies in place that require all minimally invasive gynecologic surgeons to have qualified call coverage. – The covering physician should be a gynecologist, but other physicians may qualify upon review if they have admitting privileges at a hospital and are qualified, by experience or education, to identify and treat complications of minimally invasive gynecology when they occur.	
7. Clinical Pathways and Standardized Operating Procedures	Applicant facilities must utilize clinical pathways that facilitate the standardization of perioperative care for the relevant minimally invasive gynecologic procedure, and all minimally invasive gynecologic surgical procedures must be standardized for each surgeon. It is recommended that the following 8 clinical pathways be formally adopted and implemented prior to site inspection: 1. Intraoperative 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. Instructions for the management of perioperative and postoperative complication warning signs such as tachycardia, fever or hemorrhage 5. Evaluation and plan of action for patients at high risk for malignancy, including when a malignancy is detected 6. Counseling for patients undergoing sterilization, including hysterectomy (if not previously sterilized) 7. Fluid management in hysteroscopy 8. Preoperative patient preparation checklist, including education, consent and instruction The first four pathways will be deemed satisfied if the facility has accreditation from The Joint Commission (formerly known as JCAHO).	The applicant formally develops and implements clinical pathways that facilitate the standardization of perioperative care for minimally invasive gynecologic 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 *The first three pathways will be deemed satisfied if the facility has accreditation from The Joint Commission, DNV-GL or an equivalent healthcare organization approved by SRC.* 4. Instructions for identification, evaluation and management of early warning signs of complications. 5. Preoperative patient preparation, evaluation, patient education, consent and plan of action for discharge that includes follow-up and any necessary patient education. 6. Evaluation and plan of action for patients at high risk for malignancy, including when a malignancy is detected 7. Counseling for patients undergoing sterilization, including hysterectomy (if not previously sterilized) (minimally invasive gynecology) 8. Fluid management in hysteroscopy (if applicable) 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.

8. Surgical Team and Support Staff	– Applicant facilities must have nurses and/or physician extenders who provide education and care to minimally invasive gynecologic surgery patients. Facilities must also have an operative team trained to care for minimally invasive gynecologic surgery patients. – Facilities must provide ongoing, regularly scheduled in-service education programs in minimally invasive gynecologic surgery. – In-service education programs must ensure applicable staff have a basic understanding of minimally invasive gynecologic surgery and the appropriate management of the gynecologic surgery patient, including signs and symptoms of common postoperative complications (e.g., vascular/vessel injuries, ureteral injuries, bowel injuries); equipment and surgical instruments; and clinical pathways.	No change
9. Patient Education	– All minimally invasive gynecologic surgery patients must be provided with comprehensive preoperative patient education that includes minimally invasive procedure options. – Surgeons and facilities must have a process for obtaining informed surgical consent and selecting procedures that are most appropriate for the patient's condition.	No change
10. Continuous Quality Assessment	– Applicant facilities and surgeons must collect prospective outcomes data on all patients who undergo a qualifying minimally invasive gynecologic surgery procedure in SRC's 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 site inspections or upon request.	No change
Program Fees		
Application Fee (first year only)	Hospital $7,500 Surgeon: $650	Hospital $3,975 Surgeon: $650
Annual Fees (due on second year)	Hospital: $3,975 Surgeon: $650	Hospital: $3,975 Surgeon: $650
Inspection Fees (only due every 3 years)	$1,850 plus travel expenses	$1,850 plus travel expenses

Current COEMIG designees may comply with the requirements of either program until November 1, 2019.

To learn more, visit http://www.surgicalreview.org/surgeons/accreditation/single-specialty-accreditation/gynecology/center-of-excellence/.