

Orthopedic Certification Program Overview

Providing Pathways for Excellence and Quality

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Associate Director, Hospital Certification
The Joint Commission



Advanced Total Hip and Knee Replacement Certification

Today's Agenda

Welcome and Purpose

- Beth Bozzelli, VP, Surgical Services, Lifepoint Health

Joint Commission Core & Advanced Program Overview

- Brian R. Johnson, Associate Director, The Joint Commission

AAOS Registries for Advanced Certification

- Phillip Dwyer, General Manager, AAOS

Application & Review Process, Timeline & Resources

- Brian R. Johnson, Associate Director, Hospital Certification
- Katie Reff, Project Director, Healthcare Standards Development

Q & A

Orthopedic Certification Perspective

Over the next 20 years hip replacements are expected to grow by 174% and knee replacements by 673% according to a study presented at the American Academy of Orthopedic Surgeons.

Challenging Environment...

- Financial – Payors, Revenue, Expenses, Staff Turnover
- Scrutiny – Media, Payers, Regulators, Employees, Patients
- Uncertainty – Economy, Politics, Clinical Research

What we do know...

- ***There will continue to be people whose quality of life is poor, and long-term health are at risk, due to osteoarthritis of the joints and/or spine issues***
- ***You and your teams are VERY successful performing these procedures***

Benefits of Orthopedic Certification

One of the ways Hospitals and Ambulatory Surgery Centers are driving sustainability and success is through Advanced Total Hip & Knee Replacement and Advanced Certification in Spine Surgery programs with TJC

- Provide organizations with a pathway to excellence
- Provide a framework to improve patient outcomes
- Reduce variation in care delivery
- Establish a consistent approach to care, reducing the risk of error
- Demonstrate commitment to a higher standard of clinical service
- Organize teams across the continuum of care
- Provide a competitive edge in the marketplace
- Enhance staff recruitment and development

The Foundation of Joint Commission Certification

Clinical Practice
Guidelines

Performance
Measures

Performance
Improvement



TJC Standards for Disease Specific Care

E-dition[®]

Orthopedic Core (Basic) Certification Options

The Joint Commission offers many types of certification for orthopedic programs for Joint Commission-accredited facilities, including:

- **Core Hip Replacement**
- **Core Knee Replacement**
- **Core Spine Surgery**
- **Core Orthopedic Rehabilitation**

Key Requirements

- Hospital or ambulatory surgery center (ASC) only
- Visit and communication with peri-operative team, discussion with staff regarding hand-offs
- Standardized clinical practice guidelines and order sets
- Review of post-operative patient education, discharge process
- Should be considering, if not implementing, some form of functional outcome measures

Core Vs. Advanced: What's the Difference

Compare Core Hip or Core Knee versus Advanced Certification for THKR, and choose the level of certification appropriate for your organization.

Core Certification	Advanced Certification
Core Disease-Specific Care Standards	Core Disease-Specific Care Standards plus program-specific requirements
Perform hip or knee replacement, or both for Combined Certification	Provide both total hip and total knee joint replacement procedures
1-day review	2-day review, including review of a patient on-site undergoing a hip or knee replacement surgery
No intraoperative observation	Intraoperative observation
Organization chooses performance measures: At least two of the four measures must be clinical	Standardized performance measures
No registry participation is required	Participation in the American Joint Replacement Registry (AJRR)

The Gold Standard in

Advanced Total Hip & Knee Replacement Certification and
Advanced Certification for Spine Surgery

The Joint Commission offers this certification in
collaboration with the American Academy of Orthopaedic
Surgeons (AAOS).



Advanced Total Hip and Knee Replacement Certification

History of Collaboration: AAOS & TJC

Effective January 1st, 2019

- **Advanced Total Hip & Knee Replacement**

Effective July 1st, 2021

- **Advanced Certification for Spine Surgery**

Through these collaborations:

- Jointly oversee scientific issues, performance measurement, quality improvement activities, education, data sharing and research related to the certification
- Continued commitment to constantly assessing and evaluating quality for the safety and benefit of orthopedic patients

The Standards



Both Core and Advanced Orthopedic Program Standards

There are 6 chapters of standards in **E-dition®** and the Comprehensive Certification Manual for Disease-Specific Care Including Advanced Programs for Disease-Specific Care

1. CPR: Certification Participation Requirements
2. DSPR: Program Management
3. DSDF: Delivering or Facilitating Clinical Care
4. DSSE: Supporting Self Management
5. DSCT: Clinical Information Management
6. DSPM: Performance Measurement

Example: Core vs Advanced Standards

Standards

DSPM: Performance Measurement Chapter

Standard DSPM.03

The program collects measurement data to evaluate processes and outcomes.

Note: *Measurement data must be internally trended over time and may be compared to an external data source for comparative purposes.*

Elements of Performance for DSPM.03

1. The program selects valid, reliable performance measures that are relevant to the target population and based on clinical practice guidelines or other evidence-based practice.

Requirement Specific to Total Hip and Total Knee Replacement

- a. Using the organization's established performance improvement process, the program monitors, at a minimum, the following:
 - Infection (mechanical, wound)
 - Blood management, including interoperative blood loss, transfusion rates, blood product utilization, and blood conservation methods including the use of tranexamic acid
 - Readmission rate

Performance Measures



Core Performance Measures (Examples)

DSPM: Performance Measurement

Non - Standardized Performance Measures for Core Hip, Knee or Spine Surgery

- 4 Self Selected PMs Reported to Joint Commission (Min. of 2 must be Clinical)
- Post-operative Ambulation Same Day of Surgery
- Regional Anesthesia
- Pre-Operative Health Status Assessment (VR-12 or PROMIS-Global) and Functional Assessment (HOOS/KOOS)
- Discharge to Home
- Improvement in Pain Reporting at Discharge
- Pain Management
- Patient Education / Joint Class / Post-Op
- Re-Admit Rates
- Time to ambulation
- Length of Stay
- Patient Satisfaction

Advanced Hip/Knee (THKR) Performance Measures

DSPM: Performance Measurement

5 – Standardized Performance Measures for THKR

- Reported to The Joint Commission
- THKR 1: Regional Anesthesia
- THKR 2: Postoperative Ambulation on Day of Surgery
- THKR 3: Discharged Home
- THKR 4: Pre-operative Functional/Health Assessment
- THKR 5: Post-operative Functional/Health Assessment

Adv. Spine Surgery (ACSS) Performance Measures

DSPM: Performance Measurement

4 - Standardized Performance Measures for ACSS

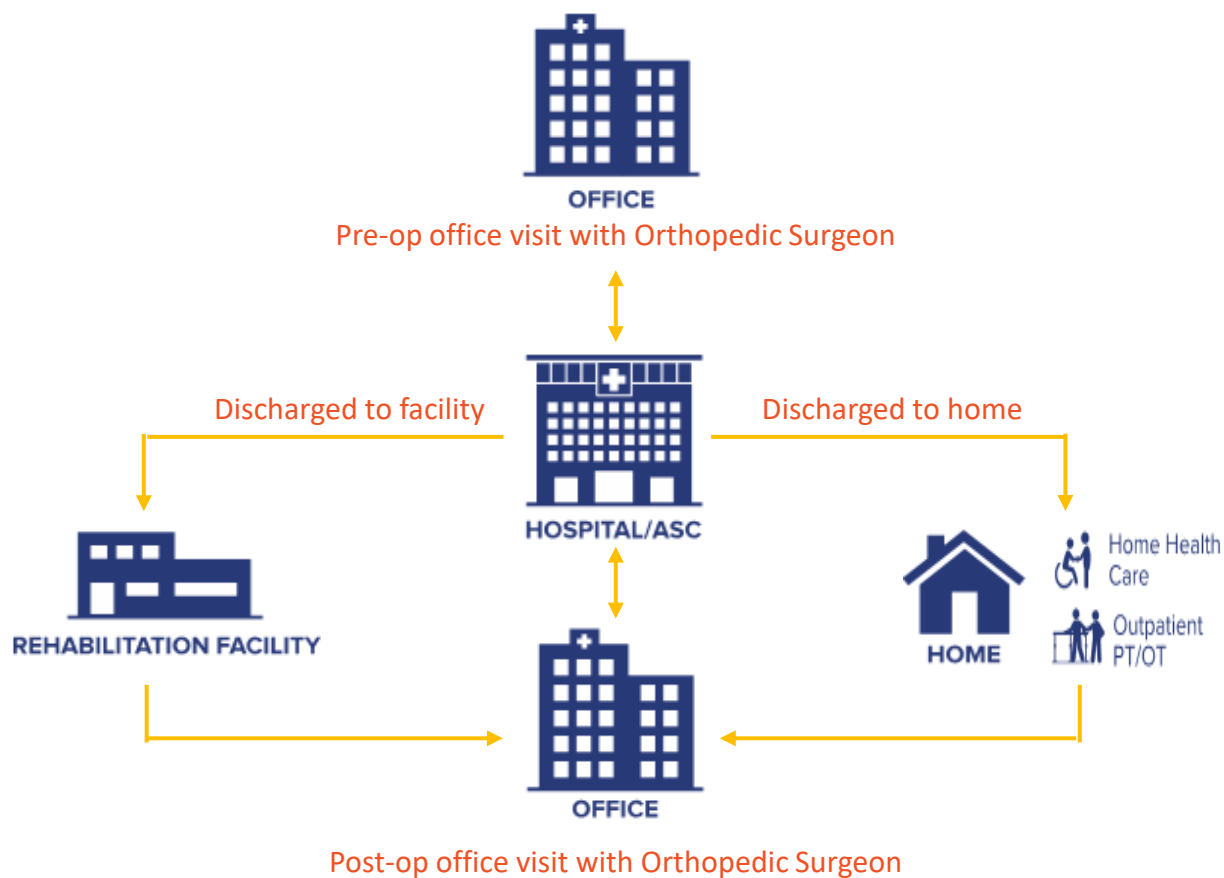
- Reported to The Joint Commission
 - ACSS 1: Surgical Site Infection Rates
 - ACSS 2: New Neurological Deficits
 - ACSS 3: Unplanned Return Visit to the OR
 - ACSS 4: Pre-Operative and Post-Operative Patient Reported Outcomes (PROs)
-

THKR and ACSS

Advanced Paradigm

- ***Patient-centered care*** from consultation through follow-up
- All sites of procedure (ASC, hospital, inpatient or outpatient)
- Instructions and advice provided to patients and caregivers
- ***Standardization*** (order sets, etc)
- Staff proficiency in all patient settings and transition of care
- ***Shared decision-making*** with patient throughout continuum of care
- ***Collaboration*** among the clinical team
- ***Ongoing improvement*** processes

Scope of Certification THKR and ACSS



Eligibility Requirements

Advanced Total Hip and Knee Replacement Certification (THKR)

- Hospital or Ambulatory Surgery Center (ASC)
- Accredited by The Joint Commission or other Organization or State
- Organization performs both Total Hip Joint Replacements and Total Knee Joint Replacements
- ***Must have served a minimum number of 10 hip and 10 knee patients***
- ***Participation in American Joint Replacement Registry (AJRR)***

Eligibility Requirements

Advanced Certification for Spine Surgery (ACSS)

- Hospital or Ambulatory Surgery Center (ASC)
- Accredited by The Joint Commission or other Organization or State
- Organization will be surveyed for these procedures: cervical, thoracic and lumbar
- ***Must have served a minimum number of 200 patients***, then ongoing threshold of 200 per year
- ***Participation in American Spine Registry (ASR)***

Questions - Standards or PMs?



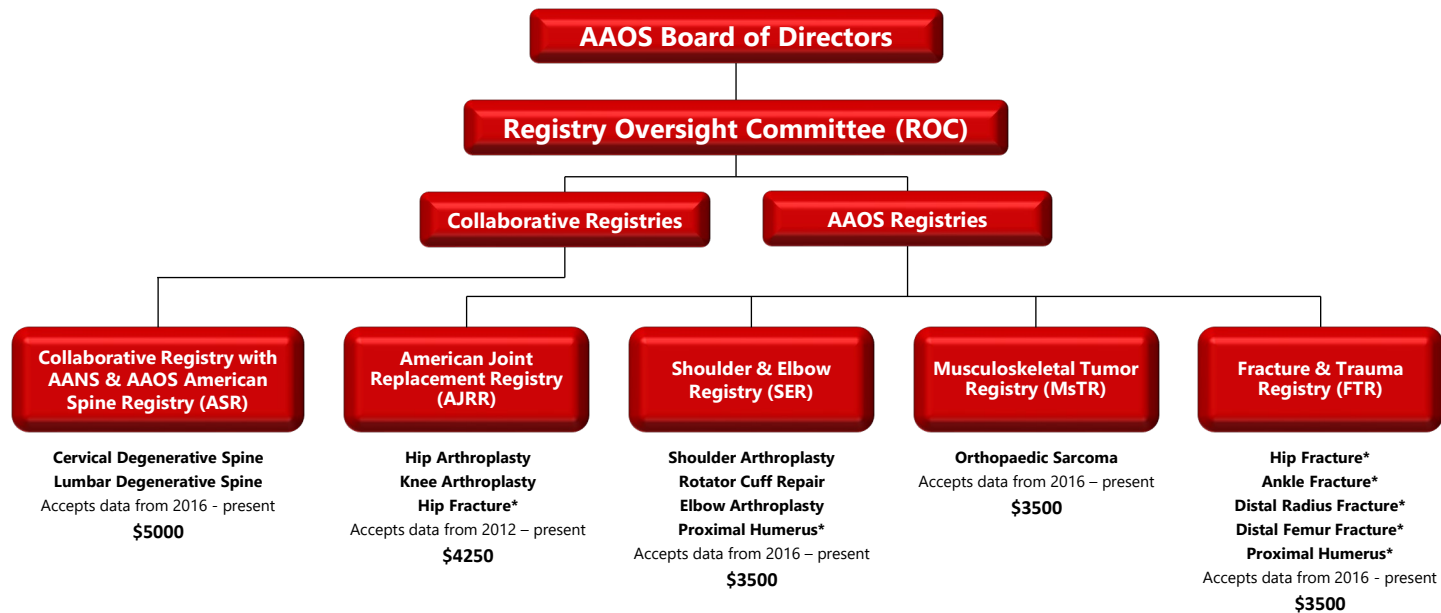
Registry Program Overview

www.aaos.org/registries

Phillip Dwyer

General Manager, Registry Engagement

AAOS Family of Registries



Registry Goals



Registry Effort Goals

- ✓ Collect unique clinical information demonstrating ***real-world practice***
- ✓ Enable ***performance measurement*** by physicians for physicians
- ✓ Facilitate national registry-driven ***quality improvement*** programs
- ✓ Support novel scientific ***research***

Registry Data Collection |

Core Data Elements

Procedure

Patient

- Name (Last, First), Date of Birth, SSN
- Diagnosis (ICD-10)
- Gender
- Race/Ethnicity
- Height + Weight/Body Mass Index
- Payer Status

Site of Service

- Name and Address (TIN/NPI)

Surgeon

- Name (NPI)

Procedure

- Type (ICD-10, CPT)
- Date of Surgery
- Implants (Manufacturer, Lot #)
- Anesthesia Type

These Core Data Elements are collected across all AAOS and Collaborative Registries.

Procedure, continued

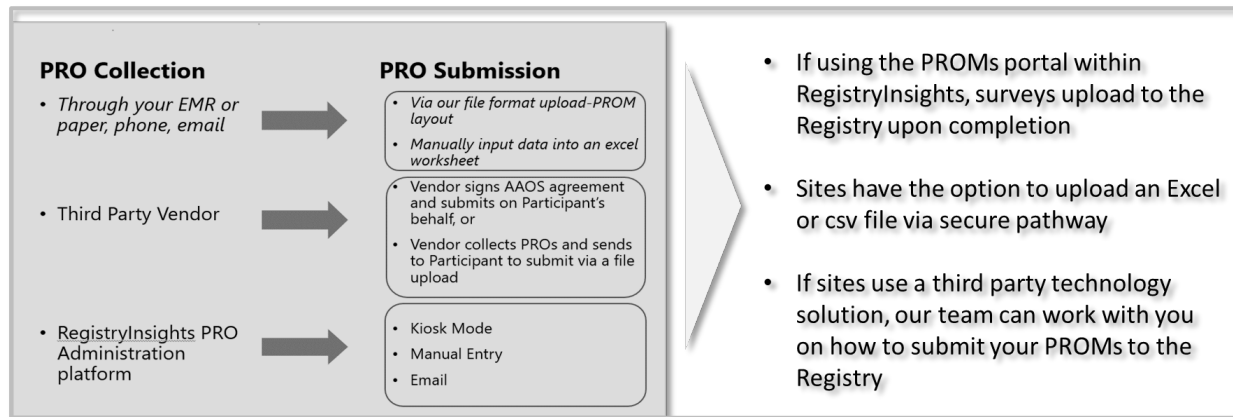
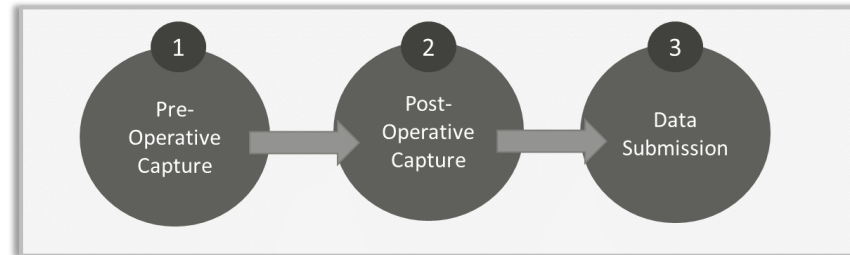
- Length of Stay
- American Society of Anesthesiologists Score
- Charlson Comorbidity Index (CCI)

Comorbidities & Complications

- Comorbidities (ICD-10)
- COVID-19 as prior diagnosis
- Height + Weight/Body Mass Index
- Length of Stay
- American Society of Anesthesiologists Score
- Charlson Comorbidity Index (CCI)
- Operative and Post-operative Complications

PROMs

Registry participants may submit data to the registry or utilize the registry portal to collect patient reported outcomes. The portal supports multiple workflow options for collection (i.e. computer, tablet device, paper methods).



PROMs Intervals

Collection Interval	Definition
Baseline/Pre-operative*	From 90 days before procedure to the date of procedure
90 days/3 months*	From 30 days after procedure to 150 days after procedure
6 months	From 150 days after procedure to 210 days after procedure
12 months	From 270 days after procedure to 425 days after procedure
Yearly	Every year after procedure, +/- 60 days after procedure anniversary

*TJC PROMs Metric Intervals

Delivering Value for AANS & AAOS Spine Surgeons



On-demand practice and surgeon specific dashboards



Comparison to national performance benchmarks



Monitor longitudinal patient outcomes
(Medicare data)



Maintenance of Certification credit
(ABOS and ABNS)



Qualify for national distinction programs (Aetna, AAAHC, Blue Distinction, DNV, TJC)



CMS quality improvement programs
(MIPS & BPCI-A)



Improve the **value of care** delivered to patients

Data Reuse Opportunities

Confirmed ROI for participants include:

ABOS Maintenance of Certification (MOC) and ABNS

Continuous Certification (CC) Programs

Aetna Institutes of Quality (IOQ) Orthopaedic Surgery

BlueCross BlueShield Blue Distinction Specialty Care

Centers for Medicare & Medicaid Services (CMS) Merit-

based Incentive Payment System (MIPS) Quality

Payment Program (QPP)

CMS Bundled Payments for Care Improvement

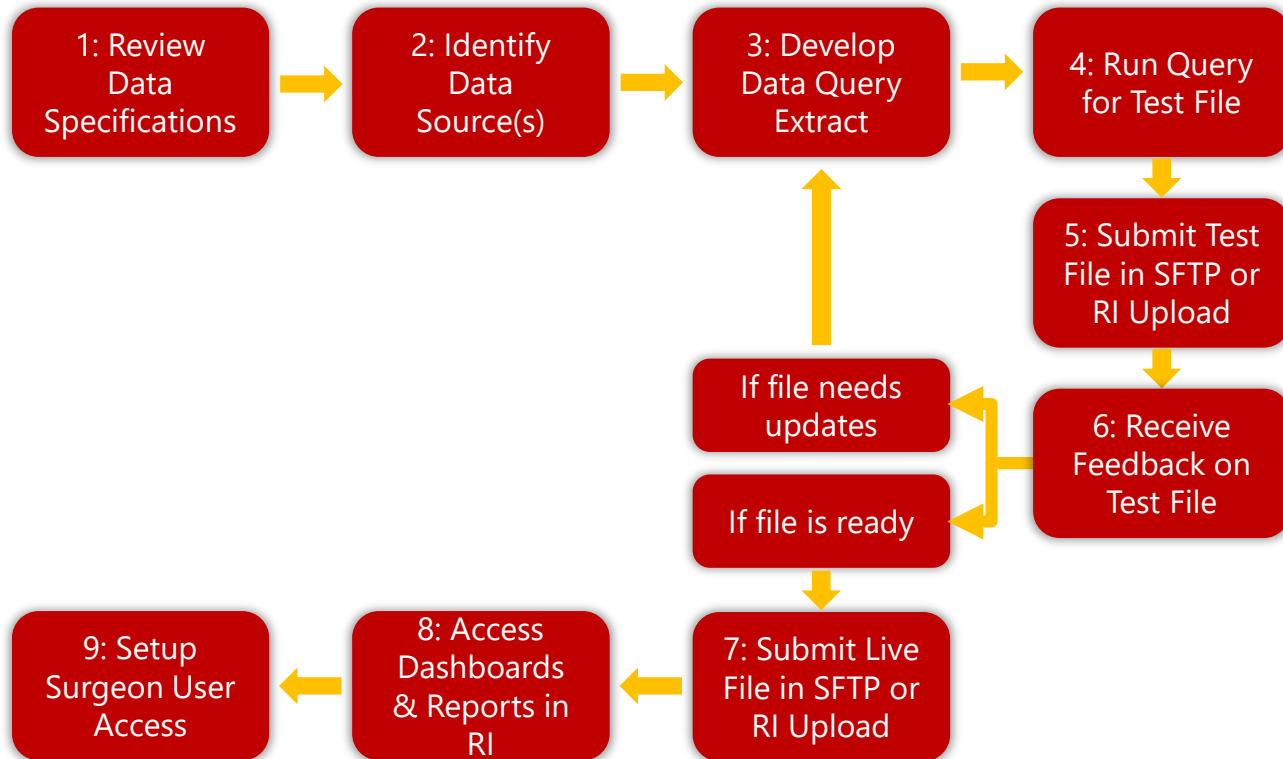
Advanced (BPCI-A)

CMS MIPS Promoting Interoperability (PI)

DNV GL Orthopaedic Center of Excellence

For more information visit: www.americanspineregistry.org/data-reuse-opportunities/

Registry Data Submission Process



*Recently submitted files can always be reviewed for rejections or flags in RegistryInsights® (RI)

**Data should be submitted *at least quarterly* with best practice being *at least monthly*

TJC Advanced THKR Certification



Advanced Total Hip and Knee Replacement Certification

Advanced Total Hip and Knee Replacement (THKR) Certification

- A minimum of 10 patients
- Participate in AJRR
- 3 components to certification:

Standards of clinical care delivery

Use of clinical practice guidelines

Performance measurement

5 measures captured through data elements in procedure and PROMs submission

THKR Measures

Measure Name	Description	Numerator	Denominator
THKR-1 Regional Anesthesia	Patients with regional anesthesia attempted or performed including spinal and epidural blocks and peripheral nerve blocks	Patients undergoing and total hip or total knee replacement with regional anesthesia performed	Patients undergoing a total hip or total knee replacement
THKR-2 Postoperative Ambulation on the Day of Surgery	Patients who ambulated postoperatively the day of surgery or ambulated in the PACU or within 4 hours of discharge from the PACU	Patients undergoing total hip or total knee replacement who ambulated postoperatively the day of surgery or ambulated in the PACU or within 4 hours of discharge from the PACU	Patients undergoing a total hip or total knee replacement
THKR-3 Discharged to Home	Patients discharged to home following a total hip or knee replacement	Patients discharged to home following a total hip or knee replacement	Patients undergoing a total hip or total knee replacement
THKR-4 Preoperative and THKR-5 Postoperative Functional/Health Status Assessment	Percentage of patients submitted to AJRR who completed the general health (VR-12 or PROMIS-Global) and joint specific (HOOS Jr./subscales or KOOS Jr./subscales) functional status assessments: Within 90 days prior to surgery and 90 days postoperatively.		

AJRR Procedure Data Elements

Field Name	Required	Acceptable Data Values and Format
TJC_AnesthesiaType	Required for TJC Certification	1-7 (1=General; 2=Spinal; 3=Epidural; 4=Nerve Block: Lumbar Plexus/Psoas/etc. (hip); 5= Femoral/Sciatic/Adductor/etc. (knee); 6= Not reported or NR; 7= Monitored Anesthesia Care (MAC)); PLEASE NOTE: a comma separation may be used if there is more than one technique administered (e.g., "1, 4").
TJC_Rgnl_Ansth_Exemptio	Required for TJC Certification	1-6 (1=Attempted and failed; 2=Not attempted; 3=Contraindicated; 4=Not indicated; 5=Unknown; 6=Not reported or NR)
TJC_Ambulation	Required for TJC Certification	1-5 (1=Yes, Ambulation Day of Surgery or 4 hours from PACU discharge; 2=No, Ambulation Day of Surgery or 4 hours from PACU discharge; 3=No, other medical factors preventing ambulation; 4=Unknown; 5=Not reported or NR)
TJC_DSCHDISPCODE	Required for TJC Certification	## or not reported or NR Any valid CMS Patient Discharge Status Code. Common codes used are: 01=Discharged to Home or Self Care (routine discharge); 02 =Discharged/Transferred to a Short-term General Hospital for Inpatient Care; 03=Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification in Anticipation of Skilled Care; 04=Discharged/Transferred to a Intermediate Care Facility (ICF); 05=Discharged/Transferred to a designated cancer center or children's hospital; 06=Discharged/Transferred to Home Care of Organized Home Health Service Organization; 07=Left against Medical Advice or Discontinued Care; 09=Admitted as an Inpatient to this Hospital (This code is for use only on Medicare outpatient claims, and it applies only to those Medicare outpatient services that begin greater than three days prior to an admission.); 20=Expired (This code is used only when the patient dies.); 90=Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission
TJC_Discharge_Exclusion	Required for TJC Certification	1=Yes, 2=No, 3=Unknown, 4=Not reported or NR
TJC_Admit_Source	Required for TJC Certification	1-5 (1=Home; 2=SNF and/or Other Healthcare Facilities; 3=Other; 4=Unknown; 5=Not reported or NR)

- Additional procedure data used to calculate measures:
 - Procedure & Diagnosis Codes
 - Patient Death Date
 - Procedure Date
 - PROMs Completion Date & Submitted Surveys
 - Admit and Discharge Dates

RegistryInsights Dashboard Metrics

The image shows a screenshot of the AAOS RegistryInsights dashboard. At the top left is the AAOS logo (American Academy of Orthopaedic Surgeons) and the RegistryInsights logo. On the left side, there is a sign-in form with fields for Email Address and Password, a 'Sign in' button, and a link for 'Forgot your password?'. Below the sign-in form is a link for 'Sign up now'. In the center, there is a navigation menu with 'HOME', 'SEARCH', and 'DASHBOARD & REPORTS'. A yellow arrow points to the 'Institution Dashboard' link under 'DASHBOARD & REPORTS'. At the bottom, there is a horizontal menu with several options: 'All Procedures', 'Your Procedures', 'All Post-Operative Data', 'Your Post-Operative Data', 'All PROMs', 'Your PROMs', and 'Your Performance Measures'. The 'Your Performance Measures' link is circled in yellow.

AAOS
AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS

registry insights®

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HOME SEARCH DASHBOARD & REPORTS

HOME MY TEST D

Institution Dashboard

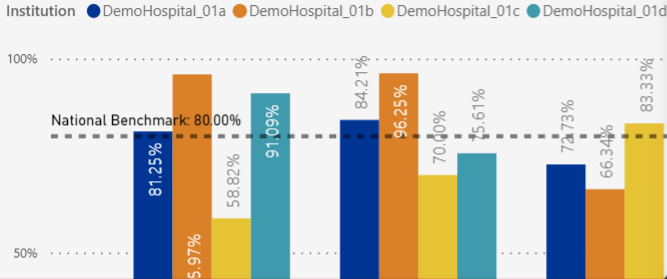
Reports

All Procedures Your Procedures All Post-Operative Data Your Post-Operative Data All PROMs Your PROMs **Your Performance Measures**

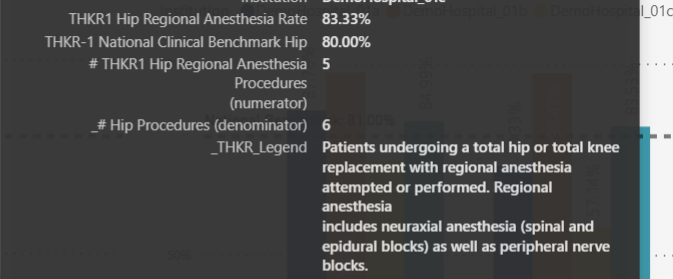
Registry Insights Dashboard Metrics

Track Performance Rates in Measures Dashboard

(1) THKR-1 Regional Anesthesia (Hip) ⓘ

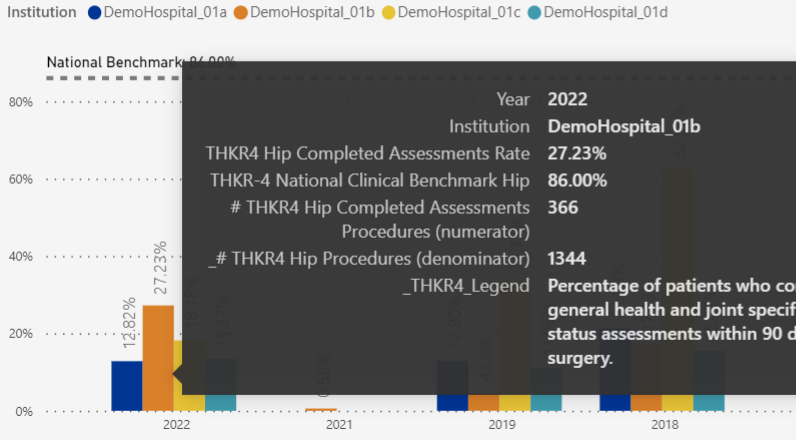


(2) THKR-1 Regional Anesthesia (Knee) ⓘ



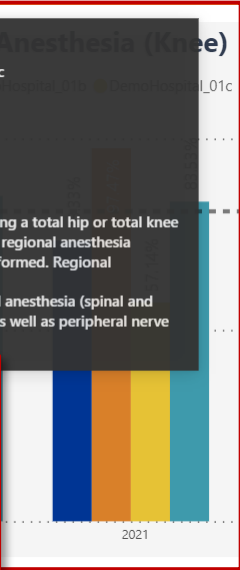
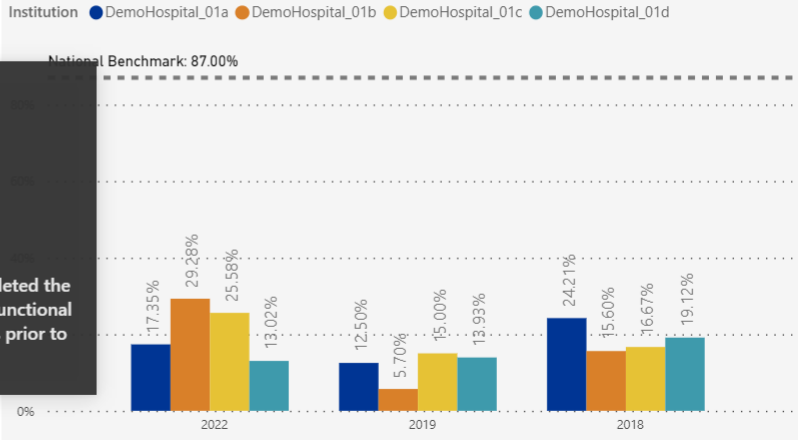
Year 2020
 Institution DemoHospital_01c
 THKR1 Hip Regional Anesthesia Rate 83.33%
 THKR-1 National Clinical Benchmark Hip 80.00%
 # THKR1 Hip Regional Anesthesia Procedures (numerator) 5
 # Hip Procedures (denominator) 6
 _THKR_Legend
 Patients undergoing a total hip or total knee replacement with regional anesthesia attempted or performed. Regional anesthesia includes neuraxial anesthesia (spinal and epidural blocks) as well as peripheral nerve blocks.

(7) THKR-4 Preoperative Functional/Health Status Assessment (Hip) ⓘ



Year 2022
 Institution DemoHospital_01b
 THKR4 Hip Completed Assessments Rate 27.23%
 THKR-4 National Clinical Benchmark Hip 86.00%
 # THKR4 Hip Completed Assessments Procedures (numerator) 366
 # THKR4 Hip Procedures (denominator) 1344
 _THKR4_Legend
 Percentage of patients who completed the general health and joint specific functional status assessments within 90 days prior to surgery.

(8) THKR-4 Preoperative Functional/Health Status Assessment (Knee) ⓘ



Dashboards | Performance Metrics

Post-Discharge Complications

Complication Rates for Infection, Mechanical Complication, Fracture, Loosening, and Instability

Linked Revisions & Readmissions by Complication Type

Performance Measures

Post-op Ambulation, Regional Anesthesia, Discharge to Home

Completion of 90-day pre- and post-op PROMs

SSI, Mortality, 90-day Readmission

Patient-Reported Outcome Measures (PROMs)

Tracking linked pre-op, 90-day post-op, and 1-year post-op PROMs

National Outcomes Comparison for Mean Scores and 1-year MCID

CJR/IQR THKR PRO-PM Extract with HOOS/KOOS & PROMIS-10/VR-12 Data

Timeline for a TJC Site Visit



Onboarding:
1-3 months

Populated Dashboards:
10 patients worth

Schedule a site visit with TJC:
6 months

TJC Advanced Certification in Spine Surgery

- ACSS
 - A minimum of 200 cases
 - Participation in ASR
 - 3 components to certification:
 - Standards of clinical care delivery
 - Use of clinical practice guidelines
 - Performance measurement
 - 8 measures captured through data elements in 90-day post-op and PROMs submission

American Spine Registry ™

A partnership between

American Association of Neurological Surgeons

American Academy of Orthopaedic Surgeons



ACSS Measures

Measure Name	Description	Denominator	Numerator
Surgical Site Infection Rates	Patients with a post-operative surgical site infection identified within 90 days after the primary procedure.	All primary cervical and lumbar degenerative spine cases submitted to ASR.	Spine cases with documented surgical site infection within 90 days of the primary procedure.
New Neurological Deficits	Patients with new neurological deficits present within 90 days after the primary procedure.	All primary cervical and lumbar degenerative spine cases submitted to ASR.	Spine cases with new unexpected neurologic deficit with focus motor strength that is a 3/5 or worse.
Unplanned Return Visit to the OR	Patients who had an unplanned return to the OR within 90 days of the primary procedure.	All primary cervical and lumbar degenerative spine cases submitted to ASR that are not multi-stage procedures.	Spine cases that are not multi-stage procedures, with unplanned return visits to the operating room.
Pre-operative and Post-operative Patient Reported Outcomes (PROs)	Proportion of patients submitted to ASR who completed the general health and spine specific functional status assessments: 90 days prior to surgery and 90 days post-operatively.		

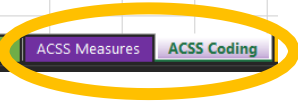
ACSS Data Collection

Measure Name	Data Element Collection
Surgical Site Infection Rates	<i>Surgical site infection rates would be identified by ICD-10 coding in the ASR data specifications. For additional information on SSI per the criteria set forth by the CDC and the Surveillance for Surgical Site Infection (SSI) Event, please refer to this document: https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscscscurrent.pdf</i>
New Neurological Deficits	<i>New Neurological deficits would be identified by ICD-10 coding (see ASR data specifications)</i>
Unplanned Return Visit to the OR	<i>Unplanned return visits to the OR would be identified by ICD-10 coding (see ASR data specifications)</i>
Pre-operative and Post-operative Patient Reported Outcomes (PROs)	<i>Sites would submit one general health and one spine specific functional status assessments currently accepted by ASR. ASR accepts the following assessments: PROMIS-10, VR-12, ODI, NDI, PROMIS Physical Function, Numeric Rating Scale, PROMIS-CAT, PROMIS-29, PROMIS Pain Interference, PROMIS Emotional Distress Depression, PROMIS Emotional Distress Anxiety, EQ-5D</i>

ACSS Data Collection | Coding

A	B	C	D	E	F	G
Advanced Certification in Spine Surgery (ACSS)						
Measure: Surgical Site Infection Rates		Surgical site infection rates would be identified by ICD-10 coding, including use of T81.49XA. For additional information on SSI per the criteria set forth by the CDC and the Surveillance for Surgical Site Infection (SSI) Event, please refer to this document: https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscscicurrent.pdf				
3	A40.8	Other streptococcal sepsis				
4	A41.01	Sepsis due to Methicillin susceptible Staphylococcus aureus				
5	A41.02	Sepsis due to Methicillin resistant Staphylococcus aureus				
6	E83.2	Disorders of zinc metabolism				
7	L08.89	Other specified local infections of the skin and subcutaneous tissue				
8	L08.9	Local infection of the skin and subcutaneous tissue, unspecified				
9	M00.00	Staphylococcal arthritis, unspecified joint				
10	M00.10	Pneumococcal arthritis, unspecified joint				
11	M00.20	Other streptococcal arthritis, unspecified joint				
12	M00.80	Arthritis due to other bacteria, unspecified joint				
13	M00.9	Pyogenic arthritis, unspecified				
14	M00.08	Staphylococcal arthritis, vertebrae				
15	M00.18	Pneumococcal arthritis, vertebrae				
16	M00.28	Other streptococcal arthritis, vertebrae				
17	M00.88	Arthritis due to other bacteria, vertebrae				
18	M00.9	Pyogenic arthritis, unspecified				
19	M00.08	Staphylococcal arthritis, vertebrae				
20	M00.18	Pneumococcal arthritis, vertebrae				
21	M00.28	Other streptococcal arthritis, vertebrae				
22	M00.88	Arthritis due to other bacteria, vertebrae				
23	M00.9	Pyogenic arthritis, unspecified				
24	M00.09	Staphylococcal polyarthritis				
25	M00.19	Pneumococcal polyarthritis				
26	M00.29	Other streptococcal polyarthritis				

- ACSS Measures are collected via ICD-10 coding.
- Coding lists for each measure are available on the ACSS Coding tab in the 2021 ASR Data Specifications.
- Codes would be associated with a case, if applicable, and uploaded to ASR



RegistryInsights® Dashboard Metrics



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Email Address

Password [Forgot your password?](#)
Password

[Sign in](#)

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HOME SEARCH **DASHBOARD & REPORTS**

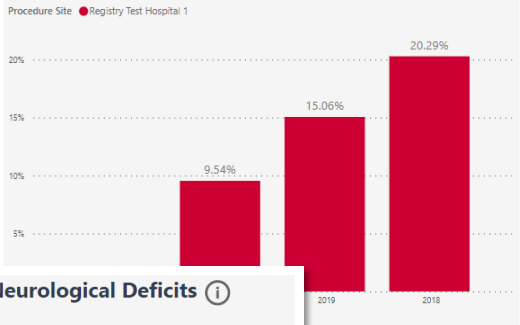
HOME MY TEST D **Institution Dashboard** Reports

◀ ▶ Your Institution Procedures Your 90 Day Readmission Data Your PROMs **Your Performance Measures**

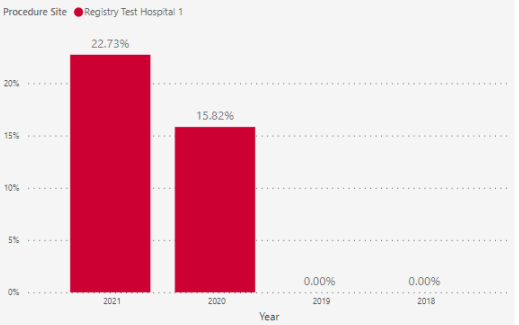
Registry Insights Dashboard Metrics

Track Performance Rates in Measures Dashboard

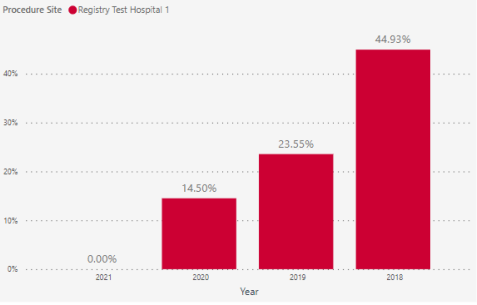
(6) Cervical Surgical Site Infection Rates ⓘ



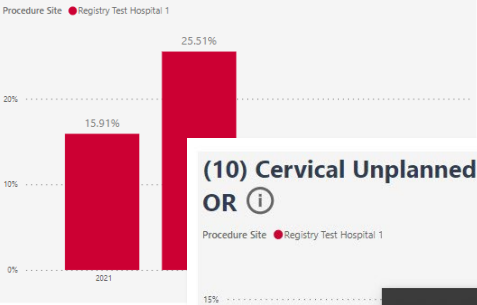
(7) Lumbar Surgical Site Infection Rates ⓘ



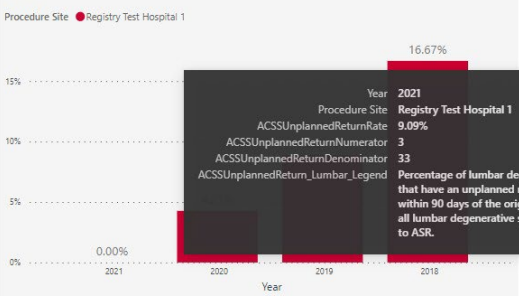
(8) Cervical New Neurological Deficits ⓘ



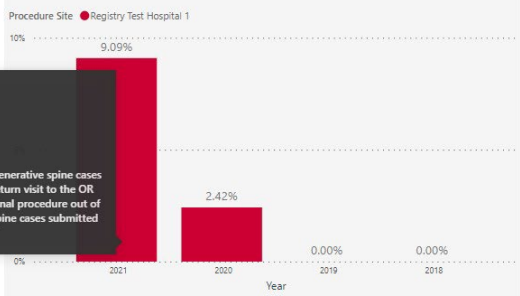
(9) Lumbar New Neurological Deficits ⓘ



(10) Cervical Unplanned Return Visit to the OR ⓘ



(11) Lumbar Unplanned Return Visit to the OR ⓘ



Year: 2021
 Procedure Site: Registry Test Hospital 1
 ACSSUnplannedReturnRate: 9.09%
 ACSSUnplannedReturnNumerator: 3
 ACSSUnplannedReturnDenominator: 33
 ACSSUnplannedReturn_Lumbar_Legend

Percentage of lumbar degenerative spine cases that have an unplanned return visit to the OR within 90 days of the original procedure out of all lumbar degenerative spine cases submitted to ASR.

Dashboards | Performance Metrics

Post-Discharge Complications

Complication Rates by diagnosis

Linked Revisions & Readmissions
by Complication Type

90-day SSI, Mortality,
& Readmission

Patient-Reported Outcome Measures (PROMs)

Completion of 90-day pre- and
post-op PROMs

Tracking linked pre-op, 90-day
post-op, and 1-year post-op
PROMs

Timeline for a TJC Site Visit



Onboarding:
1-3 months

Populated Dashboards:
200 patients worth

Schedule a site visit with TJC:
6 months

Questions?

RegistryInfo@aaos.org

www.aaos.org/registries

Certification Application & Review Process

Resources & Timelines

Core & Advanced Certifications Roadmap to Application

Connect with Associate Director at the Joint Commission

- Contact certification@jointcommission.org.

Pre-Application

- Review Standards in E-dition® and analyze gaps
- Review Standardized Performance Measures
- Identify Clinical Practice Guidelines
- Complete Performance Improvement Plan
- Establish a Ready Date

Complete Application on Connect® portal (4-6 Mon Prior Onsite Review)

- No Performance Measure data required at time of submission

Prepare for Onsite Review

- Use the Review Process Guide on Connect® portal
- Upload most recent 4 months of measure data

Onsite Review

- 30 days advance notice
- 1 reviewer, 1 day for Core Hip, Knee & Spine Surgery Certifications
- 1 reviewer, 2 days for Advanced THKR & ACSS

Resources for The Onsite Review

How to prepare

Disease-Specific Care Certification
Review Process Guide
2023



Review Process Guide

- **The purpose of this activity guide is to inform organizations about how to prepare for the Disease Specific Care onsite certification review, including:**
 - Identifying ways in which the organization can facilitate the onsite review process
 - Describing logistical needs for the onsite review
- **Details provided**
 - The purpose of the activity
 - Descriptions of what will happen during the session
 - Discussion topics, if applicable
 - Recommended participants
 - Any materials required for the session

Joint Commission Reviewers

Provide best-in-class expertise and create a collaborative experience for our certifying organizations

Our reviewers are subject-matter experts in the program being reviewed and provide enormous value for your organization:



Provide leading practices to improve/grow the programs they are reviewing



Conduct educationally focused reviews



Lead a collaborative engagement that helps to increase staff awareness and education



Inspire staff to improve the quality of patient care

The Onsite Review

What to expect

Tracer Methodology

- Patients selected to trace
- Using the medical record, processes and protocols as a guide
 - reviewers go wherever the patients go
 - patient arrival through discharge
- Walk through your program
- Engagement, discussion and observation with all levels of staff

Closing Conference

- Final report will be presented and available through Connect[®]
- Any Requests for Improvement (RFIs) will be identified and explained by the reviewer

Elements of Onsite Review

- Opening conference
- Reviewer planning session
- Individual patient tracers
- Data/System tracer
- Competency, credentialing and privileging discussion
- Special issue resolution session, and report prep
- Closing conference

60-day RFI Resolution Window

What's Next After Obtaining Your Certification

Advertise your Achievement



What's Next: Get Provider Designations



Aetna's Institutes of Quality Program (IOQ) for THKR & ACSS

What is Aetna's Institutes of Quality (IOQ)?

*The IOQ program is part of Aetna's quality improvement strategy to improve the service, quality and safety of health care. The IOQ is a national network of health care facilities that offer specialized care. **Aetna's Institutes of Quality (IOQ) publicly recognizes and designates hospital and ambulatory surgical centers that have demonstrated quality care for common surgical procedures based on measures of clinical performance, access and cost. IOQ facilities are highlighted by Aetna as preferred providers to members having met specific thresholds for quality.***

Aetna's IOQ for orthopedic care requires Joint Commission Advanced THKR certification as a mandatory requirement for both hospitals and ASCs. To maintain designation, facility must comply with IOQ program requirements.

How do I know if my organization is a member of the IOQ?

Institutes of Quality facilities and/or physicians can be located through a search for the provider in Doc Find on Aetna.com. A provider directory of the designated IOQ facilities is available on <https://www.aetna.com/individuals-families/member-rights-resources/commitment-quality/institutes-of-quality.html>.

What is the process for becoming an IOQ Provider?

The designation review cycle occurs every 3 years. A provider interested in Orthopedic IOQ designation should contact The Joint Commission to pursue advanced certification. In addition, the IOQ program requirements are provided on Aetna.com at <https://www.aetna.com/health-care-professionals/patient-care-programs/aetna-institutes.html>. Once the program has attained advanced certification and the required outcomes report from the AAOS has been completed, the program will then be reviewed by Aetna for IOQ designation. Questions about the Aetna Orthopedic IOQ program can be directed to AetnaOrthopedicIOQ-National@aetna.com.

Thank You and Questions?



Certification Pricing



Annual Fee (Core Certs)	Onsite Fee (1 day – 1 reviewer)	Total
\$2,500 per site/per cert* \$500 subsequent cert	\$2,250 (1 st day) \$965 (2 nd day if needed)	\$5,250*

Annual Fee (THKR)	Onsite Fee (2 day – 1 reviewer)	Total
\$3,750 per site* \$2,625 subsequent site	\$2,250 (1 st day) <u>\$965 (2nd day)</u> \$3,215 Total	\$10,715*

Annual Fee (ACSS)	Onsite Fee (2 day – 1 reviewer)	Total
\$4,000 per site* \$3,200 subsequent site	\$2,250 (1 st day) <u>\$965 (2nd day)</u> \$3,215 Total	\$11,215*

*Pricing listed above reflects no multi-site discounting



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Your Certification Enterprise Liaison

- For initial questions
- Discuss eligibility and timeline
- Access to trial standards
- Request for an application
- Pricing estimate worksheet

Disclaimer

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